

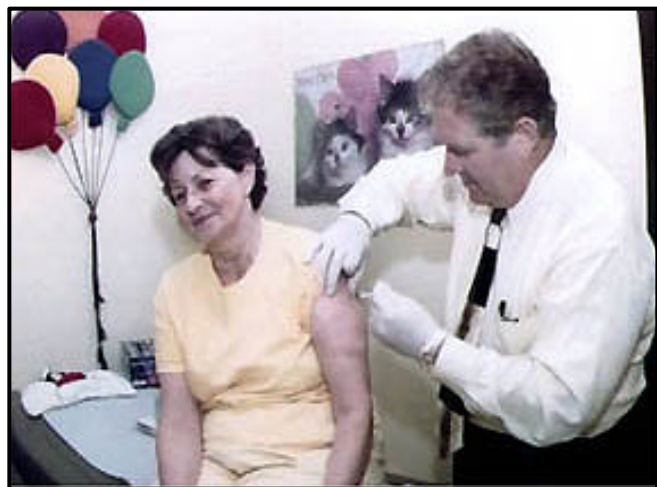
Iowa Health FOCUS

January 2001 ■ Iowa Department of Public Health

Iowa's flu season delayed, don't be deceived

By Kim Brunette
IDPH epidemiologist

Luckily, the start of this year's flu season in Iowa has been delayed, eliminating potential problems from the late distribution of flu vaccine. To date, only a handful of laboratory cases have been confirmed in the state.



IDPH Director Dr. Stephen Gleason gives a shot recently.
Photo by Jeff Heinz/The Globe Gazette, Mason City.

Besides, the state influenza surveillance program, which includes physician offices, schools, and care facilities, has shown very little influenza activity. (Continued on Page 2)



From the director

-Dr. Stephen Gleason

It's always nice when needed change results from cooperation.

That appears to be what happened in the case of last year's rate of tobacco buying by underage

Iowans. It dropped because fewer retailers were willing to make a profit at the expense of young Iowans' health. (See Page 3)

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However, both the confirmed cases and the surveillance program do not cover the entire state, and it is likely that there is more influenza in the state.

Although the flu season has had a slow start, the potential still exists for a severe flu season. Three strains of influenza are occurring in the country: (influenza A (H1N1), influenza A (H3N2), and influenza B). Two of them, influenza A (H1N1) and influenza B, have been identified in Iowa. Influenza A (H3N2) has been seen in a neighboring state.

With the late start of this year's flu season, the peak is not expected to occur before February. This means that there is still time to get vaccinated. The three strains of influenza that are circulating are all included in the vaccine, which, despite initial delays, is now available for general immunizations. For people who decide to not get the vaccine, the potential exists to get the flu three times this season.

Influenza is characterized by high fever, headache, fatigue, chest discomfort, and cough that can last days to weeks, even in healthy people, and can be life-threatening to some people.

For more information on influenza in Iowa, please refer to the following websites: <http://www.idph.state.ia.us/pa/ic/ic.htm>, a map of confirmed influenza cases in the state, <http://www.uhl.uiowa.edu/HealthIssues/Respiratory/index.html>, a listing of various respiratory diseases seen in Iowa, and <http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>, information on influenza activity at a national level.

Drop in tobacco sales results from retailers' cooperation

From the director
(From Page 1)

It's always nice when needed change results from cooperation.

That appears to be what happened with last year's rate of tobacco buying by underage Iowans. It dropped because fewer retailers were willing to make a profit at the expense of young Iowans' health.

The state's, and our department's, strategy for reducing youth smoking is many-pronged. The IDPH, and our partners in law enforcement, issue citations to retailers attempting to sell tobacco to minors. But we'd like to believe that persuasion has made more of a difference; that retailers, like most Iowans, understand the devastation caused by tobacco use and have determined to do their part to reduce it.

Another part of the strategy, you may recall, is the anti-tobacco campaign supervised by Iowa youth themselves. Under the direction of our new Division of Tobacco Use Prevention and Control, and its director, Cathy Callaway, a statewide anti-tobacco media campaign – targeting youth and expectant mothers – will soon be under way.

