



Conference keys in on "Building Healthy Communities"

By Brenda Henning*

The economic well-being of the United States could be linked to the health choices Americans make on a daily basis, said Iowa Gov. Tom Vilsack to about 700 people who attended Barn Raising V, July 28-29, at Drake University in Des Moines.



Gov. Tom Vilsack addresses participants at the Governor's Conference on Public Health.

Since 1997, the biennial conference has been convened by the Governor's and Lt. Governor's office, the Iowa Department of Public Health and Drake University. Major financial support has come from the Wellmark Foundation. This year's theme was "Building a Healthy Community."

"Health care costs are making it more and more difficult to make products that are cost effective," Vilsack told the participants.

"We have to pay more attention to our choices, and we have to reduce the cost of health care."

In particular, the issue of obesity is a national epidemic but an issue that can be reversed if Americans will make substantial changes in their lifestyles. Vilsack urged conference participants—representing a wide spectrum of the health care industry—to serve as role models for healthy lifestyles.

Vilsack shared with the group his own battles with weight as a child and adult and how he has changed his food choices and exercise regimen—most recently becoming a marathon runner. His personal story of obesity, said Vilsack, is replicated in many Americans' lives and has created a substantial health care cost—estimated at \$783 million a year—to the state.

"This issue of obesity does involve choices which we as a state pay for," Vilsack said. His recent China trip and tours in manufacturing sites confirmed for him Ameri-

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International Symposium focuses on malnutrition, obesity

The Iowa Department of Public Health has joined forces with the World Food Prize Foundation to promote the upcoming World Food Prize International Symposium Oct. 12-14 in Des Moines. This year's theme will address one of the most compelling issues in global health: nutrition.

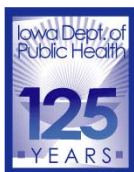
Through our partnership with The World Food Prize, IDPH is pleased to offer a special reduced Symposium-only registration fee of \$100 to Iowa healthcare workers, educators and dieticians.

This year's symposium, "The Dual Global Challenges of Malnutrition and Obesity" will feature presentations

by experts from around the globe including: Dr. Lester Crawford, Commissioner of the Food and Drug Association; Dr. William Dietz, Director of the Division of Nutrition and Physical Activity at the Centers for Disease Control and Prevention; Dr. David Ludwig, Director of Obesity Programs at Children's Hospital Boston; and Dr. Walter Willet, Fredrick John Stare Professor of Epidemiology and Nutrition at the Harvard School of Public Health.

In addition to leading research scientists, medical professionals, and nutrition policy experts, Gov. Tom Vilsack and IDPH Director Dr. Mary Mincer Hansen will discuss the state of the health of Iowans during the

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Calls Soar to 1-800-BETS-OFF

Promotion encourages people to seek help for problem gambling

More lowans were referred to treatment programs for problem gambling during the fiscal year that ended June 30 than in any other year since 2001, according to an analysis of calls to the Iowa Department of Public Health's (IDPH) 1-800-BETS OFF helpline.

Executive officer for the IDPH Iowa Gambling Treatment Program Frank Biagioli says 1,932 people were referred to 10 treatment providers around the state during the past 12 months, or 43 percent more people than the previous fiscal year. Helpline staff handled another 21 calls along with 111 information requests.

"Additional resources allowed the Iowa Gambling Treatment Program to increase advertising for the 1-800-BETS OFF helpline," Biagioli said. "As a result, more people affected by problem gambling, as well as friends and family members, sought help."

The 10 gambling treatment programs and promotion of the 1-800-BETS OFF helpline are funded by one-half percent of lottery and state-licensed casino revenue. That percentage was increased by the Legislature from 0.3 percent of gambling revenue in July 2004. American Indian casinos in Tama and Sloan provided \$50,000 and \$25,000, respectively.

The direct referral calls exceeded previous year totals in 11 of the 12 months in Fiscal 2005 with the largest increases occurring in months when the program's television commercials were on the air. Referral calls peaked at 208 during May, said Biagioli.

