IOWA DEPARTMENT OF PUBLIC HEALTH

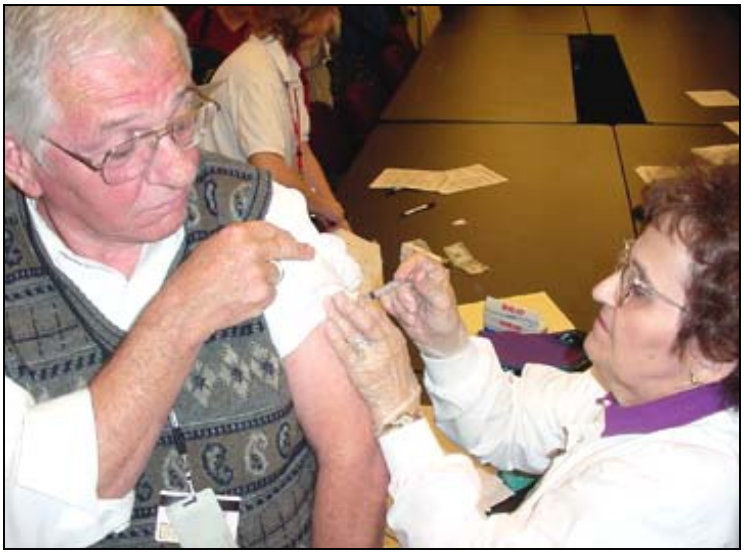
Iowa Health *focus*

DECEMBER 2001 WWW.IDPH.STATE.IA.US

Flu season has arrived

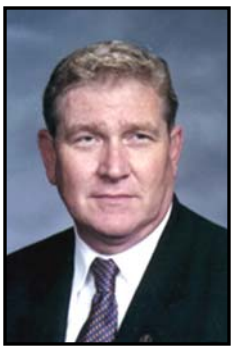
By Kim Brunette
IDPH Epidemiologist

Iowa saw its first confirmed case of influenza on November 12. To date, Iowa has seen four confirmed cases; two each from Woodbury and Johnson Counties. All four cases were influenza A(H3N2). Note that these are confirmed cases only; most influenza cases in the state are not confirmed and are not counted in our surveillance (since influenza is not a reportable disease).



State employee, Ron Nath, rolls up his sleeve at a recent flu shot clinic.

Because of this, more influenza cases probably are occurring in the state than just these four cases. For the most up-to-date information on confirmed influenza in Iowa, go to either the IDPH web page at www.idph.state.ia.us/pa/ic/ic.htm or go to the University of Iowa Hygienic Laboratory web page at www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html. See page 2.



From the director

By Stephen Gleason, D.O.

Gratitude, it is said, is the heart's memory. And my wish for all of you during this blessed season and the start of a new year, is that you imbibe it deeply. May we be infected with that truth we know instinctively but have a hard time remembering: "It is better to give than to receive." See Page 2.

In this issue...

From September 30 to November 24, the Centers for Disease Control and Prevention (CDC) is reporting that WHO and NREVSS laboratories have tested a total of 8,140 specimens for influenza viruses and 74 (0.9%) were positive. Of the 74 isolates identified, 71 (96%) were influenza A viruses and 3 (4%) were influenza B viruses. Forty-five (63%) of the 71 influenza A viruses identified have been subtyped; 44 were influenza A (H3N2) viruses and one was an influenza A (H1N1) virus.

Influenza A (H3N2) isolates were identified in Alaska, Arizona, Colorado, Florida, New York, North Carolina, North Dakota, Texas, Utah, and Wisconsin; the influenza A (H1N1) isolate was identified in Washington; and unsubtyped influenza A isolates were identified in Alabama, Alaska, Hawaii, Kentucky, Louisiana, Minnesota, New York, Washington, and Wisconsin. Influenza B isolates were identified in Louisiana, Michigan, and Texas. Thirty-nine (53%) of the 74 influenza viruses isolated were identified in Alaska.