But back to the good news on tobacco sales. In state compliance checks over the summer and fall, retailers were willing to sell tobacco to underage Iowans 29 percent of the time, down from 50 percent in 1995 and 33 percent in 1999.

That means Iowa met the requirements of the federal Synar Law, which mandates states to meet negotiated targets in tobacco sales to

minors. Our targets are 31 percent for 2000; 28 percent for 2001 and 20 percent for 2002.

Although 29 percent is a welcome improvement, you can see we have a long way to go. All Iowans will have to pull together to reach the goals for this year and next. Public health officials and health-care practitioners, especially, should encourage retailers to refuse to sell tobacco to underage Iowans, and praise them when they comply with the request.

Thanks to you, we appear to be past the flu-vaccine problem

Speaking of praise, Iowa public health and health-care practitioners deserve a healthy share of it for the way they handled the recent delay in flu-vaccine distribution. Generally, they observed our requests, and those of the CDC, to provide the vaccine to at-risk people first. Lives were undoubtedly saved because we cooperated in protecting the most vulnerable Iowans.

Now that the vaccine is readily available, we hope that other sectors of the population get the vaccine. We may have to go the extra yard to make sure that, discouraged by publicity on the vaccine shortage, people don't neglect to get their shots.

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.

Scooter sales, injuries skyrocket

*By Debbi Cooper
IDPH Environmental Specialist Senior*

The scooter craze has arrived. New scooters are made of lightweight aluminum, with small low-friction wheels similar to those on in-line skates. They weigh less than ten pounds and fold for easy portability and storage. They're also a blast to ride!

With good things come the bad. From January through November, 2000, the Consumer Product Safety Commission (CPSC) estimated more than 30,000 emergency-room treated injuries were associated with scooters. In September, scooter injuries surpassed in-line skating injuries.

Two known deaths are related to the new type of scooter; one where an adult fell and struck his head while showing his daughter how to ride the scooter; one where a 6-year-old boy rode into traffic and was struck by a car.

The best investment against injury is protective gear that can cost less than \$35. CPSC recommends the following safety guidelines:

- ALWAYS wear a helmet that meets CPSC's standard, along with knee and elbow pads.
- Ride scooters on smooth, paved surfaces without any traffic. Avoid streets, or surfaces with water, sand, gravel or dirt.
- Never ride the scooter at night.
- Children under age 8 should not use scooters without close adult supervision.

HOPES overcomes health-care barriers

*By Jo Hinrichs, R.N.
IDPH Community Health Consultant*

The HOPES program lives up to its name by bringing hope to families. Outcomes reported for Fiscal Year 2000 for the health portion of the HOPES model for home visiting are memorable.

Families who choose to participate in the program soon realize how fortunate they and their children are. A worker frequently visits the pregnant woman or the family with a newborn during the first year. A relationship is developed between the family and the worker based upon family strengths and goals. The home visitor advocates for the family and works with family members to reach independence in their ability to access formal and informal community support.

Keeping their children healthy is important to parents; however, access to health care can be a challenge. Understanding application forms, denials, eligibility, and providing information to obtain health-care coverage requires determination and a staunch advocate.

Last year, home visitors helped 153 families apply for Medicaid. Eighty percent of the families participating are eligible for Medicaid and at poverty income levels. Single, teenaged women with less than a high school education make up the majority of HOPES families.

HOPES works with families to overcome barriers and access preventive and acute health care from a primary care provider in a “medical home.” Home visitors understand Medicaid-managed care, HMOs, and HAWK-I, and spend many hours assisting and teaching families how to access health care.

A medical home for health care was established for 98 percent of HOPES families. Public clinics are accessed only if a child doesn’t have health care coverage. Parents and workers approach the selected physician with information on what the child is to receive for

optimal and preventive health care. Parents become aware of when immunizations are due, how to ask about their child's development, and to request blood-lead testing.