"Increasing the promotion of the program is doing what it was intended to do," says Biagioli.

"People are seeking help for problem gambling today because they saw the ads and became aware of the helpline. In addition, messages are prevention tools for lowans to assess their gambling and avoid gambling excessively."

The explosive rise in the visibility and popularity of poker and four new casino licenses granted by the State Racing and Gaming Commission are making lowans aware of the 1-800-BETS OFF helpline and the treatment that is available. This will become even more important during the next two years, he notes.

National Responsible Gaming Education Week is August 1 – 5, 2005. For more information about the Iowa Gambling Treatment Program, visit www.1800betsoff.org.



Conference set for gambling, addiction



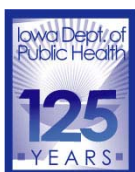
Kansas City, Mo.

Keynote speakers include: H. Westley Clark, director of the Center for Substance Abuse Treatment in the U.S.

"Problem Gambling and Co-occurrence: Improving Practice and Managing Consequences" is the theme of the Midwest Conference on Problem Gambling and Substance Abuse, Aug. 24 to 26, in

Department of Health and Human Services; Dr. Jeffrey Derevensky, professor of School/Applied Child Psychology at McGill University, Montreal, Quebec; and Joanna Franklin, director of Network Development and Training at Trimeridian, Inc., an Indiana-based consulting firm for gambling treatment programs.

Cost of the full conference is \$150. For more information, contact Martin Goransson at 319-335-6684 or Ros Hayslett at 319-335-5368. The Web site for the conference is www.888betsoff.com/links/midwest_conference.shtm



Emergency preparedness is focus of CDOR public education program

By Nicole Peckumn*

A statewide public education campaign on public health emergency preparedness will be launched Wed., Aug. 10 by the Iowa Department of Public Health's Center for Disaster Operations and Response (CDOR).

Manmade and natural disasters, such as tornados and floods, occur unexpectedly and this campaign is designed to help lowans be "one step ahead" by "taking action now to protect loved ones and prepare for the unexpected," according to Jami Haberl, director of CDOR.



"A critical component of building response includes educating and inviting the public to be a part of the preparation," Haberl said. "lowans have a vital role to play and must be empowered to act when it comes to

public health emergency preparedness."

A two-phase campaign, the first phase will include the placement of English and Spanish-version television, radio and newspaper public service announcements through Sept. 30. Other public-accessible materials include a Web site, www.protectionowahealth.org, and the publication of a free public health emergency guidebook.

Information on the Web site will include local public health and hospital contact information, in-depth information on potential public health emergencies, question and answer sheet, campaign advertisements and a PDF version of the guidebook to download.

Distributed in partnership with local health departments, hospitals, and other public health allies, the English and Spanish-version guidebook includes checklists on what to include in an emergency kit and a communications plan. The 32-page guidebook also will discuss: immunizations; quarantine and isolation; disease monitoring; the federal government's Strategic National Stockpile; and instructions on coping with a public health emergency.

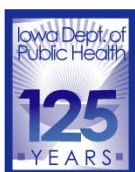
A second phase of the public education project is scheduled to begin in October and run through July of next year. The statewide campaign has been designed with input from a 12-member panel to include representatives from IDPH, local public health agencies, hospitals and Emergency Management Services groups.

"IDPH is dedicated to keeping all lowans safe during a public health emergency through education on preparation and response. The emergency preparedness campaign allows IDPH to show the public what is being done by public health to protect them and how they can contribute to the process," Haberl said.

Nicole Peckumn is bioterrorism risk communication officer.

Iowa youth rally to Just Eliminate Lies at "Unfiltered" conference

Over 200 youth from 60 counties attended the Sixth Annual "Unfiltered" JEL (Just Eliminate Lies) conference. Zeke Furlong, a staff member of Sen. Tom Harkin's office speaks to participants at a concluding rally and street marketing event on the Iowa State University campus in Ames. The three-day summit is organized by the JEL Executive Council with help from the Iowa Department of Public Health's Division of Tobacco Use and Prevention.