CDC antigenically characterized 10 influenza viruses collected in September and 13 collected in October: 20 influenza A (H3N2) viruses, 2 influenza A (H1N1) viruses, and 1 influenza B virus. All viruses were similar to the vaccine strains A/Panama/2007/99 (H3N2), A/New Caledonia/ 20/99 (H1N1), and B/Sichuan/379/99, respectively.

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

From Russia with Love

By Stephen Gleason, D.O., Director

I want to share with you, my friends and colleagues, the great gift God has shared with me this holiday season.

The idea of adopting children solidified in my mind when in El Salvador last year on one of two medical missions. I was forcefully reminded how many children in this world are in need of loving parents and homes. Coincidentally, while I was in El Salvador, my wife, Lisa, was learning about Camp Hope in Des Moines. It's a unique program that brings Russian orphans to the U.S. for a summertime stay with American families who may, or may not, adopt them.

We agreed to take Julia and Alexander, a sister and brother, then 13 and 12 years old. They stayed with us for a couple of weeks in June – long enough for us to fall in love – before returning to Russia and their orphanage.

As bad as conditions are in El Salvador, the future for Julia and Alexander, as for all children in Russian orphanages, was grim. Children must leave orphanages at age 16 and fend for themselves. With no family or support system, no place to live, no job, and few resources or skills and limited education, the mortality rate in the first year is an estimated 40 percent.

So we applied to adopt Julia and Alexander, and months later received word that we were to appear in court on Nov. 15 in Petrozavodsk, capital of the state of Karelia near the border with Finland in far northwestern Russia. We left on the 13th, and spent 21 hours on a plane, 8 hours on a train and two hours in a car, to get to the orphanage in the town of Medvergorsk. The area, graced by pine and birch forests, is about 200 miles south of the Arctic Circle. The average November temperature is 0 degrees F, and the days are short.

When we pulled into the icy parking lot of the orphanage, Julia and Alexander were waiting. Julia ran to Lisa, jumped on her and threw her arms around her. We entered the plywood door and were given a tour of the cement-and-wood building, which was clean but old and sparse. The temperature in the place was about 60 degrees. We asked the kids, through an interpreter, if they didn't feel the cold. "What cold?" they asked.

The Gleason family, from left, Dr. Gleason, Kariann, Sean, Julia, Alexander, and Lisa.

The orphanage may be spartan, but the mutual affection between the children and staff was obvious. We brought cake, and had tea and cake with the orphanage's director. The previous director, named Vladimir, had fractured his hip in an auto accident and we visited him in the local hospital. The hospital, too, was austere, but it was decidedly *not* clean, smelling of human waste and gangrene. Because a hip replacement was unavailable, Vladimir faced two months in traction in a small room with four patients, no TV or telephone and virtually nothing to do.

Both Julia and Alexander had experience with Russian hospitals. When they came to the orphanage about four years earlier, after losing both parents, their grandmother and an uncle – their entire known family – Julia had a skin test. Without any follow-up tests or symptoms, she was sent to a TB sanitarium for a two-month stay. Alexander had been diagnosed with Hepatitis A without the benefit of tests, and also spent time in a hospital.

We arrived in Petrozavodsk the night before the court date. The city, about the

size of Des Moines, has one habitable hotel, which I was told is reserved for government officials. So we stayed in a flat, in what would be called in an American city, “the projects.” Typical housing for the Russian middle class, it features double-locked plywood doors, concrete floors and unlighted hallways. The flat itself was small and sparsely furnished, and because much of the plumbing in Russia lacks traps, the odor of human waste is pervasive. Julia took a bath and in exiting the tub leaned on a sink, which, attached to the wall only by the plumbing, fell and broke. Julia fell on top of it and severely lacerated her arm.

That’s how we got a look at our second Russian hospital, this time from the emergency room. This hospital was clean, though poorly equipped. The staff treated Julia immediately, taking about an hour and a half to stitch her arm. Practitioners appeared to mix modern medicine with folk medicine. They lacked cutting-edge medicines and equipment.

We appeared for the two-hour court hearing the next day. Despite the fact that Julia’s arm was bandaged, the judge decided we were fit parents and approved the adoption after two hours of questioning. We responded with bouquets of flowers for the judge and court officials.