HOPES home visitors, and families who participate, still have trouble accessing health care. The focus this year will be to increase childhood testing for lead, access more preventive dental health exams, and increase patient referrals to other health-care specialists when necessary.

Last year, HOPES helped families with 362 health-related service referrals. However, even with advocacy and support from HOPES workers, the families only accessed 81 percent of them. Many families are not following up with referrals.

Nearly 99 percent of the children enrolled in HOPES last year received childhood immunizations. Around 2 percent of the children enrolled in HOPES obtained immunization exemptions or declined them. Also last year, 92 percent of children enrolled completed the immunization schedule for their age.

Last year, 99 percent of the children enrolled in HOPES received childhood immunizations.

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Eighty-nine percent of the children enrolled in HOPES received all preventive health exams as recommended for their ages.

Within six months of participation in HOPES, 91 percent of families had improved and increased knowledge of infant care, based on observation and self-reporting.

These greatly improved health outcomes are from *one* component of the HOPES-HFI comprehensive home visiting model. State grant funds supported this program for 826 families in Iowa last year. Contact the IDPH Community Services Bureau at 515 281-3932 for a copy of the HOPES-HFI annual report.

Diverse Iowa task force tackles problem of child and adolescent obesity

For the past two years, a group of interested health, education, and social service professionals has been compiling ideas on how to halt the growing problem of child and adolescent obesity. The result is a position paper, Preventing Child and Adolescent Obesity in Iowa. This paper can be viewed on the Iowa Department of Public Health web site at www.idph.state.ia.us.

This 43-page document contains an action plan that the task force will be using over the next couple years. In addition, five supplements give specific guidelines on preventing obesity in the home, child-care centers, schools, communities, and health-care settings.

For hard copies, call the IDPH Bureau of Nutrition and WIC at 515 281 4919 or e-mail Susan Pohl at spohl@idph.state.ia.us.

Survey says violence underreported

An estimated 24,618 Iowans experienced some form of physical violence by an intimate partner in 1999, according to a survey by the Iowa Department of Public Health.

“We have generally assumed, from anecdotal information, that many people who have experienced interpersonal violence never report it to police”, said Violence Prevention Coordinator Binnie LeHew. “These results confirmed our suspicions.”

By contrast, only 6,000 cases of domestic violence were reported to law enforcement in 1999. The survey estimated that four times that many people actually had experienced domestic violence.

Other findings highlighted in the survey were that approximately 4 percent of lowans experienced some form of physical violence in a year's time. Of those who did, the majority experienced it at the hands of an intimate partner.

One-fourth of people experienced physical violence from someone in a work setting, such as a client or patient. Disabled individuals were most likely to have experienced violence in a work setting.

Most women experienced violence from their current or former intimate partner. Most men experienced violence in relationships that were not defined as intimate, such as an acquaintance, stranger, or someone from work.

There was also an association between alcohol use and violence. Those who consumed more than six alcoholic beverages on a single occasion had a higher rate of violence than those who didn't. Generally, the more drinks consumed per occasion, the higher the proportion of people who experienced violence.

This information was obtained from the Iowa Behavioral and Risk Factor Surveillance Survey (BRFSS), conducted annually.

Over the past two years, the department has offered training and resources to health-care providers to help them help abused patients. Over a third of Iowa hospitals have received training on conducting routine screening for domestic abuse.

"We want health-care providers to understand their important role with abused patients," said LeHew. "Through better identification and intervention, we believe that we can reduce the serious injury and death that results from domestic violence."

The department recently received a grant from the Family Violence Prevention Fund to strengthen health-care policies and standards for domestic abuse intervention. For more information, contact Binnie LeHew, Violence Prevention Coordinator, at 515 281-5032.

Iowans, mark your calendars for governor's public health conference

By Louise Lex. Ph.D.
Healthy Iowans 2010 Coordinator

Gov. Tom Vilsack and Lt. Gov. Sally Pederson, in conjunction with the Iowa Department of Public Health, are convening an international conference on "Fast Tracking Public Health."

