Iowa Health
FOCUS
MAY 2000 ■ Iowa Department of Public Health

From the director

-Dr. Steve Gleason

In the midst of battle - with bombs dropping daily and victory within reach one minute and slipping away the next - it's hard to appreciate the legislative process.
(See Page 3)

In This Edition…

Fiery debate continues over organ distribution

By Rochelle Williams
IDPH Intern

The U.S. House of Representatives passed a bill in early April that would block the federal government from turning a regional-based system for major organ donation into a more national system. It would allow states to pass laws forbidding shipment of organs across state borders.

The bill would keep most decisions about how to allocate scarce hearts, kidneys, lungs and other organs in the hands of the United Network for Organ Sharing (UNOS). The private nonprofit organization contracts with the federal government to administer the network.

UNOS supports the present system, in which those first considered for a transplant are potential recipients living in the same “organ procurement area” as the donor. Rather than choosing recipients solely on urgency, they’re judged on possibility of survival, age and other factors.

According to UNOS, over 68,500 people were on the waiting list for organs in mid-March. Every 16 minutes a new name is added to the list, and 10 people die waiting for an organ each day.

The University of Iowa's Dr. Lawrence Hunsicker, former president of UNOS, favors a broadened regional system. "Although there would be more patients on waiting lists, the distribution of organs would be based on need," he said. "It's just more reasonable than a rigid geographical approach."

The Clinton administration and Donna Shalala, secretary of federal Health and Human Services (HHS), seek a more national system. They argue that it would allocate organs to those who need them the most and reduce geographic disparities in waiting times. A new federal rule awaiting congressional approval issued by Shalala would award priority to the sickest patients regardless of where they live.

Critics of the administration's plan say it favors large transplant centers, especially in the east, and would damage transplant programs at the smaller midwestern centers.

In an attempt to compromise, Senator Bill Frist (R-Tenn.) sponsored a measure, passed by a senate committee, that would give a panel of experts final say over how organs are distributed. The legislation would allow the government to review organ-transplant policies and make recommendations to UNOS.
If the government and UNOS disagree, final decisions would be made by an advisory committee selected by HHS, UNOS and the independent Institute of Medicine. The legislation, however, does not address
whether organs should be allocated based on geography or need.

> Every 16 minutes a new name is added to the list, and 10 people die waiting for an organ each day.
> -UNOS

Dr. Stephen Gleason, director of the Iowa Department of Public Health, says the advantages and disadvantages to Iowa transplant patients must

be evaluated in view of the pending legislation.
“The trauma of having an organ transplant requires support from family and friends that is more difficult to achieve when expensive airline travel is involved,” he said. “We should not lose sight of the reality that organs are owned by the donor and not the government.”

Currently, Congress, UNOS and HHS continue to debate whether the system should be based on need or geography or a combination of both.

Locally, the Iowa Legislature has adopted, and Governor Tom Vilsack signed, a bill that allows for the creation of an organ-donor registry. The registry will keep track of the number of organ donors in Iowa by tabulating people who mark “yes” to donation on their driver's license. Currently, there is no record of registered organ donors in Iowa.

From the director

(From the director Page 1)

The broad representation embodied in the 50-member Senate and the 100-member House of Representatives, and the differences brought to the process by those 150 people of different parties, philosophies and temperaments, are an ingenious recipe for assuring a democratic process. It also results in a kind of disorder that appears to defy achievement.

But here we are at the end of the session and most of what needed to get done in public health got done. It didn't come without struggle and compromise, of course, but it came nonetheless.

The fact, that all of the nearly $55 million in tobacco-settlement money went to health care is little less than extraordinary. Other states plan to spend the money for everything from tax cuts to school improvements.

Iowa's accomplishment underlines the benefits of all the players in public health working together to accomplish a common goal. For that, all Iowans owe all of you who helped with the process a big "Thank you."

The legislative session resulted in an increase of about 40 percent for public health activities. Much of the credit goes to Governor Tom Vilsack, who was persistent with legislators and the public in his advocacy for public health.