That didn’t end the red tape. We still had to obtain new birth certificates and passports for our new children to prepare for our visit to the American consulate in Moscow. We managed to get all this done, and were able to get a better night’s rest at Petrozavodsk’s “official’s’” hotel, which we were able to get into this time. We also managed an upgrade on the train trip to Moscow the next day. The train we took to Petrozavodsk had been uncomfortable and malodorous. On the Moscow train, we had a well heated, nicely appointed car practically to ourselves. After a 14-hour trip, we arrived in Moscow on a Saturday morning and checked into a good hotel.

We had the weekend to sightsee, get physicals and immunizations for Julia and Alexander and finish the paperwork. I was interested to see that the doctor came to the hotel room for the physical and immunizations. Procedures at the consulate took longer than expected. I returned to the U.S. on Tuesday, the 20th. Lisa and the children had to stay until the following Thursday.

During this season, there’s nothing like a trip to a country struggling to provide the basics to its citizens to imbue a deep sense of gratitude. Indeed, with two new members, the Gleason family has much to celebrate. But all Americans, especially since the terrorist attacks on our beloved country, should have a new appreciation for our good fortune. Yes, we’re an ambitious, hard-working people, but so are many others around the globe and by comparison, they have little to show for it.

Gratitude, it is said, is the heart’s memory. And my wish for all of you during this blessed season and the start of a new year, is that you imbibe it deeply. May we be infected with that truth we know instinctively but have a hard time remembering: “It is better to give than to receive.”

Give the gift of safety this holiday season

By Debbi Cooper , I DPH Environmental Specialist Senior

The holiday season is a wonderful time to celebrate with family and friends. It's an exciting time filled with laughter and joy,but also a time of vulnerability for accidents.

Each year, about 1,300 people are treated in hospital emergency rooms for injuries relating to holiday lights and decorations. Annually, more than 118,000 children ages 14 and under are treated in hospital emergency rooms for toy-related injuries. Christmas trees are involved in about 500 fires, resulting in an average of $20 million in property loss and damage. Here are some tips to make the holidays safer.

HOLIDAY DECORATIONS

Trees

• Many artificial trees are fire resistant. Look for a statement specifying this protection.
• A fresh tree will stay green longer and be less of a fire hazard than a dry tree. A fresh tree is green, needles are hard to pull from branches, and the trunk butt is sticky with resin.
• Place your tree away from fireplaces, radiators and other heat sources.
• Cut off about two inches of the trunk to expose fresh wood for better water absorption. Keep the stand filled with water.
• Place the tree out of the way and do not block doorways.

Decorations

• Use only flame-resistant materials.
• In homes with small children, take care to avoid decorations that are sharp or breakable, keep trimmings with small removable parts out of children's reach, and avoid trimmings that resemble candy or food.

Lights

• Indoors or outside, use only lights that have been tested for safety.
• Check each set of lights, new or old, for broken or cracked sockets, frayed or bare wires, or loose connections.
• Fasten outdoor lights securely to trees, house, walls or other firm support to protect from wind damage.
• Use no more than three standard-size sets of lights per single extension cord.
• Turn off all lights on trees and other decorations when you go to bed or leave the house.
• Never use electric lights on a metallic tree.

Candles
• Never use lit candles on a tree or near other evergreens.
• Always use non-flammable holders.
• Place candles where they cannot be knocked down or blown over.

TOYS

From Hot Wheels to Jam 'n Glam Barbie, kids clamor for the approximately 3.8 billion toys and games sold each year in the United States, more than half during the holiday season. Although the majority of toys are safe, they can become dangerous if misused or are used by children too young to play with them.

When selecting a toy for your child, avoid the following:
• Toys with small removable parts. The small parts may be a choking hazard to children under 3.
• Toys with sharp points or edges.
• Toys that produce loud noises that may permanently impair a child's hearing.
• Propelled toy darts and other projectiles.
• Toys with strings, straps or cords longer than 7 inches.
• Electrical toys, which are potential burn hazards. Avoid toys with a heating element – batteries, electrical plugs – for children under age 8.