The conference, scheduled for June 14 and 15, 2001, at Drake University in Des Moines, will be the first of its kind in the heartland of the United States. It builds on the tradition of two major statewide public health conferences, Barn Raising I (1997) and Barn Raising II (1999), that drew state and regional audiences of between 650 and 700 participants.

The 2001 conference is expected to reach 1,300 leaders with evidence-based, health promotion and disease-prevention strategies for community health improvement. Special sessions will be web cast to a global audience.

Attendees will include a wide range of health professionals, laboratory workers, teachers and academicians, elected officials, consumers, health advocacy groups, and industry representatives. Working together, these leaders can help build healthy communities. The barn-raising theme symbolizes this collective effort.

The Governor's Conference on Public Health: Barn Raising III comes at a time when community leaders are asking what really works to improve the health of their communities. They are looking for practical and cost-effective approaches that lead to healthy people and healthy communities. National experts at the conference will be paired with local health activists who have been successful in initiating programs with positive, measured outcomes.

The conference also presents a unique opportunity to discuss the research agenda for the first decade of the new century as well as how to put existing research into practice.

Again this year, a registration fee of \$45 covers all conference costs for the two-day meetings, including conference materials, meals, continuing education units (CEU credits), and a reception. A conference rate for hotels will be available. For more information on the conference and updates on conference presenters, check the Iowa Department of Public Health web site at <http://www.idph.state.ia.us> and double-click on conferences at the bottom of the page.

Reducing the risks of birth defects

*By Tonya Diehn, M.S.,
IDPH Community Health Consultant*

January is still a difficult month for Chris and Scott Butts. Their daughter Christina was born seven years ago this month with anencephaly, a severe birth defect affecting the brain and skull. She lived for only minutes.

Approximately 1,600 babies are born each year in Iowa with birth defects. Birth defects are structural, genetic or chromosomal changes that can adversely affect a child's health and development.

Anencephaly, spina bifida, heart anomalies, cleft lip, and Down syndrome are a few of the more than 4,000 known birth defects.

Birth defects are the leading cause of infant death in the United States. Genetic factors, exposure to some drugs or medications, smoking, drinking alcohol during pregnancy or a combination of factors can cause birth defects. For many birth defects, however, the cause currently cannot be determined.

Birth defects must be reported in Iowa. The Iowa Birth Defects Registry performs statewide surveillance to record the types, frequency, and distribution of

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birth defects. This knowledge is necessary to investigate potential causes of birth defects, plan for appropriate care and services and assess the impact of intervention.

The registry also conducts research to identify genetic and environmental risks. Prevention programs, established as the result of the efforts of the Iowa Birth Defect Registry and other state registries, have saved many babies.

After Christina's death, the Butts participated in research to help promote the understanding of factors influencing the development of anencephaly and spina bifida. Research has determined that folic acid consumption prior to and in the early weeks of pregnancy greatly reduces the risk of having a baby with these birth defects.

It is now recommended that women who have had a baby with spina bifida or anencephaly take four milligrams of folic acid during these periods. Chris followed these recommendations when planning her next pregnancy. Their son Michael was born healthy and now is an active, talkative 3 year old.

All women and their partners can take measures to reduce their risk of having a baby with a birth defect. One important step is a pre-conceptual visit with a health-care provider. During this visit, an assessment is done that includes taking such information as the couple's family history, health, and lifestyle. Guidance is given to help them make changes to improve their chances of having a healthy baby together.

Prior to conception and during pregnancy, every woman (even those without a history of spina bifida or anencephaly) should take a multivitamin with 400 micrograms of folic acid daily, avoid eating undercooked meat, and discontinue using alcohol, tobacco, and street drugs.

For further information, call Jean Anderson, state coordinator of Genetic Services at 515 281-7584 or Tonya Diehn at 515 281-8937.

Epidemiology notes

By Patricia Quinlisk, MD
State Epidemiologist



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health

The Center for Acute Disease Epidemiology has generated the following list of the "Top 10 Epi Events in Iowa for the Year 2000".