Here's where the bulk of it will go:

- $3.6 million for dental care
- 2.4 million for home health providers
- $250,000 for critical access hospitals. This and the two previous items, along with almost $15 million for other providers, are by way of Medicaid enhancements.
- $11.9 million for substance-abuse treatment. Even when offset by general-fund reductions, it amounts to $5.2 million in new money.
- $2.8 million for Healthy Iowans 2010, including trauma and emergency medicine, poison control, environmental and other programs.
- $9.3 million for tobacco programs.

This is the first time Healthy Iowans has actually been funded, by the way.

One of my first insights into the job when I became director a year ago is that the position requires a tremendous amount of collaboration, not just from my colleagues in public health, but from the thousands of other Iowans who promote and protect Iowans' health.

Judging by the successes of the legislative session, and the collaboration of public health workers on lots of initiatives during the past year, I have reason to be optimistic.

There are lots of battles left to fight, of course. And since I started this column with a military image, let me leave you with these words that I wrote for a meeting of health-care providers.

"We must be warring generals, maybe injured at first volley, but continuing to lead – staying out in front, showing great selfless courage, revealing the deepest essence of our souls. We must nurture that instinct which abhors the mercantile and which, in the drama of life and death, blocks out all the noise of money changing hands and instead hears the faint whisper of suffering – our patients in need."

Getting the lead out of Iowa

By Lisa Lemke
Bureau of Environmental Health

Lead poisoning affects a wide range of families across Iowa. It has no boundaries.

Those at risk include Iowa urban and rural families, people with low income and high income, immigrants and non-immigrants. All of these people may be at risk for lead poisoning if their homes were built before 1950. Iowa has a large stock of homes built before that time.

The Childhood Lead Poisoning Prevention Program recognizes the uniqueness of each Iowa family and each community. To win the fight against the silent threat of childhood lead poisoning services must be tailored to each family and community.

Since 1992, Iowa's Childhood Lead Poisoning Prevention Program has helped establish 19 local lead programs across the state. Each program is encouraged to tailor its education and screening efforts

to fit its unique community. Iowa's Childhood Lead Poisoning Prevention Programs are being seen nationally as leaders in the promotion of low-cost, self-help techniques for use by homeowners and families to detect and remove lead hazards.

Staff of community lead programs are available to make presentations and/or to provide informational materials in Spanish and other languages as well as in English. Innovations include working with hardware and lumber stores to promote safe remodeling of homes with lead.

A variety of other methods are being used to reach all types of families within varying Iowa communities. These include use of such resources as strategically placed billboards and government-access television stations.

Above all, the ability to personally communicate with families has been the key to success in many cases of childhood lead poisoning in Iowa. Both state and local lead programs acknowledge the importance of understanding the circumstances of each individual family.

Lead program staff work with each family to find the best method to overcome lead poisoning through lead hazard repair, nutrition counseling, and follow-up blood testing.
The state lead program now employs a person who is fluent in Spanish. It helps Spanish-speaking parents a great deal when they no longer have to struggle with language barriers but understand exactly what they need to do to get their children well again. This aspect of customer service is an example of how the Iowa Childhood Lead Poisoning Prevention Program tailors its services to meet the unique needs of Iowa families and Iowa communities.

To win the fight against the silent threat of childhood lead poisoning services must be tailored to each family and each community.

Make a checklist

Look for paint or stain that is loose, cracked, chipping, peeling, flaking, rubbing off, or deteriorating in any way. Earlier layers of paint, or paint that has an "alligator" cracking pattern are usually good indicators that you have lead-based paint. A home is probably safe if it was built after 1960 and has no older furniture or older toys in it.

Be sure to check the following areas:
Windows Woodwork
Walls Doors
Stairs Home Exteriors
Porches Garages
Outside play areas

If you do find lead-based paint, do not remove the paint until you know how to do it safely and have all children under age 6 tested for lead poisoning. Call the Iowa Department of Public Health at 1-800-972-2026 to receive a booklet on how to remove lead-based paint safely. You can remove the paint yourself at minimal cost if you know how to do it right.