When buying bicycles, in-line-skates, scooters, skateboards and sleds remeber to include proper protective gear.

The Consumer Product Safety Commission offers brochures on age-appropriate toys. Check out the CPSC web site at www.cpsc.gov.

2001 Annual Report

The 2001 Iowa Department of Public Health Annual Report is now available. To save money the department is providing it in electronic form only. To view or print a hard copy, go to www.idph.state.ia.us and click on the link at the bottom of the page. The annual report is a great resource for information on IDPH programs and their contacts.

Response to drug program “overwhelming”

By Kara Berg, Iowa Health FOCUS Editor

Enrollment for the Iowa Priority Prescription Savings Program is in full-swing. Formed to help combat the high costs of prescription drugs, the program is intended to bring relief to Medicare eligible Iowans.

The program, initiated by Governor Tom Vilsack and aided by a $1 million federal grant secured by Senator Tom Harkin, kicked off Nov. 10. Iowa is the first state to receive federal funding for such a program and will serve as a demonstration project for the rest of the U.S.

According to Executive Director Diane Skinner, the response has been overwhelming. "We've been receiving 700-800 phone calls per day and more than 2,000 have enrolled so far."

Enrollment is $20 annually and there is no deadline to sign up. However, Skinner is urging people to sign up now, saying, "We are in the thick of negotiating with pharmaceutical companies and the more enrollees we have the more leverage we have." The program will be ready Jan. 1.

To obtain an enrollment form, call 1-866-282-5817, visit www.iowapriority.org., or contact an area agency on aging.

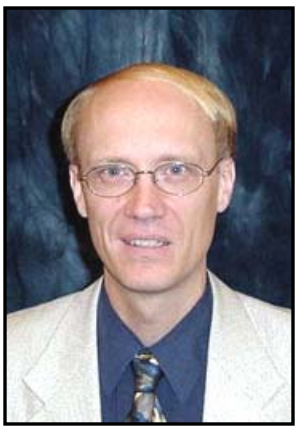
Emergency physician appointed EMS chief

By Kevin Teale, Communications Director

Dr. Stephen Gleason, director of the Iowa Department of Public Health (IDPH), has appointed Timothy Peterson, MD, FACEP, chief and medical director of the Bureau of Emergency Medical Services.

A specialist in emergency medicine, Dr. Peterson has many years of experience in rural and urban areas. For six years, he has been the bureau’s medical director. He is a graduate of Drake University and the University of Iowa College of Medicine.

“The bureau has benefited from Dr. Peterson’s experience for years,” said Dr. Gleason. “Now it will benefit from his leadership as well.”



Dr. Tim Peterson

Dr. Peterson views Iowa's EMS system as an essential public service that enables timely access to a continuum of care that reduces suffering, disability, death, and costs from serious injury and illness. His vision for EMS in Iowa is to build and sustain an integrated emergency medical system that fully encompasses the continuum of care, from prevention, acute care, and restoration to health.

As the lead agency for EMS in Iowa, the bureau provides leadership and support for the EMS system. Currently, 14,709 certified EMS providers and 945 EMS programs operate in Iowa. All of Iowa's hospitals are integrated into the system through the categorization and verification process for the Trauma Care Facility certification the bureau manages.

Program emphasizes importance of telemedicine

By Jami Haberl, IDPH Program Planner

For more than 30 years, health-care providers have been investigating and using advanced telecommunications and computer technologies to improve health care. Among them is telemedicine, defined as "*the use of electronic information and communications technologies to provide and support health care when distance separates the participants."*

In other words, telemedicine uses technology to bring healthcare to rural and remote patients. Iowa has one of the highest proportions of elderly in the nation, yet only 10 percent of Iowa hospitals provide geriatric health programs, Alzheimer's diagnosis units, or respite and hospice care. Further, access to advance technology, allied health services, emergency trauma centers, and public health is limited in Iowa's rural communities. As a result, rural residents often have to travel long distances to receive care beyond the primary level.