10. Three cases of Tularemia reported in Iowa. Tularemia is a rare zoonotic disease (disease usually found in animals that can spill over into humans) due to infection with the bacterium *Francisella tularensis*. A variety of clinical manifestations can result depending on the route of introduction of the bacterium and its virulence. Transmission is classically associated with contact with rabbit carcasses, but can occur through a variety of other routes including tick bites. This year, three cases were reported in Iowa residents, all unrelated; one due to a tick bite, two due to exposure to rabbits.

9. Outbreak of scabies affects several health-care workers. Scabies is an infestation of the skin due to the mite *Sarcoptes scabiei*. Clinical manifestations include papules, vesicles, or burrows most prominent on certain sites of the body and an intense pruritis that is worse at night. This year, several healthcare workers, including staff from a community hospital, staff from a large tertiary hospital, and staff from a home health-care agency, were infested with scabies after taking care of a patient with an

unusually severe case of this disease.

8. Investigation of a large tire pile uncovers potential public health threat. Tire piles are excellent breeding grounds for certain species of mosquitoes, including *Aedes triseriatus*, the vector for LaCrosse encephalitis virus. Concern over the potential health consequences associated with this large tire pile and citizen complaints about the mosquitoes prompted an investigation that included the capture and testing of mosquitoes in and around this pile. This investigation revealed substantial numbers of *A. triseriatus* mosquitoes. Fortunately, testing of these mosquitoes revealed no evidence of the virus responsible for LaCrosse encephalitis. Control measures included placing of larvacide within the tires. Subsequent efforts in 2001 will include a scheduled removal of the tires from this property.

7. Flu vaccine shortage sparks call for rationing of vaccine. Difficulties in growing one of the virus strains needed for the flu vaccine, as well as manufacturing problems at two of the four vaccine manufacturers, resulted in significant

delays in the production and distribution of this season's flu vaccine. Such delays prompted the cancellation of many flu clinics and an initial rationing of available vaccine to high-risk individuals only.

6. Norwalk-like Virus greatest single cause of food-borne outbreaks. Norwalk-like Viruses (NLV) are the most common cause of food-borne illness in the United States, causing illness in an estimated nine million people each year. Symptoms are generally mild and self-limited. Disease frequently is associated with outbreaks. This past year, the majority of food-borne outbreaks in Iowa implicated NLV as the cause (either through laboratory identification or clinical/epidemiological information). Contamination of food was most likely due to an ill food handler at the final point of food preparation.

5. Outbreak of *E. Coli* 0157:H7 at a Davenport restaurant. *E. Coli* 0157:H7 is a toxin-producing strain of *E. Coli* that is most commonly transmitted through ingestion of raw or undercooked beef. Infection can cause bloody diarrhea, but the most severe consequences are hemolytic uremic syndrome (HUS) and thrombotic thrombocytopenic purpura (TTP). This past summer, an outbreak of *E. Coli* 0157:H7 occurred as a result of eating at a Davenport-area restaurant. Results of the investigation conducted by the Scott County Health Department revealed that 50 persons became ill with diarrhea; 18 of these had culture-confirmed *E. Coli* 0157:H7 infection.

No cases of HUS or TTP occurred, and no fatalities were reported. The cause of this outbreak was determined to be cross contamination of food during preparation.

4. Outbreak of rabbit calicivirus destroys rabbit herd. An unusual virus - rabbit calicivirus - infected a herd of 26 rabbits in a backyard rabbitry in western Iowa. This virus was never before seen in the United States, but somehow found its way into Iowa (it is known to have previously occurred in Mexico). The virus causes an unusually severe and deadly illness - Viral Hemorrhagic Disease of Rabbits. The investigation, headed by the CDC and USDA, found no evidence of human infection or seroconversion in the limited number of persons who had contact with the rabbits. No further outbreaks among rabbits have occurred.

3. Outbreak of meningococcal meningitis prompts large vaccination campaign. Meningococcal meningitis is a form of bacterial meningitis due to *Neisseria meningitidis*. Most cases occur sporadically. Rarely, outbreaks occur within groups or communities. This past spring, three cases occurred within a two-month period in a small community. All three cases were of the same serogroup (serogroup C). In an effort to prevent further cases, an intensive vaccination campaign was launched. In all, some 2,500 persons were vaccinated in a one-day period. No further cases have occurred in this community since.

