

# Iowa Health

# FOCUS

July 2000 ■ Iowa Department of Public Health



## From the director

-Dr. Stephen Gleason

Completion of the Human Genome Project is exciting news, but it brings the potential of further intrusion into privacy.

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## IDPH holds youth summit to help curb tobacco use

By Joshua Schoeberl  
IDPH Intern

**S**tate officials are stepping up their efforts to curb underage tobacco consumption by announcing a Youth Summit on Tobacco Use Prevention and Control.

The summit, to be held July 28 and 29 at Simpson College in Indianola, will target incoming and current high school students. Officials hope to attract over 200 teenagers from schools and communities across the state.

Iowa has a reported high school smoking rate of 37 percent. Over three million packs of cigarettes are illegally sold to teenagers in Iowa annually. This contributes to the fact that 12,000 Iowa youth under 18 become new daily smokers each year.

Officials want a diverse group of students to attend the rally. They are targeting youth that smoke, as well as non-smokers.

The Nixon Group, a youth-led program of high school and college students, will lead the rally. Very little adult presentation will be featured, as the youth group will emphasize major points of concern. Separate workshops for the adult chaperones will be conducted.

The summit will be similar to those led by the Nixon Group in Florida and Minnesota. Florida's rally led to the creation of S.W.A.T., Students Working Against Tobacco, which developed the movement Whole Truth. These student-designed campaigns have led to a 54 percent drop in smoking among Florida's middle school students and a 24 percent drop among Florida's high school students.

A similar gathering, the Minnesota Kick Ash Bash resulted in a statewide movement called Target Market. The student-run campaign targets the tobacco advertising industry and exposes the truth about the industry's deceptive advertising and of the dangers of tobacco use.

The summit will educate youth about the dangers of tobacco

use. It will also show students how the tobacco industry has targeted young people as a potential market. The group will motivate youth to take action and train the students how to implement these programs into their community.

The young people will then establish a structure for an anti-tobacco youth movement in

Iowa has a reported high school smoking rate of 37%. Over 12,000 Iowa youth under the age of 18 become new daily smokers each year.

Iowa. Students will choose a name for their campaign, and they will develop their own media and marketing plan to be implemented throughout the state.

"The main idea is to have an impact and sometimes adults don't know what impacts a younger audience," says Stephen Gleason, director of the Iowa Department of Public Health.

At the rally, students will elect three of their peers to serve on a state commission on tobacco use prevention and control. A presiding officer for the youth executive body will also be selected by the young people attending the event.

The rally will also set a reunion summit the following year to evaluate the campaign and its progress.

The two-day rally will end mid-afternoon on July 29, but will be followed with a carnival at Simpson College.

## From the director

(From the director Page 1)

Completion of the Human Genome Project made the front pages of most American dailies late last month, and with good reason.

The project, which has now identified all the genes that comprise the blueprint for human life, is a landmark that may match such medical watersheds as the discovery of penicillin. Genetics hold the promise of the diagnosis and cure of a myriad of human ills that have eluded modern medicine.

But the project's completion is also scary because it brings the potential for even more intrusions into Americans' privacy. With the increasing availability of genetic information comes an increased risk that the information will fall into the wrong hands, and be used by insurance companies, employers or others in inappropriate ways.

Privacy is already under heavy attack.

"Millions of individual medical records float around these days in a vast electronic network that serves both commerce and scientific research," says a recent *Washington Post* article. That network doesn't always serve patients.

The article describes a visit by a utilization reviewer – the person who checks on a health care practitioner's claims to insurance companies.

This runs the gamut from a neighborhood family practitioner to a high-rise psychiatrist's office.

In this instance, the insurer had ordered a review of the records of several patients whose therapies had lasted longer than the insurer thought warranted. The reviewer looked through the charts and clinical notes of these patients, which included a wife-beater; a closet homosexual; and two women who were carrying on long-term extramarital affairs – one of them with a prominent Washington resident. The potential for damage is obvious.

Worried that loss of privacy may lead to discrimination, embarrassment, loss of benefits and stigma, some patients are withdrawing from full participation in their health plans.

With the increasing availability of genetic information comes an increased risk that the information will fall into the wrong hands, and be used by insurance companies, employers or others in inappropriate ways.