To address this need, the Iowa Department of Public Health (IDPH), University of Iowa, and Iowa State University are collaborating to develop telemedicine to enhance the delivery of medical care in Iowa by reducing boundaries between facility-based medicine and home-centered care. The ultimate goal is to provide every Iowan access from their home to their medical providers. This has been described as a "Clinic in Every Home."

In 1998, a study conducted by USA Today found over 60 percent of internet users search the internet to find information on an illness or disease, and another 35 percent look for nutrition, fitness, and drug information, locate providers or hospitals, and seek online support groups. These numbers are continuing to grow due to improving Internet access and the wealth of information available. However, much of this information is poorly organized, and there is often conflicting information from many different sources.

The “Clinic in Every Home” project is unique because it seeks to offer a personalized web site specific to the consumer’s needs and wants, with links to valid and reliable resources at the local and national levels. In addition, it would allow access to a health-care provider via email, provide a home monitoring system for diseases such as diabetes or asthma, and the ability for a physician to diagnose patients in their homes.

Currently, ResourceLink™ of Iowa monitors patients with chronic illnesses across the state using a small TV mounted with a camera in the patient’s home. A comparable unit, at the base station in Iowa City, connects the nursing staff with the patient and his or her medical records. ResourceLink™ provides care to patients who have diagnoses ranging from severe asthma, hypertension, and diabetes to liver failure. A registered nurse with an extensive background in home care conducts patient assessment, clinical monitoring, patient education, medication compliance, and psychosocial counseling and support.

The IDPH has gathered legislative and funding information on telemedicine, statewide resources for training, current diagnostic and decision support systems, and is synthesizing this information into a model business plan. Along with this work, the IDPH hosted an ICN conference on October 22, 2001, connecting over 60 sites statewide, to update and educate healthcare providers about telemedicine and the “Clinic in Every Home” project. To borrow a videotape of this conference, call 515 242-6376.

Research on patient security, medical liability, legal issues, evaluation and the design of a web prototype has been conducted by the University of Iowa Telemedicine Resource Center. The prototype is available at www.myhealthyiowan.org. Comments and suggestions are welcomed.

Iowa State University has been gathering information from the public and health-care providers through a needs-assessment study, patient and provider focus groups, and a random digit dialing (RDD) telephone survey. Topics covered include information on the use of technology, health information sources, medical care needs and wants, and household demographics. The results will assist in developing and implementing a telemedicine program that will meet the needs of the consumers and providers.

The next step is to collaborate with payers, providers, consumers, and leaders in technology and local communities to bring “A Clinic in Every Home” into the homes of every Iowan.

For more information, contact Jami Haberl at the IDPH at 515 242-6376.

Scott County program profiles seniors

Carol Schnyder, Community Health Coordinator
Scott County Health Department

Scott County is among the first in Iowa to do a community health assessment of its senior citizens.

Like other counties in Iowa, Scott uses a variation of the community health assessment process used in all Iowa counties. In December 2000 the *Scott County as a Community* report was released, providing a look at the health status of the community and a community health improvement plan. Some of the community initiatives this plan details include: affordable housing, access to care, children's health insurance, school readiness for children ages 0-5, coronary heart disease and air quality. The report focuses on the community as a whole and did not address the strengths and weaknesses of specific population groups.

In June 2001, the *Profile of Senior Adults in Scott County* was published as a supplement to the community report. The profile is data driven and and meant to identify the assets and needs of the senior adult population in Scott County.

The first goal of this profile is to provide information through a comparison of the Scott County senior population to the seniors of Iowa and the Nation. The second goal is to identify the availability of resources in the community that are beneficial to the seniors in Scott County.

The senior population is defined as people 65 years and older. This report establishes a baseline of information that can be updated and used to educate the community, initiate programs, improve services, or increase the utilization of current services. Statistical and descriptive data were gathered from several categories, including demographics, economics, health and social services, transportation, housing, education, and recreation.

The data used in this report was the most current for this population group. Statistics from the 2000 census on senior citizens were not yet available.

The next step in gaining a better understanding of the senior adults in Scott County will be to conduct senior adult focus groups. Information from these groups will be used with the profile to develop goals and actions for planning.