Curriculum designed to help public health workers in cultural competency

Prepared by Tammy O'Hollearn, Bureau of Health Care Access from a report by Diane Finnerty, University of Iowa

In many communities, Iowa is experiencing significant demographic changes and a reduction in economic resources to meet those challenges. Some Iowa communities face an aging population and a loss of young people. Other areas are enjoying growth and vitality largely through an increase in immigrants and refugees from Latin America, Eastern Europe, Africa and Southeast Asia. These families bring with them the potential for economic and social vitality needed by so many Iowa communities, but the demographic transition also presents challenges to Iowa's health, education, social services, business and civic sectors.

The Iowa Public Health Association's 2005 Advocacy Statement, entitled "Reducing Health Disparities Among Minorities and the Underserved," highlights Iowa's rapid ethnic diversification in a sparsely populated state where many rural Iowa counties are already designated as medically underserved areas. To prepare the public health workforce to address issues associated with this population shift and the resulting health disparities, *Healthy Iowans 2010* established

several action steps to ensure culturally and linguistically competent services.

The Iowa Division of Latino Affairs, with support from the Iowa Department of Public Health, Bureau of Health Care Access, has commissioned the University of Iowa National Resource Center for Family Centered Practice to develop a comprehensive cultural competence curriculum in partial fulfillment of the actions identified in *Healthy Iowans 2010*. A cultural competence model that emphasizes individual and organizational development will assist the public health workforce to meet the needs of all Iowans more effectively and efficiently, improving the health of individuals and communities for years to come.

A cultural competency manual and training materials will be available for replication on our Web site www.idph.state.ia.us/hpcdp/health_care_access.asp at the end of September 2005. In the meantime, if you are interested in learning more about this project, contact Tammy O'Hollearn, the Bureau of Health Care Access, by e-mail (tohollea@idph.state.ia.us) or phone (281-6765).

World Food Prize looks at malnutrition and obesity

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Governor's lecture. The symposium coincides with the awarding of the \$250,000 World Food Prize to Dr. Modadugu Gupta of India on Oct. 13.

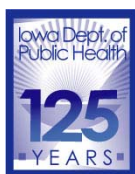
As part of World Food Prize events, IDPH and the World Food Prize Foundation will recognize October as "Healthy Communities Month" by having a proclamation signed by Governor Vilsack. Public health agencies across Iowa are encouraged to work with their community partners to celebrate Healthy Communities Month by planning nutrition and physical activities.

For example, the Polk County Health Department will be involved with the World Food Festival, a new community celebration held in conjunction with the 2005 World Food Prize Harvest Festival October 13-16. The

World Food Festival will invite Iowans to explore a variety of diverse culinary traditions from around the world, including the communities in their own backyard.

Counties can promote Healthy Communities by hosting a health fair, organize a hunger hike, conduct grocery shopping tours, collect food donations for the food bank, provide health screens, or organize community gardening projects. If your county will be celebrating October as Healthy Communities month, please let Dr. Hansen know.

To print the registration form, visit the IDPH Quick Links section marked conferences at www.idph.state.ia.us Interested persons should complete the registration form and mail it with the \$100 registration fee to: The World Food Prize, 1700 Ruan Center, 666 Grand Ave., Des Moines, IA 50309. The registration fee includes admission to all Symposium sessions, two lunches and a breakfast.



Barn Raising V motivates, educates health care professionals

Continued from page one

cans need to find ways to stay competitive in a global economy. Chinese employee salaries are much lower—averaging around \$150 a month—compared to the United States. “There’s no way we can compete with that unless we address the rising costs of health-care in this country by encouraging healthy choices and lifestyles,” Vilsack said in reference to how increasing health insurance costs pose a challenge for American companies to stay competitive.

“The work you do every year is extraordinarily important,” said Vilsack to the conference participants. “But this year it is even more so because we are talking about the economic well-being of our country.”