A January 1999 survey by the California Health Care Foundation found that one of six people takes some action to avoid disclosure of his or her medical records. These actions include lying to doctors, providing inaccurate information, doctor-hopping, paying for private care out-of-pocket and avoiding health care altogether.

Many of these actions, or failures to act, are a threat to public health. That's why the governor and I have made privacy a priority of the state's public health agenda.

There's no such thing as "absolute privacy," of course. Sharing medical records and information is a given of modern medicine. But patients, employees, students and others should have the reasonable expectation that once information on them is collected, its keepers hold it close to the chest.

We in state and local government are among those keepers and should consider our privacy responsibilities toward Iowans a sacred trust.

Apart from meeting our obligations, we can push government to pass the laws necessary to protect the privacy of our customers, who, after all, include our spouses, families, friends and neighbors.

The president has proposed sweeping new privacy rules for the federal Department of Health and Human Services. These rules cover providers, health plans and health-care clearinghouses. Iowa law has a few health-care confidentiality protections, but like many states, it lacks a general, comprehensive statute prohibiting the disclosure of confidential medical information.

So, completion of the Human Genome Project is great news for humanity, but we in government and health care – public health and otherwise – must strive to reap the benefits of genetic advances while minimizing the risks. As any health-care practitioner knows, the violation of privacy damages the trust that is fundamental to good care.

Trust, like the mind, is a terrible thing to waste.

## **Meningitis outbreak squelched**

*By Cortland Lohff, MD, MPH  
Assistant State Epidemiologist*

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**S**ince April, three cases of group C meningococcal meningitis have occurred in children in Manchester, Iowa. This represented an unusually high incidence of disease. In an effort to prevent further cases, a vaccination clinic was held June 19th. This vaccination campaign targeted children 2-18 years of age who either lived in Manchester or attended a school in the West Delaware School District.

Approximately 2,700 doses of vaccine were administered during a 12-hour period. Catch-up vaccinations are still available at Delaware County Community Health for those children in the targeted group who were not able to attend the clinic.

The vaccination clinic was a success, due in large part to the organizational efforts of Delaware County Community Health with the cooperation from the following: West Delaware School District, in particular the West Delaware Middle School for use of their facility and personnel; the Manchester Police and Fire Departments; the Regional Medical Center Auxiliary; the American Red Cross; Regional Medical Center employees, including EMS staff; and area businesses who provided donations.

On June 18<sup>th</sup>, a Linn County teenager died from meningitis. This death came on the eve of this mass vaccination campaign, which understandably heightened the concern of people living in these communities. Laboratory results indicated that this Linn County case was a serogroup B, unrelated to the serogroup C disease that occurred in Manchester.

## Obtaining Past Issues

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

# Good news for Calhoun County kids

By Joane Hinrichs

IDPH Community Health Consultant

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**T**he Iowa Academy of Family Physicians has been awarded a \$150,000 federal Community Organization Grant. The funds will be used for a three-year project in rural Calhoun County and surrounding

counties. It's called "Family Physicians and Communities Partnering for Kids."

The grant will fund education so that Calhoun County residents with children can access preventive, as well as sick health care, from a local family physician. Family Physicians, Clinic Nurses, Calhoun County Department of Health Nurses, and School Nurses will partner with other local service organizations to link kids with doctors

The result will be a coordinated health care system between

public and private health providers that offers a "medical home" to all children. Outreach efforts will encourage families with children to obtain "well-child" physicals, immunizations, dental care, eye care, and parent education from local medical providers. Keeping kids healthy and finding health problems early will allow kids to reach their maximum potential.

Another important goal of "Family Physicians and Communities Partnering for Kids" is to have all children covered by an insurance plan for health care through private insurance, the state child health plan: HAWK-I, or by Medicaid.

For more information on the partnership plan, contact Janet Wee of the Iowa Academy of Family Physicians at 515-283-9370 or Jane Condon of the Calhoun County Department of Health at 712-297-8323.

# Mid-America prepares for bio-terrorism

By Kevin Teale  
IDPH Communications Director

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**O**n the minds of many in public health, emergency management, and law enforcement, it's not a question of if, but *when* a bio-terrorist event will occur in the United States. That's why many are spending a large amount of time preparing for an event they hope will never happen.