For more information or a copy of the *Profile of Senior Adults in Scott County* and/or *Scott County as a Community,* call the Scott County Health Department at 563 326-8618, Ext. 8645, or e-mail health@scottcountyiowa.com.

Smokers Encouraged to Call Quitline Iowa

Kevin Teale, Communications Director

As Americans prepared to celebrate the 25th anniversary of the Great American Smokeout on November 15, the Iowa Dept. of Public Health (IDPH) Division of Tobacco Use Prevention and Control reminded smokers of a new service for those who want to quit smoking. Quitline Iowa, a statewide, toll-free smoking-cessation hotline, can be reached at 866 U-CAN-TRY (866-822-6879).

Quitline Iowa, developed for pregnant women and young adults who smoke and wish to quit, is operated by the University of Iowa's Iowa Tobacco Research Center and funded by a grant from the IDPH Division of Tobacco Use Prevention and Control. The hotline has extensively trained counselors who assess each caller's readiness to quit and answer questions about the health effects of smoking and various approaches to quitting. If callers are ready to quit, the counselor helps them develop individualized quit plans and offers to send them additional information on how to quit. If desired, it offers additional help.

"The short intervention is based on the idea that quitting smoking is difficult. Smokers may be thinking about quitting, trying to quit, or may have even stopped," said Dr. David Bullwinkle, coordinator, Iowa Tobacco Research Center. "We can help people in all of these situations, and hope all Iowans who want to quit smoking will take advantage of this program."

Quitline Iowa, a statewide, toll-free smoking-cessation hotline, can be reached at 866 U-CAN-TRY (866-822-6879).

Counselors are available at Quitline Iowa from 8 a.m. to midnight, seven days a week. Counselors make follow-up contacts if callers wish.

"This is an exciting service based on the best knowledge we have to help all pregnant women and young adults who want to try to quit smoking," said Dr. John Lowe, Director, Iowa Tobacco Research Center. "Quitline Iowa will help improve the health of young adults and mothers and their infants."

The American Cancer Society will honor 25 people who are considered the state's finest anti-tobacco pioneers during an awards presentation and news conference on November 15 from 11 a.m. to 12 p.m. at the Iowa State Capitol Rotunda. For more information, contact the Society at 800 ACS-2345.

When Household Products Turn Deadly

Provided by National Youth Anti-Drug Media Campaign, Office of National Drug Control Policy

With all parents have to worry about, who would have thought that household products would be one of them? Yet kids, sometimes as young as nine or ten, are getting high by sniffing (through the nose) or huffing (through the mouth) common items found around the house. Airplane glue, rubber cement, paint thinner, nail polish remover, and bleach are just a few chemicals that are used to get high.

Because the products are legal, inexpensive, and readily available, kids often think they are harmless. But inhalants are dangerous on many levels.

Using inhalants even one time can cause hallucinations, suffocation, or death. "Sudden Sniffing Death" can occur during or right after sniffing, when inhaled chemicals create irregular heartbeats and lead to heart failure. Inhalants can also cause death by suffocation when fumes replace oxygen in the lungs. Although many of these products can be inhaled, nearly all have the same effects – giddiness, grogginess and intoxication. Using them over a long period can cause headaches, muscle weakness, abdominal pain, nausea, nosebleeds, hepatitis, violent behavior, irregular heartbeat, and brain damage.

Nearly 20 percent of all adolescents nationwide have reported using inhalants at least once. Signs of inhalant use include unusual breath odor, slurred speech, "drunk" appearance, red eyes or nose, or loss of appetite. Parents should also look for chemical-soaked rags, bags, or socks, paint or stain marks on face, fingers, or clothing.

What can parents do about the growing problem of inhalants? Place household products in a safe place and clearly mark them as "poison." And talk to your kids about inhalants and other drugs, soon and often. For ways to help you talk to your kids about drugs and alcohol or for referral or crisis counseling, call the Drug and Alcohol Helpline at 1 866 242-4111 or go to www.drugfreeinfo.org. The National Youth Anti-Drug Media Campaign also has a web site at www.theantidrug.com.

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.