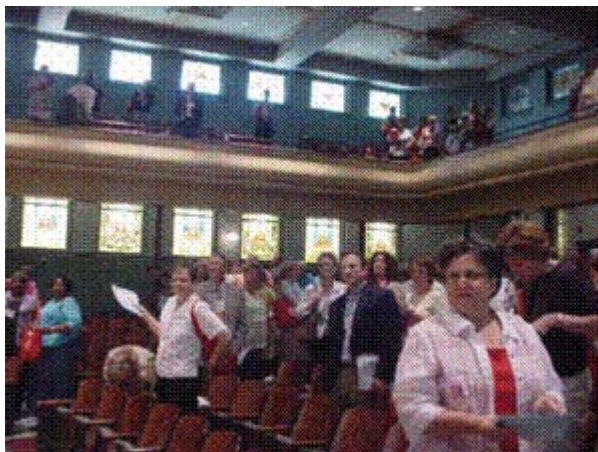
Other speakers at the conference also addressed the importance of making better lifestyle choices. Capt. Penelope Royall, deputy assistant secretary for health at the U.S. Department of Health and Human Services, opened the conference with “Public Health in Action.” As the official with direct responsibility for strengthening the disease prevention and health promotion priorities at the federal level, Royall discussed the “diseases that are killing us are the diseases that we bring on ourselves.”

Cancer and heart disease are the two top health problems in the United States. Both problems could be reduced if people would make better choices—particularly in the area of obesity. Obesity has been linked as a contributing factor in both of these diseases, she said.

The medical community paradigms need to shift, she said, from treating diseases to preventing them. “We

have to teach prevention and we have to take responsibility for our own health and prevent the preventable,” she said. “Your future and my future is nothing but a string of days and the choices we make every day.”

In addition to Vilsack and Royall, other speakers from across the nation addressed participants on subjects such as “Storytelling as Best Practice: Enlivening Your Public Health Communications,” “Future Trends,” “Creating Livable, Walkable Communities,” and “Recharging Ourselves and Others.”



Approximately 700 health care professionals from across Iowa attended the Governor’s Conference on Public Health at Drake University in Des Moines.

Photo by Anthony Menendez

A panel discussion was held discussing the past and future of public health and consisted of Dr. Mary Mincer Hansen, director of IDPH, Dr. Russell Currier, retired IDPH public health service chief, Dr. Ronald Eckoff, retired IDPH medical director and Dr. Mary Gilchrist, director of the Iowa Hygienic Laboratory at the University of Iowa.

Several workshops were hosted covering a range of topics, and participants received many new resources and commemorated the 125th anniversary of the IDPH. They also attended a Smorgasbord featuring restaurants that offer completely smoke-free eating establishments.

Within the next several weeks more information on the conference will be available at www.thehealthconference.org.

Brenda Henning is Focus editor.



Update to Healthy Iowans 2010 released at public health conference

A 10-year blueprint to guide public health officials to help Iowans become healthier by 2010 has received a mid-decade update.

According to Dr. Louise Lex, Healthy Iowans 2010 coordinator for IDPH, the update to *Healthy Iowans 2010* was distributed by the Iowa Department of Public Health (IDPH) July 28 to over 700 public health advocates who were attending the 2005 Governor's Conference on Public Health at Drake University in Des Moines.

Healthy Iowans 2010 is a companion piece, said Lex, to the national plan, *Healthy People 2010*, an initiative to improve the health of Americans. The national plan is the guiding force for federal resource allocation for disease prevention and promotion.

Lex said throughout 2004, 425 people representing a broad cross section of economic, social, and political concerns in Iowa analyzed the outcomes of the first four years of implementation to update *Healthy Iowans 2010*. Both challenges and accomplishments are addressed in the update.

