

IOWA HEALTH FOCUS

September 2001 ■ Iowa Department of Public Health

Johnson Co. Health gets new director

By Kara Berg
FOCUS Editor

Singled out from 54 other applicants, former Iowa Department of Public Health employee Ralph Wilmoth has become the new director of the Johnson County Health Department. Wilmoth has an extensive public health background and has masters degrees in Public Health and Public Administration.

"My goal has been to become a director of a local health department," says Wilmoth, "That's where the action is."



Ralph Wilmoth

He is excited about the chance to work for a "respected, progressive health department such as Johnson County," adding, "It's a good environment to be in with the University of Iowa College of Public Health located in close proximity." Continued on page 2.



From the director

By Dr. Stephen Gleason

Dr. Gleason will resume his column in the October issue, providing a summary of public health in Iowa.

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Wilmoth's most important goal for the moment is to have the county health department work more effectively with other agencies like the College of Public Health and free clinics.

He began his public health career in 1986 as an Environmental Sanitarian in southwest Missouri. In 1987, he joined the Centers for Disease Control and Prevention and worked in many capacities, from a disease specialist in North Carolina and a disease specialist trainer traveling the country to liaison between the CDC and the Iowa Department of Public Health in the TB program.

In 1996, Wilmoth became an employee of IDPH as a bureau chief in Information Management and a year later he became bureau chief of Disease Prevention. This past January, he became a division administrator for the Department of Inspections and Appeals.

In Iowa City, he replaces Graham Dameron who served as director for 25 years.

Flu vaccine in greater supply this year

*By Tina Patterson
Bureau of Immunization*

With flu season just around the corner and concerns lingering from last year's vaccine shortage, health care professionals and the general public are starting to wonder about the status of this year's influenza vaccine supply.

The three manufacturers of this year's influenza vaccine have said that the supply will be greater than last year. Sixty-five percent of this year's influenza vaccine will be available by the end of October. The remaining 35 percent will be available in November and early December.

Last year, vaccine was in low supply in some areas of the country as late as January.

The Advisory Committee on Immunization Practices (ACIP) is recommending a priority system in which vaccine that is available early in the season is targeted to those at greatest risk of severe influenza and its complications. Medical personnel should target vaccine available in September and October to persons at increased risk of influenza complications and to health care workers.

The ACIP, Centers for Disease Control and Prevention, American Academy of Pediatrics, and the American Academy of Family Physicians have extended the optimal vaccination window so that providers continue vaccinating patients through December and beyond, as long as vaccine is available. In Iowa, influenza is reported through March, so patients who do not receive influenza vaccine early in the season should still be vaccinated. People develop levels of protective antibody against influenza approximately two weeks after vaccination.

Consideration should be made to ensure that all people at high-risk for influenza be given the vaccine first. Influenza vaccine is the front line of defense against this disease and its complications.

People at increased risk include: the elderly and chronically ill; children and teenagers (aged 6 months-18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for developing Reye syndrome after influenza infection; and women who will be in the second or third trimester of pregnancy during the influenza season.

Health care providers should continue to focus on vaccinating first those people who will benefit most from the vaccine. Some delays are projected, but they are not expected to be as great as last year's. Health care workers receive influenza vaccine from a multitude of providers, so some may receive vaccine sooner than others.

The CDC has developed the following screening form that can be used to help patients decide if they need immediate vaccination.

- Are you 65 years of age or older?**
- Do you have a chronic medical condition yourself (regardless of your age), such as:**
 - Asthma, or another lung disease?**
 - Heart disease?**
 - Diabetes?**
 - Kidney disease?**
 - Blood disease?**
- Do you have immune system problems caused either by disease (e.g., HIV infection or lymphoma) or by medication (e.g., chemotherapy or radiation therapy)?**
- Are you a woman who will be in the second or third trimester of pregnancy during flu season (November through April)?**
- Are you a child or teenager (6 months – 18 years of age) who is receiving long-term aspirin therapy?**
- Do you live in, or work in, a nursing home or other chronic care facility where some of the residents have chronic medical conditions?**
- Are you a health-care worker in a hospital, emergency, outpatient, or nursing home setting?**
- Are you a health-care worker who delivers care to high-risk patients in their homes?**

If you checked any of these, you should get flu vaccine as soon as it is available. Otherwise, you should wait until November or later, when vaccine will be more plentiful.