IDPH offers unique gift ideas

In need of unique gift ideas for the holidays? Why not get the special people on your list a commemorative birth or marriage certificate or a special "Love Our Kids" license plate or enroll them in the Iowa Priority Prescription Savings Program.

Iowa-born citizens and newlyweds can obtain commemorative certificates of their special event from the Iowa Department of Public Health. These certificates make wonderful memorable keepsakes and gifts.

The 8 ½ X 11 parchment certificates feature a gold foil border and calligraphy of the person's personal information. Gold embossed State of Iowa and Iowa Department of Public Health seals make it a valid certified copy and legal document. The Governor and the state registrar also sign each certificate.

Certificates are delivered in protective envelopes within 30 days of application. All applicants must meet the same qualifying standards for any certified birth certificate.

The $35 fee goes directly into a fund to benefit providers of Emergency Medical Services. The money will be allocated in grants for equipment, training, public information and education campaigns.

Also, the "Love Our Kids" license plates that help fund childhood-injury prevention are available at county treasurers' offices. The plates are a perfect way to express a commitment to the safety of the state's children.

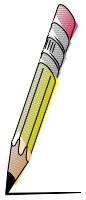
Funds from the cost of the plate and annual renewal fees will be used by the IDPH's Bureau of Emergency Medical Services to educate Iowans on preventing injuries to children.

The Iowa Emergency Medical Services for Children program will provide the administrative oversight of grant applications and the award of funds.

Fees for the "Love Our Kids" license plates are regular plate, $35 one-time charge, $10 annual renewal fee; personalized plate, $60 one time charge, $5 validation, $10 annual renewal fee.

You may also want to consider enrolling a loved one in the Iowa Priority Prescription Savings Program for $20. For more information see a related article on page 7. To obtain an enrollment form, call 1-866-282-5817 or visit www.iowapriority.org.

Epidemiology notes



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

Anthrax: Still a Disease of Livestock: From a recent press release, we learned that anthrax was detected at a cattle ranch in a remote part of Santa Clara County, California. Anthrax, which naturally occurs in soil around the world, has resulted in the deaths of 21 cattle at this ranch between October 20 and October 28. About 120 cattle have been vaccinated to avoid further losses. There is no evidence that this event is related to terrorist activities.

"This incident does not pose a threat to the general public," said Santa Clara County Health Officer Dr. Martin Fenstersheib, M.D., M.P.H. "The only people at risk are those coming into direct contact with the blood, tissue or other body fluids of infected animals."

During an on-site visit to the ranch, Dr. Fenstersheib determined that four people at the ranch came in contact with the blood of infected animals while assisting in a necropsy. Since the development of cutaneous anthrax was a possibility, antibiotics were prescribed as a precautionary measure.

Vaccination is an effective means of protecting cattle against anthrax spores, which can be picked up directly from soil through grazing. When periods of drought cause animals to graze closer to the ground, animals may be more likely to ingest spores. Flooding and working the land are also associated with an increased risk of spore ingestion.

In Iowa, our last significant experience with anthrax occurred near Spencer. Details from a CDC summary: Sixteen deaths attributable to anthrax occurred in animals on two neighboring farms in Clay County, Iowa, in the period July 31 - August 29, 1979. Seven cows in a beef cattle herd of 94 animals died on Farm A; Bacillus anthracis was isolated from one cow. Six of 19 North American buffalo, two of which were culture confirmed, and one of 77 cattle died on Farm B. A pet bobcat and dog fed meat from one of the buffalo both contracted anthrax, and the bobcat died. B. anthracis was isolated from the bobcat and also from a wild fox found dead on Farm B. The probable source of the outbreak was intrinsically contaminated pasture soil. (However, 100-6" core soil samples from a grid system collected in each of the two pastures did not isolate any anthrax organisms.) Recent heavy rainfall with flooding in the area may have precipitated the outbreak. No human cases of anthrax were identified.

Smallpox: Last week, the CDC released "Interim Smallpox Response Plan and Guidelines," which outlines CDC's strategies for response to a smallpox emergency. The plan identifies activities at the federal, state, and local levels, including notification procedures for suspect cases, federal, state, and local

responsibilities, and vaccine mobilization. The plan also provides a framework for state and local officials to guide their smallpox planning and response. Persons interested in viewing this draft plan may access it at www.cdc.gov/nip/diseases/smallpox.