Abuse big public health problem

By Binnie LeHew
Violence Prevention Coordinator

Domestic violence is a health care problem of epidemic proportions. It is estimated that between 20 and 30 percent of all women in the United States have been abused by an intimate partner at some point in their adult lives.

Seven percent of males report being abused by an intimate partner sometime in their adult lives. The effect of domestic abuse is not only the immediate trauma, it also can contribute to chronic health problems and complicate the management of other chronic illnesses.

Since virtually all women have some contact with health care during their lifetime, the health care system can play an important role in abuse prevention. Routine screening by skilled health care providers can markedly increase the identification of domestic violence. It can then lead to interventions that may help reduce abuse-related disease and death in women.

In 1998, 6,432 incidents of domestic abuse were reported to law enforcement in Iowa. Yet, only 15,108 adults were served by domestic abuse programs during the state's 1999 fiscal year. Ninety-six percent of people served were women, and many more people likely do not seek help. Hospitals and health care clinics that have created policies for routine screening of domestic abuse are identifying more women as victims than when indicator-based methods were used.

For women who acknowledge domestic abuse, the most helpful interventions include giving information about abuse, helping with safety planning and providing a community referral. Trained domestic violence advocates are available through 33 domestic abuse programs serving 97 counties in the state.

Advocates can provide crisis and supportive counseling, assistance with safety planning, safe shelter, court advocacy, transportation, and referral to community services. When needed, many advocates will go directly to a hospital or community clinic to speak with a domestic abuse victim. Health care providers should become familiar with the program serving their areas and may contact them to discuss available services.

Most programs offer domestic abuse education to both professionals and the public.

To learn about the nearest service program, call the Iowa Domestic Abuse Hotline at 1-800-942-0333. For information on available resources or training on routine screening for domestic abuse, contact Binnie LeHew, violence prevention coordinator, at 515-281-5032.

Incidents spawn undue fear

By Cortland Lohff, MD, MPH
Assistant State Epidemiolgist

A case of meningitis. A cluster of cancer cases. "Flesh-eating bacteria." Even a seemingly innocuous case of head lice.

Some health-related incidents that can generate fear or anxiety in an individual or community. Sometimes these concerns may be warranted. More often, the fear and anxiety over an issue is out of proportion to the actual event.

Why does this occur? Many reasons are likely – lack of accurate information, fear of the unknown, and alarms generated in the media. Local health departments and the Iowa Department of Public Health frequently must respond to such concerns.

In responding, the department uses the best available scientific evidence to educate, and hopefully, reassure the concerned parties. In most instances, this is effective.

A concern about Creutzfeldt-Jakob Disease (CJD) highlights this issue. CJD is a rare, degenerative disease of the brain. Common symptoms include confusion, dementia, and other neurological problems. CJD is invariably fatal.
Recently, a person called the department concerned that this disease may be caused by exposure to cows in Iowa. Evidently, this person had heard of a couple of people who had lived in a rural Iowa community and later in their lives died of CJD.

Hearing reports of "mad-cow disease" in England, this person wondered whether animals, specifically cows in this rural community, had transmitted CJD to these people.

In response, the department informed the person that there are two variants of CJD in people. These types have different disease causes and manifestations.

One of these types does, in fact, cause disease in cows – a

disease popularly known as "mad-cow disease." Recent cases of CJD in Europeans are linked to eating meat from afflicted cows.

However, after more than a decade of testing in the United States, this disease has never been found in cows in this country. Therefore, CJD in people could not have been acquired from cows here in the United States.

But why would a couple of cases of this rather rare disease (approximately one case per 1 million persons per year) be seen in people who at some point in their lives resided in the same rural area of Iowa? In other words, why the apparent clustering of this disease?

This question is easy to address if one imagines how the game of jacks is played. When the jacks are thrown, are they distributed equally? No, they are randomly distributed, some even appear to cluster together. By analogy, diseases, even rare ones like CJD, can cluster together at random, giving the false impression that something, say an environmental exposure, was responsible for the disease.