Since *Healthy Iowans 2010* was first published in 2000, new public health issues have surfaced and include bio-emergencies and terrorism, obesity, a growing senior population, the increasing number of Iowans without health insurance, and the needs of new Iowans. Two new chapters were written and some chapters completely revised to address these new issues, Lex said. Among the accomplishments highlighted in the update are improvements in:

- reducing mortality rates for cancer;
- reducing occupational fatalities;
- preventing substance abuse, including tobacco;
- increasing vaccination rates for children;
- improving seat belt use; and
- many others.

"The *Healthy Iowans 2010* plan is unique among plans because it commits at least 200 organizations to take responsibility for specific action in reaching the goals of the plan," said Lex.

Observing 125 years of organized public health

The Iowa Department of Public Health is observing 125 years of organized public health for the state of Iowa. The first State Board of Health was formed in 1880. Its responsibilities included reporting the outbreak of infectious diseases and compiling birth and death records.

As the population grew and the demographics changed across the U.S., so did society's public health problems. In just a few years, the Board of Health's duties expanded from compiler and reporter of statistics to promoting and protecting the health of its citizenry.

The first board consisted of seven physicians, an engineer and the attorney general. Today, the Iowa Department of Public Health (IDPH) has over 400 employees within five divisions—Acute Disease Prevention and Emergency Response, Behavioral Health and Professional Licensure, Environmental Health, Health Promotion and Chronic Disease Prevention, Tobacco Use Prevention and Control.

These divisions touch virtually every aspect of Iowans' lives. IDPH employees are dedicated professionals

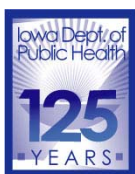
who work to educate Iowans about the best ways to care for themselves, their families and their environment.

Iowa citizens don't often think about how public health impacts their lives unless there is an emergency. Public health efforts are numerous. Some of the activities in-

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Dr. Mary Mincer Hansen, left, unveils an anniversary logo designed to commemorate the 125th anniversary of public health in Iowa. IDPH employees, Sandy Briggs, (standing), and Ann Short, (sitting), help celebrate.



Newborns can now be screened for cystic fibrosis

CF screening done early can prevent life-threatening problems

Until recently, many children with cystic fibrosis (CF) couldn't be diagnosed soon enough to prevent other physical consequences of the deadly disease. The Iowa Department of Public Health (IDPH), the University of Iowa Hygienic Laboratory, and the University of Iowa Hospital and Clinics in July started a developmental program to screen for CF as part of the Iowa Neonatal Metabolic Screening Program.

CF causes the body to produce abnormally thick mucus which can lead to serious health problems such as chronic lung disease, liver failure, and death at an early age.

All newborns already receive a "heel stick" or screening blood test for a variety of genetic abnormalities through the Iowa Neonatal Metabolic Screening Program. A carrier screening program for CF has been available for mothers, but now the technology is available to screen their newborns, according to Kimberly Noble Piper, IDPH state coordinator for Genetic Disorders.

"Prior to screening newborns, children were identified as having cystic fibrosis only after they started

showing symptoms," Piper said. Typically, many children couldn't be diagnosed for two to four years, she said, when the symptoms begin to appear. CF symptoms include very salty-tasting skin, persistent coughing, wheezing or shortness of breath, excessive appetite but poor weight gain and greasy, bulky stools.

"With this screening and earlier diagnosis, treatment can be provided earlier, and we can prevent or delay some of the consequences of cystic fibrosis," Piper said.

In Iowa in 2004, approximately 250 patients were seen at the three Iowa CF centers in Iowa City, Ames and Des Moines, according to officials with the CF Center at the University of Iowa Hospital and Clinics.

According to the Cystic Fibrosis Foundation, CF affects nearly 30,000 children and adults in the United States. More than 10 million Americans are unknowing, symptomless carriers of the defective CF gene. There is no cure for CF, but it can be managed through a variety of aggressive drug and physical therapies, which has increased the life expectancy of people with CF to their mid-30s.

Neonatal screenings save lives

By Anthony Menendez*

Many metabolic and inherited disorders pose a large threat in a short amount of time. However, a state law requiring newborns to undergo a "heel stick" or blood sample allows for early screening and diagnosis of these treatable conditions, preventing physical or mental damage.