As the season progresses and more information is obtained regarding influenza vaccine issues, CDC will provide information on its web site at www.cdc.gov/nip/issues/flu.

Controlling head lice: back to basics

By Russ Currier, DVM

IDPH State Environmental Epidemiologist

Head lice remain the bane of parents, teachers and preschool staffers. It's amazing that this parasite, dependent on human scalps for its subsistence, can maintain itself so well on contemporary children. This reality speaks to its evolutionary journey going back thousands of years, permitting them to adapt with ease to humans living in community.

What to do? First recognize this wingless insect is dependent on contact for transmission and must remain on a head to survive. Lice do not do well at room temperatures without the opportunity to feed on blood. Presently, no colony of human head lice is maintained off human hosts that is available for study. (Some researchers actually self-colonize their heads with lice to have specimens for study!)

The adaptability of lice to adjust to treatment agents is apparent. As a rule of thumb, it takes many bacteria only 20 minutes to reproduce; lice may need 20 days to complete their life cycle, but humans need 20 years. These more frequent generations of lice afford opportunity to adjust to treatment agents such as permethrin and lindane.

We strongly advocate that parents screen their children weekly for lice until reaching age 10 years. This should be done in good light and the search for lice and eggs should include siblings, favorite playmates and others who interact closely with children.

Treatment may begin at two levels. Initially, we recommend over-the-counter pyrethrins and repeat a week later. This treatment is good for adult and immature lice but has minimal effect on eggs or nits that are attached to hair close to the scalp. These can hatch out at any time for up 7 to 9 days.

We recommend the two pediculocide treatments be supplemented with daily shampoos, followed by cream conditioner rinse and wet combing the hair with a fine tooth comb that removes crawling lice

and prevents completion of the cycle. If this effort is not successful, a second level of treatment involves use of prescription products that should be used according to physician's recommendations.

This strategy focuses on the two key elements of successful lice control, namely good frequent screening and sustained treatment with shampooing and wet combing. The environment, clothing, and personal effects are so over-rated as posing risk that we advocate nothing other than ordinary cleaning and laundry. Absolutely no environmental spraying is recommended since the pyrethrins are great sensitizers and may aggravate asthma and allergies.

How are we doing? We want to hear from you! Take the IDPH Customer Satisfaction Survey by going to www.idph.state.ia.us/survey/css.htm. If you have comments about Iowa Health FOCUS, use code number 188.

Mosquito season is still here

By Kevin Teale

IDPH Communications Director

Even with cooler weather starting to appear in Iowa, residents need to beware of mosquitoes and the threat of disease they carry. In the last few weeks, horses in northeast Iowa, south central Minnesota, and western Wisconsin have all been diagnosed with Eastern Equine Encephalitis (EEE). That strain of encephalitis is typically not seen in Iowa.

Even though no human cases of EEE have been reported this year in the upper Midwest, humans can become ill. The illness has a 30 percent fatality rate for humans who display symptoms.

There have been cases reported in Iowa this summer of more milder forms of mosquito-related encephalitis, such as the LaCrosse and St.

Louis strains. In Iowa, mosquito-borne brain infections, such as encephalitis, are most common in late summer or fall.

"On rare occasions, encephalitis can be fatal or lead to serious disabilities, so Iowans need to reduce their exposure to mosquitoes," says Dr. Patricia Quinlisk, Iowa state epidemiologist.