Obtaining Past Issues

Due to technical difficulties some of you may not have received your *Iowa Health FOCUS* last month. Past issues can be found on the IDPH web site at www.idph.state.ia.us.

Radioactive shipments pass through Iowa

By Kevin Teale
Communications Director

Forty years ago, a program, Atoms for Peace, helped limit the number of nations with nuclear capabilities. However, the program today is now providing some extra challenges for state agencies across the country, including the Iowa Department of Public Health.

In this program, President Dwight Eisenhower agreed to supply U.S.-produced fuel for nuclear reactors overseas. This action provided nuclear power to other countries, while preventing them from developing an entire nuclear industry, which may have resulted in their developing nuclear bombs. Spent fuel in those countries is now no longer of use and is being returned to the United States for permanent storage.

The Iowa Department of Public Health is the lead nuclear safety agency in Iowa. As such, it has been involved from the beginning in developing a plan to ship the spent fuel from ports on the Eastern seaboard to a temporary storage site in Idaho and eventually to a permanent Nevada site, which is now under construction.

After evaluation by the U.S. Department of Energy and the states involved, four routes were developed for truck shipments. Three of these pass through Iowa at some point. Five shipments passed through the state along Interstate 80 last year.

The lone shipment planned for this summer will pass through Missouri along Interstate 70, then up to Interstate 29 through Iowa, to Interstate 80 and Nebraska.

The shipments are made in specially designed casks with steel and lead walls that are eight to nine inches thick. Over 2,500 shipments of domestic

fuel have been made using similar casks over the past 40 years. While there have been some incidents involving the trucks carrying the casks, there has never been a release of radioactive materials from them.

To further prepare states along the transport route, U.S. Department of Energy conducted dozens of workshops, including subjects such as nuclear safety, monitoring, and risk communications, for state and local officials.

The shipments from foreign reactors are expected to continue for the next 10years.

Iowa bargain hunters beware

Iowans may be unknowingly placing themselves and their families at risk as they hunt for bargains at garage sales, auctions, flea markets and thrift stores this spring and summer.

The Iowa Department of Public Health and the U.S. Consumer Products Safety Commission remind consumers that some of these items may have been recalled because of consumer danger.

"Despite public and media attention to the recalls, dangerous items may still be in Iowans' homes," said Debbi Cooper, the department's consumer safety specialist. "Our goal is to alert consumers to the possible dangers so they can make informed choices while shopping."

Many hazards, such as play yards, infant car seats/carriers, infant swings, old cribs, bunk beds, and halogen floor lamps, have not been taken out of use, and may be sold this summer at yard and garage sales.

Nationally, the Consumer Product Safety Commission is focusing on products being sold in consignment and thrift stores. A state health

department search showed very few dangerous products being sold in Central Iowa thrift stores. The exception was children's clothing with drawstrings, which are a risk to infants and children because the strings can get caught and strangle the children.

When bargain hunting, consumers should look out for:

- Cribs whose mattresses don't fit snugly against the frame or whose slats are wider than 2 3/8ths inches apart.
- Hair dryers without the large rectangular safety plugs at the outlet.
- Playpens that have been recalled because of danger of collapse.
- Halogen floor lamps without a glass or wire guard protecting the bulb from flammable items.
- Bean-bag chairs with zippers that can be opened and allow the stuffing to choke or suffocate children.

Epidemiology notes

By Patricia Quinlisk, MD
State Epidemiologist

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

- We are continuing to see *Shigella sonnei* cases in Scott and Clinton Counties. Cases have been reported in a day care center and in a food handler, thus we continue to be concerned about a community wide outbreak. The counties are alerting health care practitioners and high-risk facilities about it and providing information on Shigella.

- Recent immunization issues: (1) Intradermal rabies vaccine, (Imovax-ID) is temporarily unavailable for pre-exposure rabies immunization and routine boosters anticipate availability again in July. (2) About pneumococcal revaccination: revaccinate once for all persons ≥2 years old, **if** at least 5 years have passed since receipt of the previous dose, **and** the person fits other categories (such as was <65 years old when

first vaccinated and is now ≥65 years old, or at highest risk for serious pneumococcal infection - see the CDC guidelines in MMWR 1997; 46(RR-8) available at http://www.cdc.gov/).