The issue is taking such high priority that almost every unexplained health event is being looked at as a possible bio-terrorism event, from the West Nile Mosquito problem on the East Coast, to a Massachusetts human brucellosis case last year, and this year's outbreak near Denison of a rare virus that wiped out a herd of domestic rabbits.

While no bio-terrorism links were ever established in these cases, the uniqueness of the events, combined with the attention to the issue bought the threat of an intentional attack to the list of possibilities for the disease outbreaks.

Why should Iowa be concerned? Bio-terrorism experts point to the Oklahoma City bombing as an example why Mid-America should be concerned. While the Murrah Building would be considered an "overt" act, a bio-terrorism event is considered covert. A terrorist group could infect a large number of people with an agent that wouldn't become obvious for days, if not weeks, later. Initial symptoms of illness could be very generic, such as headaches, body rashes, or nausea, with doctor's office and emergency rooms focusing on the more logical food-borne or viral outbreak.

What have Iowa officials been doing to prepare for the possibility of a bio-terrorism event? For the past two years, the annual fall disease outbreaks course taught by the Department of Public Health's Center for Acute Disease Epidemiology has included a segment on bio-terrorism.

Additionally, the University of Iowa Hygienic Lab was awarded \$225,000 last year to upgrade facilities to monitor for bio-terrorism. This year, the IDPH is expecting to receive \$125,000 for bio-terrorism preparedness. Staff from the department have also been working with the Iowa Department of Emergency Management along with federal, state and local law enforcement in Iowa to develop response plans should an event occur.

The Centers for Disease Control's bio-terrorism response plan, released earlier this year, says knowing when and how a bio-terrorism event will occur is impossible. However, the report concludes, having a prepared public health system "provides the best civil defense against bio-terrorism."

## Task force monitors antibiotic resistance

By Nancy Bowersox, R.Ph\*  
Iowa Pharmacy Association

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**T**he Iowa Department of Public Health has convened a task force to deal with bacterial resistance to antibiotics. The task force first met in January of 1998.

Its purpose is to evaluate and monitor the prevalence of resistance in Iowa; monitor the status of the problem; and develop strategies to diminish risk to the population of Iowa.

The task force consists of many concerned organizations (see Table 1). It has been meeting regularly to accomplish the above goals.

The task force recommended developing a comprehensive statewide, laboratory-based surveillance program. The program started on January 1, 1999. This program, through the Iowa Department of Public Health, is designed to detect and monitor antibiotic resistance throughout the state of Iowa. The surveillance includes invasive diseases caused by these organisms: *Enterococcus* species, Group A *Streptococcus*, methicillin-resistant *Staphylococcus aureus* (MRSA), and *Streptococcus pneumoniae*.

The data collected will provide a clearer understanding of the epidemiology of resistance specifically relating to organisms in Iowa. Data regarding this surveillance can be accessed on the Internet at: [www.uhl.uiowa.edu](http://www.uhl.uiowa.edu) (click on Health Issues and Antibiotic Resistance).

*The Report of the Antibiotic Resistance Task Force: A Public Health Guide* was published in September of 1999. The guide resulted from nearly two years of work by task force members and includes recommendations in prudent use of antibiotics, infection control in specific settings, laboratory identification and surveillance.

The task force launched the release of this report with a media event and subsequent mailings to approximately 7500 health care providers in Iowa. The mailing contained posters explaining viral infections to patients, CDC algorithms for treating several conditions, and patient brochures explaining viral illness, along with the Public Health Guide.

The press conference received extensive media coverage by television news crews, the *Des Moines Register*, several local papers, NPR and many radio broadcasts through out the state. The press conference was used to ask for the public's assistance in using antibiotics appropriately.

In addition to providing information to health care providers through a public health effort, the task force has been collaborating with the private sector to further these educational efforts. Patient and health care provider articles were written and have appeared in newsletters of major insurers in the state. Educational interventions with providers have also been prepared by various insurers.

The task force will collect data from these interventions and present them in various state and national forums throughout the year 2000. Several professional association journals also published articles about the problem and plan further member education. The task force also collaborated with SmithKline Beecham to provide the materials, mailing costs, and "cold kits" for use in patients with viral illnesses, as well as sponsoring lectures to educate health care professionals in Iowa.