Other terrorism issues: Our terrorism web site is constantly being updated to include more information and resources. This includes slide presentations from past ICN sessions and the train-the-trainer session held in Des Moines on November 1. Should you wish to download these presentations, there is a link to a program called "Win-zip" that allows you to essentially "unzip" the file (some larger files must be zipped-up, or compressed, to take up less space and need to be unzipped to get access to them). When you access "Win-zip," download an "evaluation copy" of this program; do not use the regular download, as it may cost you money. Should you have any questions about these presentations, please contact us. Information on anthrax and other bioterrorism-related matters may be found at www.bt.cdc.gov; www.bt.cdc.gov; and www.idph.state.ia.us.

Flu vs. Anthrax:The CDC has some great information in last week's MMWR on bioterrorism, including a discussion of flu vs. anthrax. Detailed information on this report can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5044a5.htm.

Meningococcal disease peaks during winter months: Although disease due To Neisseria menigitidis is rare (about 30-50 cases reported each year in Iowa), the disease tends to peak during winter. The reason - infection with influenza and other wintertime viral respiratory agents may break down the mucosal layer in the throat, increasing the risk for invasion of N. meningitidis (which can colonize the throat). To date, 32 cases of N. meningitidis invasive disease have been reported in Iowa. The serogroups
identified and their respective importance: B (16), C (3), Y (3) and the remainder unknown. Of 21 cases where outcomes were reported, 18 survived and three were fatal.

Remember that a vaccine is available and that it contains protection against serogroups A, C, Y & W-135. Additionally, note that approximately 50 percent of Iowa's cases are due to serogroup B. Therefore, when discussing the vaccine, patients need to know that it will provide protection against most serotypes, but not all. Additionally, patients need to know that the vaccine will not protect against other forms of meningitis (viral, other bacteria).

Minnesota surgical deaths: Last month in Minnesota, three deaths were reported due to septic complications following elective knee surgery. The Minnesota state health department asked that all elective knee surgeries be postponed while the investigation continued. In response, other states, including Iowa, asked that any suspicious post-surgical death, especially those attributed to septic shock, be reported. In Iowa, call 800 362-2736. The investigation in Minnesota is continuing and as of this time, no new cases have been reported there or elsewhere.

MMR Reduces Effectiveness of Chickenpox Vaccine: Researchers from the CDC are reinforcing a previous recommendation that health-care providers give children the varicella (chickenpox) vaccine either simultaneously with the MMR vaccine or wait at least 30 days if vaccinations are given separately. A study in last week's MMWR reports an increased incidence of breakthrough varicella disease when the two vaccines are given less than 30 days apart but not simultaneously.

The interaction only involved the MMR vaccine. Parents of children who did not receive the vaccinations simultaneously and had one vaccination within 30 days of the other should speak to their health-care providers about being re-vaccinated.

Report Invasive Pneumococcal Disease: Since the Pneumococcal Conjugate Vaccine (PCV7) was licensed for use in 2000, there have been several reports of invasive pneumococcal disease among children who had received PCV7. The children who had received PCV7. The CDC is now tracking these cases to identify possible vaccine failures. IDPH will now complete a case report for all Iowa children (<5 years) who have had invasive pneumococcal disease since September 2001 and have had at least one dose of PCV7. Should you hear of such cases, please report those to us.

Side notes

Free eye care - Vision USA is accepting applications now through January for eye care at no cost in 2002. The program is for working families who are uninsured and on limited incomes. It is administered by the American Optometric Association under a grant from VSP.

The eye exam program is free to children, teens, and adults who qualify. An application and information is available at www.aoanet.org/visionusa.html. During January only, people may apply by calling 800 766-4466, weekdays from 7 a.m. to 9 p.m.

Gambling web site - For those seeking information on problem gambling check out the following web site: www.education.mcgill.ca/gambling/en/newsletter.htm.

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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.