Several steps can be taken to reduce the risk of being bitten by any species of mosquito. Try to limit outdoor activity at dusk, when mosquitoes are most active. Use a repellent containing DEET (always follow manufacturers and/or physicians recommendations), especially at dusk and dawn. Wear light-colored, loose, long-sleeve shirts and pants. Don't wear perfume or cologne. It attracts mosquitoes. Inspect window and door screens for holes that might allow mosquitoes to enter the home.

Most importantly, drain any standing water, such as in old tires, buckets, bird baths and wading pools, around your home. Clean out roof gutters. These locations provide mosquitoes with a breeding ground.

The disease is 90 percent fatal to horses. Horse owners are urged to consult a veterinarian about having their horses immunized against EEE – even if they were immunized earlier this year.

Human infections of EEE are rare, and many humans who are infected with the illness show no symptoms. While there are no symptoms that point only to encephalitis, some signs that may indicate the disease include headaches, fevers, excessive tiredness and a stiff neck. The victims may also have seizures.

Only a blood or spinal fluid test can confirm the disease. The disease is not spread from horses to humans. Infected mosquitoes are necessary to spread the disease.

There is no treatment or human vaccine for most mosquito-borne illnesses. The best weapon is to protect yourself from mosquito bites and work to reduce the number of mosquitoes around your house. State public health and agriculture officials continue to watch for signs

of the West Nile Virus, another mosquito-borne brain infection. That illness has yet to show up in Iowa.

IDPH has been appointed by Governor Vilsack to lead U.N. Day activities on October 24. This year's theme is "Global Health and Interdependence." Look for more information in the next issue of *Iowa Health FOCUS*.

TB still alive and well in Iowa

*By Melissa Wilcox
Bureau of Tuberculosis Prevention*

Iowa is becoming more diverse. This is evident in the 2000 U.S. Census Bureau numbers. Tuberculosis (TB) patients continue to become more diverse as well, and the proportion of reported TB cases in foreign-born persons has steadily increased in the past ten years.

In 1990, 19 percent of all reported TB cases were found in foreign-born persons, compared to 65 percent in 2000. Currently, Iowa has one of the highest rates of newly arriving refugees, one of the highest risk groups for TB.

In 1999, Iowa ranked 19th in the nation as a primary resettlement site for refugees. Effective targeted skin testing for newly arriving foreign-born persons has played a role for the increases in TB in these populations.

The elderly is also at-risk. Iowa has the third largest elderly population in the nation; in 2000, 15 percent of the population was 65 or older. Also in 2000, persons 65 or over accounted for six TB cases, or 15 percent of the total.

Although Iowa is considered a low-morbidity state, there is still much to be done to reach CDC's goal of TB elimination, which is also the goal of the four regional TB coalitions in the state.

The coalitions consist of four or more counties, whose activities address the issues of TB detection, medical follow-up, and education. To be eligible for funding from IDPH to establish these coalitions, counties had to have at least one reported TB case for each of the past five years. The eligible counties were then required to invite other counties to participate to meet the four-or-more counties requirement of a regional coalition.

The purpose of these coalitions is to develop TB control and elimination policies in collaboration with the state TB Program. The program also offers Directly Observed Therapy (DOT) reimbursement for public health agencies. Its purpose is to remove barriers to disease intervention. Activities covered by this program include financial reimbursement to DOT for both suspected and active TB cases, translation, patient transportation, and incentives/enablers. A state medication program provides free treatment of persons diagnosed with latent TB infection (LTBI) and TB disease.

The State Hygienic Laboratory provides free diagnostic services for specimens submitted from private and public health care providers. The TB Control Program also provides skin-testing materials to public health agencies responsible for screening high-risk populations.

Recently, two new disease prevention specialists were hired to assist public health agencies with contact investigations, education, DOT, targeted testing, and prevention.

The Iowa TB Control Program is committed to tuberculosis elimination, and is proud to report an all-time low of 40 reportable cases for 2000. These numbers surpass the national objectives, and are a valuable marker for reaching the goal of elimination.