The task force has taken the stance that *all* health care professionals and patients share responsibility for the evolution of anti-microbial resistance. It is up to each of us, professional or patient, to educate ourselves and begin to change behaviors that have led to the development of resistance. Wide circulation of the Public Health Guide should enable health care providers to have the same goals when treating patients.

The Public Health Guide and other educational materials including posters can be obtained by calling the Health Protection Clearinghouse in Cedar Rapids at 1-888-398-9696. For more information on the Antibiotic Resistance Task Force of Iowa, contact Nancy Bowersox at the Iowa Pharmacy Association office at [nbowersox@iarx.org](mailto:nbowersox@iarx.org) or (515) 270-0713 with questions. Nancy is the vice president of Quality Assessment Services at the Iowa Pharmacy Association and is a member of the Iowa Antibiotic Resistance Task Force.

**Table 1**

Organizations Represented on the Iowa Antibiotic Resistance Task Force
Association of Iowa Hospitals & Health Systems
Iowa Academy of Family Physicians
Iowa Chapter, American Academy of Pediatrics
Iowa Department of Public Health
Iowa Health Care Association
Iowa Medical Society
Iowa Nurses' Association
Iowa Pharmacy Association
Iowa Veterinary Medical Association
Iowa's Statewide Epidemiology Education and Consultation Program
University of Iowa Hospitals and Clinics
University of Iowa Hygienic Laboratory
Wellmark -- Medicare

Following are surveillance data of antibiotic resistance cases in Iowa reported by the University of Iowa Hygienic Lab. This information can also be found on the UHL web site [www.uhl.uiowa.edu](http://www.uhl.uiowa.edu).

Antibiotic Resistance In Iowa All Regions	# of Isolates from Invasive Sites Detected	
	Totals 1999	1 <sup>st</sup> Quarter 2000
Total <i>Streptococcus pneumoniae</i>	532	150
Pen Resist pneumo	129 (24%)	39 (26%)
MDR pneumo (%) <sup>1</sup>	84 (16%)	24 (16%)
Total <i>Enterococcus sp</i>	186	45
VRE (%) <sup>2</sup>	27 (15%)	6 (13%)
Total <i>Streptococcus pyogenes</i>	63	22
Pen Resist Strep pyogenes (%) <sup>3</sup>		
Macrolide Resist Strep pyogenes (%) <sup>4</sup>	2 (3%)	2 (9%)
Total MRSA <sup>5</sup>	102	33

Data result from collaboration of the laboratories of the state of Iowa under the guidance of the Antibiotic Resistance task Force.

- 1) MDR= multi-drug resistant: isolates of *Streptococcus pneumoniae* resistant to Penicillin and one or more of the following drugs: Erythromycin, Azithromycin, Clarithromycin, Clindamycin, Chloramphenicol, Tetracycline, Trimethoprim/Sulfa

- 2) Vancomycin-resistant *enterococcus*
- 3) There are currently no isolates of *Streptococcus pyogenes* resistant to Penicillin
- 4) Macrolide resistance represents isolates resistant to one or more of the following drugs: Erythromycin, Clarithromycin, Azithromycin
- 5) Mehticillin resistant *Staph aureus*

## Counties identify health problems through community assessment

By Sharon Bragg  
IDPH Community Health Consultant

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**A**t Iowa's first public health Barn Raising in 1997, a request was made for better data and coordinated community assessment requirements. From this need came Iowa's current Community Health Needs Assessment/Health Improvement Plans, currently known as CHNA/HIP. There is now a uniform source of information from counties, including a review of health status indicators, identified community health problems, goals and action plans.

Its purpose is to reduce duplication in the gathering and reporting of community assessment information. It will also make available county-specific assessment and planning information that can be supportive of all IDPH grant applications.

The process was developed with multiple partners. The Iowa Department of Public Health formed a Community Health Information Group to develop a data/information system that would respond to the needs of a wide range of customers.

This group, with direction from the Local/State Public Health Liaison Committee, and collaboration with the University of Iowa and Wellmark Blue Cross Blue Shield of Iowa, helped prepare a uniform

reporting tool. Three counties, Linn, Page, and Wayne were given opportunity for input during the development.