In a cooperative partnership the Iowa Department of Public Health (IDPH), the University of Iowa Hygienic Laboratory, and the University of Iowa Hospital and Clinics screen newborns through the Iowa Neonatal Metabolic Screening Program. Blood is taken and tested after 24 hours of childbirth and sent to the University Hygienic Laboratory in Ankeny.

Among the disorders screened for by the INMSP include:

- **Phenylketonuria (PKU)**, a genetic digestive disorder which causes the buildup of the amino acid phenylalanine resulting in brain damage;
- **Galactosemia**, another digestive disorder preventing the breakdown of milk sugar or galactose, causing brain and liver damage;
- **Congenital Hypothyroidism** is a disorder where the baby is born without enough thyroid hormone. Lack of this hormone can lead to poor growth and brain damage.
- **Congenital Adrenal Hyperplasia (CAH)** is a disorder where the newborn's body does not produce a stress hormone (cortisol) and possibly the salt-retaining hormone aldosterone, causing life-threatening dehydration.

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PKU screening changes course of Clinton youth's life

Anthony Menendez*

Life could have turned out differently for Ryan Michel of Clinton if it hadn't been for a state law that requires blood screening of newborns. Because he received a heel stick or blood test hours after his birth 18 years ago, doctors were able to diagnose Michel with phenylketonuria (PKU) at a stage early enough to prevent the problems that typically accompany this genetic digestive disorder. PKU, occurring in about 1 of every 12,000 births, causes the buildup of the amino acid phenylalanine, resulting in irreversible brain damage if not treated.

Michel began treatment by starting a special phenylalanine-free diet, or avoiding and eliminating high protein foods, when he was nine-days-old. "If I continually consume higher levels of phenylalanine than what I am allotted, it stays in my system, as my liver can't break it down. It will coat my brain cells and kill them," said Michel of his diet.



Ryan Michel

Life could have turned out differently but didn't. Instead, Michel grew up to be a productive, high achieving young man.

Throughout his life, Michel will be required to eat a phenylalanine-free diet and will be followed by the Metabolic Management clinic at the University of Iowa Hospitals and Clinics.

And whatever inconveniences this diet or visits to the Metabolic Management Clinic may have caused him, they didn't keep him from reaching his goals.

This past May, Michel graduated from Clinton High School in the top five percent of his class with a 4.0 grade point average. Throughout his high school career, he took part in band, choir, cross country, swimming, track, tennis, Students Against Drunk Driving, Drug Abuse Resistance Education, foreign language club, math club, history club, and served on the student council. Michel has also been on the Clinton Mayor's Youth Commission for five years.

Recently, Michel was selected to receive a Guthrie Scholarship, named after Dr. Robert Guthrie, the developer of the PKU screening. He will attend Drake University this fall.

Life could have turned out differently for Michel, but it didn't—all because of a prick on his heel to take some blood a day after he was born.

**Anthony Menendez is an intern at the Iowa Department of Public Health. He will be attending Luther College in Decorah this fall.*

Neonatal screening program saves lives

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- **MCAD (Medium chain acyl-CoA dehydrogenase) Deficiency** is a disorder in which the body cannot break down fat to energy. People with MCAD cannot fast for very long without experiencing low blood sugar, seizures, coma and/or death.
- **Biotinidase Deficiency** is a disorder in which the body lacks an enzyme that allows the reuse of the vitamin biotin. This disorder can cause such complications as seizures, low muscle tone, developmental delays, hearing loss, and recurrent infections.

- **Sickle Cell Anemia/Hemoglobin Disorders** are disorders that affect the amount or shape of the hemoglobin that a person has and result in anemia and causes blood to clog the vessels and capillaries preventing the proper delivery of oxygen to the body.

In addition to these tests, newborn children can be screened for up to 30 additional disorders. Early detection and treatment is essential for proper growth and development. Children that undergo early treatment can live normal and active lives.