IDPH's McMahon and Quirk hit the road to “Transform Public Health in Iowa”

*By Stephen Quirk
Environmental Health Division Director*

For the past several months, members of the Director's Public Health Advisory Committee, local public health professionals and IDPH staff have been discussing how we can "chart a course for the 21st century" on delivery of public health services in Iowa.

How do we work together to identify areas of performance at both the state and local level that need development and improvement, build on current strengths, respond to national trends and move to the next stage of making public health a highly visible profession? And a profession that is recognized as providing leadership in improving the health of Iowans?

It is said that the only way to predict the future is to create it. With this statement as our challenge, the Director's Public Health Advisory Committee and IDPH staff have begun an initiative we're calling "Transformation of Public Health in Iowa." This is not a product or an already-established plan or set of action steps. Rather, it is a process of listening and learning from our colleagues across the state and then, together, developing strategies that will make a difference in the profession of public health and a difference in the communities and individuals with whom we work.

We recognize that Iowa's landscape is changing. Budgets are tight and will get tighter. Long-standing structures and organizations are changing. Needs outweigh resources. Is this the right time to be moving ahead with such an initiative? It comes down to "If not us, who? If not now, when?"

Visits have been scheduled in 15 communities across Iowa during the next two months. We have meetings scheduled in the following counties during the indicated dates: Linn (9/18); Clinton (9/19); Dubuque (9/19); Fayette (9/20); Grundy (9/20); Woodbury (9/26);

O'Brien (9/27); Palo Alto (9/27); Greene (9/28); Polk (10/02); Cerro Gordo (10/04); Van Buren (10/10); Poweshiek (10/10); Lucas (10/11); and Cass (10/31). For more details about any of these visits, contact Pam Kalinosky at pkalinos@idph.state.ia.us or (515) 281-7726.

The community visits will be a "listening post" for public health providers and others to discuss where they see public health in Iowa going, where they want public health to go and how we can get there. Information regarding the scheduled dates, times, locations and local contact persons will be circulated by the committee.

A "Transformation Summit" will be held in Des Moines on Dec. 12. It will provide an opportunity for committee members, elected representatives from each of the community visits and IDPH staff to reflect on the community input, consider IDPH staff input and look at national trends. Following the summit, a team will prepare an action plan and strategies.

For questions, comments, and/or concerns, contact Julie McMahon at (515) 281- 3104, or jmcmahon@idph.state.ia.us, or Stephen Quirk at (515) 281-5099 or squirk@idph.state.ia.us.

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.

Barnraising III CDs Now Available

Recapture the excitement of the Governor's Conference on Public Health: Barn Raising III, held at Drake University on June 14 and 15, via CD-ROM.



To order a two-disk CD packet of Fast Tracking Public Health: What Works, and cover production and mailing costs, make out a check out for \$10 to the University of Iowa Hygienic Laboratory. Send it, with your name and mailing address, to the University of Iowa Hygienic Laboratory, Attention: Beth Hochstedler, 102 Oakdale Campus, H101, OH, Iowa City, IA 52242-5002.

Disk 1 includes plenary and two breakout sessions. Powerpoint presentations are on Disk 2. If you do not have Real Player 8 on your computer and need help with this free software, check with a computer staff person in your office. If you still have questions, call Tim Lane at 515 281-7833. Please send any comments about the CDs to Louise Lex at llex@idph.state.ia.us.

lowans caring for the environment to be recognized by governor's awards

*By Stephen Quirk, IDPH &
Ross Harrison, DNR*

Now is the time to apply for the 2001 Governor's Environmental Excellence Awards. Governor Vilsack and the State of Iowa invite organizations, businesses and individuals to be recognized for their leadership and innovation in managing our state's natural resources.