The tools for Iowa's first effort were distributed at the second public health Barn Raising in June 1999. The *1999 Iowa Health Fact Book* and computer disks containing county-specific data and the reporting tool were made available. In addition, educational sessions were held during the Barn Raising to provide an introduction and overview of the materials.

Local boards of health were to lead the effort, which were to be completed on April 1, 2000. The process was to be inclusive of all community partners, representing public and private sectors. Communities were not required to use any particular community health-planning model. Only the reporting tool is uniform.

Orientation and training was provided by IDPH over the Iowa Communications Network in October and November 1999. Over 35 ICN sites were established for the training.

The Community Health Needs Assessment/Health Improvement Plan provides a uniform source of information from counties, including a review of health status indicators, identified community health problems, goals and action plans.

Training included how IDPH will use the reporting form as part of grant applications, how to engage all stakeholders at the community level, and additional resources for data. The reporting tool and county-specific data were made available on IDPH's web site.

*Healthy Iowans 2010* was completed in January and provided an excellent companion for coordinating efforts.

IDPH assisted with technical assistance, providing and interpreting data, and making personal visits to community planning groups, board of health meetings, regional public health meetings, and health departments and agencies.

The reports were placed on the IDPH web site. A preliminary overview of the county reports identified substance abuse, childcare

needs, heart and cardiovascular disease, domestic/child abuse and lead screening/poisoning as some of the priority community health problems.

Evaluation of the process is next. After suggestions for improvement are summarized, a process for updating a county's information will be developed.

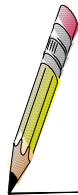
Regional meetings are planned for this fall. IDPH will provide support and offer resources to link the local health improvement plan to *Healthy Iowans 2010*.

CHNA/HIP is an on-going process and public health providers have benefited.

To access the Community Health Needs Assessment and Health Improvement Plan or *Healthy Iowan's 2010*, visit the IDPH web site at [www.idph.state.ia.us](http://www.idph.state.ia.us). For more information on CHNA/HIP contact Julie McMahon at 515-281-3104.

## Epidemiology notes

**By Patricia Quinlisk, MD**  
**State Epidemiologist**



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

- The number of Shigella cases in Eastern Iowa (around Scott County) appear to be decreasing, however, the number of cases in central Iowa continue to increase. Several cases in daycare center attendees have occurred, with some spread.
- The sentinel chickens, for arboviral diseases such as St. Louis Encephalitis, have been placed around Iowa. These chickens are in Dubuque, the Quad cities, Waterloo, Cedar Rapids, Ames, Des Moines, Council Bluffs, and Sioux City.
- Irradiated meats have reached Iowa markets, and will be served at the

state fair in August. Most of the products available right now are frozen ground meat patties. It is estimated that use of these products will reduce the risk of developing diseases like *E. coli* O157 by 95%.

- The Advisory Committee on Immunization Practices (ACIP) has voted to recommend the new conjugate pneumococcal vaccine for all children <23 months; and children 24-59 months of age at high risk of invasive pneumococcal disease - children who are HIV infected, have sickle cell disease/asplenia, certain chronic illnesses or other immunocompromising conditions.

The vaccine should be considered for other children 24-59 months of age with priority given to children of Alaskan native, American Indian, and African American descent; children attending group child care (outside home, >4 hours/week with at least 2 unrelated children); and

children 24-35 months of age.

- Due to compliance problems with some vaccine manufacturers, as well as difficulties in growing the virus strain in this year's vaccine, the CDC announced that there will be delays in shipment of this year's influenza vaccine and that shortages may occur. The CDC is also urging providers to delay mass vaccination campaigns for at least one month and make provisions to immunize those at highest risk first.

# Classifieds

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**VA Hospital Services** – The Mental Health Primary Care Clinic at the VA Hospital in Des Moines offers services to adult patients 18 and over who have some form of mental health and/or substance-use problem. Although the primary focus is outpatient treatment, those who need a higher level of treatment are cared for in the least restrictive environment possible.

The Day Program is for adult veteran outpatients in need of a supportive environment 1-5 days per week, and who are enrolled in Mental Health Primary Care. This program provides support for mental health outpatients to maintain community living, prevent hospitalization, and provide transitional care following hospitalization.

**Focus Editor: Kara Berg**

**Assistant Editor: IDPH Intern Joshua Schoeberl**

**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](mailto:kberg@idph.state.ia.us)**