**Anthony Menendez is an intern at the Iowa Department of Public Health. He will be attending Luther College in Decorah this fall.*



Iowa Department of Public Health

Advancing Health Through the Generations

Iowa Heritage magazine traces history of public health in summer issue

The *Iowa Heritage Illustrated* magazine is commemorating the 125th anniversary of the Iowa Department of Public Health. The summer issue traces public health's history and how Iowans and institutions worked to change the nation's perception on diseases and contributed to eliminating and reducing tuberculosis, influenza, and polio. To purchase a copy, send \$8 (includes postage) to Publications, State Historical Society of Iowa, 402 Iowa Avenue, Iowa City, IA 52240. For credit card orders, call 319-335-3912. Please specify the "Summer 2005 Public Health issue."



Public Health touches every aspect of people's lives

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clude vaccinations, motor-vehicle safety, infectious disease control, women and children nutrition and tobacco use prevention and control.

Public health efforts have also improved society with a decline in deaths from coronary artery disease and stroke; safer and healthier foods; healthier mothers and babies; and fluoridation of drinking water.

According to the Centers for Disease Control and Prevention's Morbidity and Mortality Weekly Reports, people today can be expected to live 25 years longer than they would have 100 years ago due to public health.

IDPH views health as a critical component of Iowa's future—healthy kids are ready to learn; healthy adults are ready to work and healthy communities are ready to grow. To ensure this future, The Iowa Department of Public Health supports a vision of "Iowa as a Healthy Community."

A healthy community approach includes more than health care; it also includes healthy workplaces, recreation and schools that teach our children a healthy lifestyle. It's about health promotion, disease prevention, chronic disease management, healthy lifestyle behaviors and community environments that encourages these behaviors.

A healthy community is about collaboration, sustaining action and building relationships. It's all Iowans working together to have an improved quality of life.

IDPH is proud of the accomplishments of the first 125 years, and looks forward to promoting and protecting the health of Iowans into the future. During the next year we will share stories that illustrate how Public Health touches every Iowan's life, every day, and how we are working to transform Iowa into a healthy community.



Iowa Department of Public Health

Advancing Health Through the Generations

Epidemiology Notes

From the Center for Acute Disease Epidemiology, 1-800-362-2736 (24-hour number)

FDA Health Alert - Unpasteurized Orange Juice - causes salmonella outbreak

Unpasteurized orange juice has been associated with an outbreak of human disease caused by *Salmonella Typhimurium*.

As of July 8th there had been 15 cases of illness with a matching strain of *Salmonella* linked to these juices consumed from mid-May to June.

None have occurred in Iowa, but Iowans need to realize that unpasteurized fruit juices can be contaminated with bacteria and cause illness, especially in vulnerable young children and people who are immuno-compromised.

Orange, apple (and ciders) and mixed fruit juice have all been implicated in outbreaks, some with large number of people affected and some with severe illnesses resulting in death. Juices found in refrigerator sections of the grocery stores, or on ice, are often unpasteurized, whereas those found on regular store shelves are always pasteurized.

Warning labels sometimes appear on unpasteurized juice products, but it is not required by law. Consumers should not assume that juices are safe to consume simply because they do not bear the "unpasteurized" warning label. Besides *Salmonella*, unpasteurized juices can contain other pathogenic enteric organisms such as *E. Coli* 0157:H7 and *Cryptosporidium*.

West Nile Found for Third Time in 2005

A dead blue jay from Scott County has become the third Iowa bird that has tested positive for West Nile virus in 2005. Testing on the birds was conducted by the University of Iowa Hygienic Lab.

West Nile was first found in Iowa in Scott County in 2001. Since then, every county in Iowa has reported signs of West Nile, either in a human, animal or mosquito. It is mainly transmitted through the bite of a mosquito that has picked up the virus while feeding on a WNV- infected bird.