Innovative, result-oriented strategies can take many forms, including:

- Developing energy efficiency or renewable energy technology;
- Creating new technologies or processes that improve the environment;
- Reducing waste generation;
- Creating natural resource protection and enhancement projects, such as watershed protection;
- Establishing educational or prevention programs that result in environmental improvements;
- Creating programs or processes that balance economics with the environment.

Who Can Apply?

The following organizations are encouraged to apply:

- Community/local government;
- Large business and industry (more than 200 employees);
- Small business and industry (up to 200 employees);
- Institution/public sector facility (hospital, school, college, etc.);
- Agriculture (operation, farm or other ag-related business or organization);
- Service/civic/nonprofit organization (Kiwanis, Lions Club, Pheasants Forever, etc.).

Four award areas have been established for each organization type:

- Environmental excellence;
- Special recognition in energy efficiency/renewable energy development;
- Special recognition in water quality;
- Special recognition in waste management;
- Special recognition in air quality;
- Special recognition in habitat.

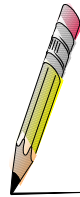
Two additional awards have been established for exemplary leadership in natural resource conservation: an Individual Leadership Award and a Youth Environmental Citizenship Award.

The awards are sponsored and coordinated by the Governor's Office, and the Iowa Departments of Natural Resources, Agriculture and Land Stewardship, Economic Development and Education.

Applications are due by Sept. 28, 2001. Awards will be announced and presented in December 2001.

For more information, contact Bob Castelline at 515 281-0879 or Bob.Castelline@dnr.state.ia.us; or Katie Nevins at 515 281-8655 or Katie.Nevins@dnr.state.ia.us.

Epidemiology notes



*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health,
1-800-362-2736 (24 Hour Contact Number)*

La Crosse encephalitis: A

confirmed case of La Crosse encephalitis was reported in a child from Clayton County, who had been camping in Fayette County. She had a low grade fever, headache, vomiting and photophobia, and recovered after brief hospitalization. Both counties are in the La Crosse virus endemic area of Iowa where mosquito protective measures are encouraged. Also, a possible case of St. Louis encephalitis is being investigated. Mosquitoes do well in wet weather, but not in the extremely hot or dry weather experienced recently in most of Iowa.

Although this is the first WNV case in Ohio, its presence in the state is not necessarily a surprise. Authorities expected to find WNV there this summer. While WNV has not been documented in Iowa, it is anticipated that the virus will be here within the next couple of years. Fortunately, Iowa has participated in an arbovirus surveillance program for several years, searching for the presence of viruses (including St. Louis Encephalitis Virus, La Crosse Encephalitis Virus, and most recently, West Nile Virus).

West Nile Virus - Moving West:

Last month, West Nile Virus (WNV) was confirmed in a blue jay in Ohio. This is the first time WNV has been found in that state. While the virus has steadily been traveling down the East Coast, and has most recently infected a person in Florida, this is the farthest westward movement of the virus in the northern states.

This surveillance consists in mosquito trapping, pooling, and testing, sentinel chicken flock testing, and submission and testing of diagnostic specimens. So, WNV will arrive in Iowa eventually and we will be ready for it. West Nile Virus causes encephalitis in people, and generally causes more severe clinical signs in infants and the elderly. However, it is common for

someone infected with WNV to show no adverse symptoms at all.

Bats and Rabies: In August and September, CADE receives numerous calls on exposures. Most bats in Iowa homes are colonial bats that belong to big brown or little brown species and are about 5 percent positive for rabies. Bats become this time of year migrate to a warmer environment for hibernation. Juvenile bats can particularly become disoriented and sometimes can be found in homes.

What to do? As a general rule, if a bat appears and there is no observed direct contact with adults or children, it can safely be apprehended and removed or forced outside. If however, the bat is found in a bedroom or other room where someone was asleep or a child was present, it is imperative to catch the bat and place it in a can or other container.