Revaccination is not recommended on a routine basis for immunocompetent persons previously vaccinated or persons ≥65 years old at the time of their last vaccination.
(3) Recently there has been media attention about autism and vaccinations. Most scientific evidence does not support an association between the two. For more information, contact NIH at http://www.nichd.nih.gov/publications/pubs/autism1.htm, or CDC at http://www.cdc.gov/nip or http://www.cdc.gov/nceh/programs/dd/ddautism.htm.

- A rabbit calicivirus classified as a "foreign animal disease," was identified in a colony of domestic rabbits maintained in Crawford County. Rabbits die suddenly within 6 to 24 hours of the onset of fever with few clinical signs. The death rate ranges from 50 percent to 100percent. The USDA responded to this outbreak as it does to all "foreign animal diseases" on US soil in an effort to quickly contain and eradicate the disease.

  While this disease has no known public health significance, CADE in cooperation with CDC, has been involved in a follow up investigation of the few people exposed to the ill rabbits (mostly veterinarians) to further document that this disease poses no threat to humans. Serum samples were collected from several people and will be analyzed for signs of infection.

  All the rabbits at this location have either died or were humanely destroyed. The source of this virus has still not been determined. While commercial and pet rabbits of European origin are highly susceptible to this virus, it causes no infection or disease in native rabbits (cottontails and jackrabbits) or in any other animals, wild or domestic.

- Plans continue for the department to cooperate with Iowa State University and the University Hygienic Laboratory to conduct improved surveillance for mosquito-borne encephalitis viruses. Improved methods will be employed to detect infection in sentinel birds and demonstrate virus in trapped mosquito pools.

  Nationally, many states are expanding surveillance due to the introduction of West Nile Virus in New York.

- Recently, several commercially available foods were identified as contaminated:1) unpasteurized orange, grapefruit, tangerine, and lemon juice with Salmonella, 2) frozen strawberries with hepatitis A, and 3) mung bean sprouts with Salmonella.

  People, especially those at higher risk (i.e. children and the immunocompromized) need to take precautions, such as drinking only pasteurized fruit juices and avoiding fresh bean sprouts. Those of you doing case follow-up, please be sure to ask about these exposure in patients with these infections.

- We have received word from CDC that there may be a shortage of influenza vaccine this year. This is

  due in part to one less vaccine manufacturer. Therefore, it's important to place your orders by June 1, 2000 and not schedule vaccine clinics until you have vaccine in hand. If you have any questions, please call the Bureau of Immunization at 1-800-831-6293.

- In our efforts to increase the capability of the Department to respond to environmental health concerns, we have recently begun to recruit for two new positions. These include an environmental health epidemiologist (MD/DO/PhD with masters level training and/or equivalent experience in public health) AND a director of environmental health programs (master's-level training in public health or related field and/or equivalent experience). If you may know of anyone interested in these positions,

please have them contact myself or Dr. Quinlisk for more information.

Classifieds

VA ACCEPTING APPLICATIONS

2000 HOMELESS ASSISTANCE GRANTS

The Department of Veterans Affairs (VA) will begin accepting applications from public and nonprofit private groups for $13 million in grants to develop programs that help veterans recover from homelessness.

VA's Homeless Providers Grant and Per Diem Program authorizes VA to provide assistance for non-profit, or state and local government agencies to help homeless veterans. Grants awarded under the seven-year-old program can provide up to 65% of the cost of acquiring, constructing or renovating facilities that will be used for supportive housing or as service centers and to purchase vans for transportation of or outreach to homeless veterans.

Deadline for grant applications is May 31, 2000. For a copy of the application packet contact the Grant and Per Diem Program at (toll-free) 1-877-332-0334 or download from VA's Homeless Assistance Programs and Initiatives web page at: http://www.va.gov/health/homeless/grants.htm.

Focus Editor: Kara Berg
Assistant Editor: IDPH Intern Rochelle Williams

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