Iowa residents finding a dead blue jay or crow are asked to contact their local county health department to see if the bird should be submitted for testing. Once West Nile is confirmed in a county this year, residents no longer need to collect dead birds for testing. IDPH continues to offer a toll-free hotline for Iowans to receive information about West Nile. That number is 866-WNV-Iowa (1-866-968-4692).

Most humans infected by the West Nile virus have no symptoms, while a few may have symptoms such as a fever and headache. Less than one percent becomes seriously ill. Sym-

ptoms typically occur within three to 15 days after the bite of the infected mosquito. Those seriously infected, particularly the elderly, may display symptoms such as muscle weakness, stiff neck, disorientation, and convulsions, and the illness very rarely results in death.

Wanted: Physicians for Influenza Surveillance

The Iowa Dept. of Public Health (IDPH) and the University Hygienic Laboratory (UHL) are currently recruiting healthcare providers to participate in the 2005-06 Iowa Influenza Sentinel Provider Surveillance Network. Data from sentinel providers are *absolutely critical for monitoring the impact of influenza* and, in combination with other influenza surveillance data, can be used to *guide prevention and control activities, future vaccine strain selection, and patient care.*

What is required to be a sentinel provider? Sentinel providers report on a weekly basis the total number of patient visits per week and number of patient visits for influenza-like illness by age group to a web-based reporting center sponsored by the CDC. They are also asked to submit specimens from a subset of patients to UHL for virus isolation and strain subtyping **free of charge. The results are reported back to the physician.**

If you choose to become a sentinel provider, CADE will work with your office to determine an efficient way of capturing the necessary data, including providing tally sheets or patient assessment forms.

How are my efforts recognized? Sentinel providers receive feedback on the data submitted, summaries of state and national influenza data throughout the season, and a **free subscription** to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases Journal*.

How do you sign up to be sentinel provider? Providers of any specialty (e.g., family practice, internal medicine, pediatrics) in any type of practice (e.g., private practice, public health clinic, emergency room, university student health center) are eligible to participate. If interested contact **Meghan Harris** at IDPH by telephone at **515-281-7134** or via email at mharris@idph.state.ia.us <<mailto:mharris@idph.state.ia.us>> as soon as possible.



Worth Noting

IDPH director named president-elect of ASTHO



Dr. Mary Mincer Hansen

Mary Mincer Hansen, R.N., Ph.D., director of the Iowa Department of Public Health, was named president-elect of the Association of State and Territorial Health Officers (ASTHO) at 2005 Joint Conference of the NACCHO-ASTHO, July 13, in Boston. She chairs the ASTHO Prevention Policy Committee and has served as the alternate representative to the ASTHO Executive Committee for Regions 7 and 8.

Headquartered in Washington, D.C., ASTHO is a national nonprofit organization representing the state and territorial public health agencies of the United States, the U.S. Territories, and the District of Columbia. ASTHO's members, the chief health officials of these jurisdictions, are dedicated to formulating and influencing sound public health policy and to assuring excellence in state-based public health practice.

CDOR director elected to national committee

Jami Haberl, director of Iowa Department of Public Health's Center of Disaster Operations and Response, was recently elected to the State Directors of Public Health Preparedness' executive committee.

Elected at the group's inaugural meeting held in Boston in July, Haberl will serve as the representative for Regions 7 (Iowa, Nebraska, Kansas, and Missouri) and 8 (South Dakota, North Dakota, Wyoming, Montana, Colorado, and Utah). She will work on a several initiatives including Performance Metrics, legislation, and other areas surrounding the public health preparedness program.

The Executive Committee will be composed of three elected officers and six members-at-large. The officer roles are chair, chair-elect, and secretary-treasurer. Five of the at-large members will be regional representatives, each representing two of the federal public health service regions. The sixth at-large member will represent one of the directly funded local grantee jurisdictions of Washington, D.C.; Los Angeles County; Chicago; and New York City.



Jami Haberl

Iowa Department of Public Health

Lucas State Office Building
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Advancing Health Through the Generations