Otherwise, swat the bat with a broom or tennis racket, secure it, and hold it in refrigeration for testing at the University Hygienic Laboratory, Iowa City, or Veterinary Diagnostic Laboratory, Ames. Neither laboratory wants excess specimens for "surveillance purposes."

In assessing human risk, it's also important to recognize that most recent human rabies cases of bat origin are from solitary bats in the silver haired and eastern pipistrelle groups that do not colonize buildings. Finally, if a bat's exposure involves a companion animal, the risk of transmission is difficult to

quantify but is probably not high. Rabies immunization or boosters injections are recommended for cats or dogs that have interacted with bats.

Squirrels and Rabies: The term "squirrel rabies" is almost oxymoronic. We know they are susceptible to rabies but they are too small to sustain propagation. Nevertheless, last month a person in urban Linn county was bitten by a squirrel. She observed a squirrel in distress feeding around her bird feeder. The squirrel appeared uncoordinated and tried to climb a nearby tree and fell. She picked it up, it severely bit her left thumb and would not release its jaws. She pried the animal off, which then bit her right hand and escaped. We advised initiation of rabies post-exposure prophylaxis, advice that we give only every couple years. Details surrounding some bites require an exception to even well established guidance.

Influenza Vaccine Information Sheets: The Minnesota Department of Health has arranged for the translation of the 2001-2002 Influenza Vaccine Information Sheet into Russian, Laotian, Hmong, Somali, Spanish, Vietnamese and Cambodian. These can be found at www.health.state.mn.us/immunizeSc roll down to "Vaccine Information Statement."

Food Safety Education: September marks the seventh annual National Food Safety Education Month. Goals are to reinforce food safety education and training among

restaurant and food-service workers and to educate the public to handle and prepare food properly at home, where food safety is equally important. The theme for the month is "Be Cool. Chill Out - Refrigerate Promptly."

<http://www.foodsafety.gov/~fsg/fs-mon01.html>. The site has many resources, including media information, brochures and information sheets, and games and activities.

The web site for National Food Safety Education Month is

Side notes

Gambling Seminar - Sue Cox, Executive Director of the Texas Council on Problem and Compulsive Gambling, will be the feature presenter on "The Impact of Sports Wagering, Internet Gambling and Credit Card Abuse on College Students." The session will be held over the Iowa Communications Network from 1 to 2:30 p.m. on Sept. 28. A similar presentation will be held for the public at 3 p.m. the same day in Olin Hall, Room 344, at Drake University. This event is sponsored by the Iowa Gambling Treatment Program.

For more information, contact Training Resources at 319 363-2531. The Iowa Gambling Treatment Program also lists providers and resources on its website at www.1800betsoff.org.

Iowa HIV/AIDS Conference - This year's conference will be Oct. 23 & 24 at the Marriott in downtown Des Moines. The conference is sponsored by IDPH, IDE and HIV Community Planning Group with the theme "Prevention, Care, Hope." Substance Abuse, Social Work, and Nursing ICU's will be available. For more information call Pat Young at 515 242-5838.

Substance Abuse Courses - Training Resources, a service of the Iowa Substance Abuse Program Directors' Association, is offering the following classes. For more information or to register call 319-363-2531.

- **Coalition Building** - Oct. 5 at Comfort Suites at Living History Farms in Urbandale. The presenter will be Margaret Lebak, Executive Director of Drug Free North Dakota. Registration deadline is Sept. 28 with a cost of \$45.
- **Fall Corrections Conference** - Oct. 17-19 at the Savery Hotel & Spa in downtown Des Moines. CEUs will be provided.
- **Bringing Theories to Life** - Nov. 14 at Wingate Inn in Des Moines. The presenters are Vickie Lewis and Jerry Owens. Lewis is the clinical supervisor at the Substance Abuse Treatment Unit of Central Iowa in Marshalltown and Owens works in private practice with Wadle & Associates in Des Moines. Registration deadline is Nov. 7 with a cost of \$45.

Focus Editor: Kara Berg

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