2. Outbreak of adenoviral illness at a long-term care center.

Adenoviruses are a group of viruses with some 50 serotypes that can cause a variety of clinical diseases, principally of the respiratory tract (including the common cold) and eyes (conjunctivitis); serious disease or death are rare. This year, an outbreak of Adenovirus type 7 illness affected residents and staff at a long-term care center for severely physically and mentally challenged children. Of some 38 residents, 20 had disease; four of these died from complications. Control measures included cohorting of residents and staff and institution of specific infection control measures.

1. Outbreaks of shigellosis affect many communities in Iowa; sets a record for number of reported cases.

Shigellosis is an enteric bacterial infection due to one of many species of *Shigella*. Unlike other enteric bacteria that are spread through contaminated food, *Shigella* are principally spread through the fecal-oral route (directly or indirectly). Transmission is facilitated by a low infectious dose (on the order of 10-100 organisms). This past year a record 546 cases were reported, most coming from three counties. Cases occurred largely within daycare settings and families. Similar outbreaks of *Shigella* were reported in other areas of the country.

Classifieds

ICN on food safety - Food Safety: A Challenge for Everyone in Public Health A National Live Satellite Broadcast and Web Cast will be held January 26 from 2 to 3 p.m. EST. It will be viewed at the Lucas State Office Building. Counties may down-link directly to ICN sites or link to us with a \$7 ICN line charge plus room site charges. During this broadcast, our case will depict an *E. Coli* outbreak in Milwaukee that required a coordinated, rapid, and comprehensive response from a range of local, state, and federal public health agencies. To register and for more information, go to www.PublicHealthGrandRounds.unc.edu.

We've moved - The Bureaus of Radiological Health and EMS have moved out of the Lucas Building. They are now located at 401 SW 7th Street in Des Moines. The new phone numbers for these bureaus are 515-281-3478 for Radiological Health and 515-725-0326 for EMS.

Changes at IDPH

Welcome - [Allan Lynch](#) has joined the HIV/AIDS Program. He will be working with the HIV/AIDS Projects in assisting with the implementation of the CDC Evaluation Guidance. Allan has worked in the development of goals and indicators for program evaluation in a psychiatric rehabilitation program and a vocational services program.

Also joining IDPH is [Jonathan Durbin](#), who will be research assistant for the patient safety team. Jonathan has a degree in political science from Truman State University in Kirksville, Mo. He has a master's degree in political science and a Certificate of Public Management from Iowa State University. He was a tutor at Children and Families of Iowa and an assistant manager for the Quik Trip Corp.

And last, but not least, [Steven Boal](#) has joined the department as management analyst in the Division of Executive Staff. Steve has a B.S. in Psychology with an emphasis in research, statistics and education, from the University of Iowa, and a Masters degree from Drake University in general experimental psychology, with an emphasis in advanced statistics, and research techniques. He has been employed in the Iowa Department of Education since 1977 as a consultant in research, evaluation, data analysis and data coordination.

And last, but not least, [David Ortega](#) has joined the Bureau of Lead Poisoning Prevention, Division of Environmental Health, as an environmental specialist. David studied biology and chemistry at Des Moines Area Community College and the University of Iowa. He also has a BS in Public Administration from Upper Iowa University. Since 1989, David has been a laboratory analyst at the City of Des Moines Wastewater Reclamation Facility.

Leaving but staying - [Lorrie Graaf](#), Bureau Chief of Health Promotions, will join the Center for Disease Control and Prevention as public health advisor for a Comprehensive Cancer Control (CCC) Program on Jan. 15. This position will allow her to continue working with the department because she will be assigned to the IDPH Division of Health Promotion, Prevention, and Addictive Behaviors. She will be responsible for providing technical assistance and consultation in the planning, implementation, coordination, and evaluation of on-going Comprehensive Cancer Control.

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