

West Nile Virus season drawing to a close

By Kevin Teale, Communications Director

Thirteen new cases of West Nile Virus have been recently reported to the Iowa Department of Public Health, for a total of 141 cases for the year. Four of those cases have been fatal.

The counties where additional human cases have been most recently reported are: Cerro Gordo, Cherokee (2), Jasper, Monona, Montgomery, Page, Plymouth, Pottawattamie, Sioux, Washington, and Woodbury (2).

Human cases have now been reported in 55 counties: Audubon (5), Benton, Boone (2), Bremer, Buena Vista (2), Carroll, Cedar, Cerro



During late fall and early winter, homeowners winterize their homes. It's a good time to remind the public about getting rid of areas where mosquitoes breed, such as old tires, pails, etc.

Gordo (3), Cherokee (3), Chickasaw, Clarke, Dallas (2), Decatur, Des Moines, Dickinson (4), Dubuque, Fayette, Floyd (2), Guthrie, Hamilton, Hancock, Harrison (3), Ida (2), Jasper (3), Johnson, Jones, Keokuk (2), Kossuth, Lee, Linn, Louisa, Lyon (3), Mahaska (2), Marion, Mills, Monona (7),

Montgomery (2), Muscatine, O'Brien (2), Osceola, Page (3), Plymouth (7), Pocahontas, Polk (12), Pottawattamie (8), Scott (2), Shelby, Sioux (14), Story, Tama, Wapello, Warren, Washington, Webster, Winnebago, and Woodbury (14).

West Nile Virus activity, either human, animal, or insect, has now been found in 94 counties.

Fall is generally a time homeowners perform outside home inspections and repairs. The department urges Iowans to make repairs that could reduce the return of West Nile next spring. This includes repairing holes in household screens and permanent removal of outdoor water reservoirs, where standing water can help mosquitoes breed.

Additional information about West Nile is available at the IDPH web site, www.idph.state.ia.us.

Regional public health meetings encouraging

By Mary Mincer Hansen, RN, PhD, Director



Dr. Hansen

Over the last two months, the executive team and I have been participating in regional meetings with many of you regarding our leadership agenda for the next year. We have heard your suggestions as well as your issues related to public health in Iowa and the Iowa Department of Public Health's role in the partnerships we all must foster to better protect

and promote the health of all Iowans.

I was very encouraged by the positive comments we heard. Many participants in the regional meetings felt that the department was doing a good job in helping them craft a public message and improve their risk communication. We received compliments on

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Regional public health meetings encouraging

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our efforts to simplify contracts (though heard that we need to continue to improve this process). There was a general consensus that the department was reaching out to our partners and making a real effort to understand the problems at the local level.

I was also encouraged by the willingness of the participants to discuss the strategies both the state and local organizations need to work on together. We received numerous excellent and creative ideas on how to improve communication, advocate for public health, and strengthen partnerships with a variety of constituents.

Where do we go from here? That is the tough question. We are faced with budget cuts while needing more



resources to address serious health threats. Those threats include obesity, emerging infectious diseases, lack of adequate mental health and drug-abuse treatment programs, environmental hazards, and the fact that more lowans face reduced or no access to health services, such as oral health and smoking cessation.

To answer the question, where do we go from here, I will be doing two things. The first is to re-activate the Directors Advisory Committee, which will have representatives from public health and other health-care organizations, business, the media, and consumer groups. This committee will oversee action task forces, which will be charged with developing specific

strategies to address some of the serious health issues previously identified. I will also be asking my colleagues - the 101 local public health directors - to meet with me to start talking about how we can work more efficiently and effectively together and with other partners to protect and promote the health of lowans.

The work that we all do is both rewarding and stressful. There is a wealth of talents and a true commitment to partnering at the local level that we at the state level do not always take advantage of. During these stressful times, the mutual support for each other that I felt from you and I hope you feel from those of us at the state level is one of our greatest assets. Thanks to all of you who attended our first annual regional meetings.

Second round of communication workshops to begin

By Dena Fife, LMS Coordinator

The Iowa Department of Public Health held seven regional workshops in the spring on crisis, emergency, and risk-communication principles. About 200 participants attended the seven workshops, presented by Kevin Teale and Dena Fife. Over 83 percent of the state is now covered, with at least one person trained in risk communication.

Beginning in November, Teale and Fife will be hitting the road once again to offer the workshop to hospitals, local public health agencies, emergency management coordinators, and public safety personnel. Currently, two workshops are scheduled:

- November 10th in Ames
 - November 18th in Fort Madison
- The workshops are scheduled

from 9 a.m. to 3 p.m. They are meant to help public information officers or those charged with managing, planning and implementing risk communication make the best possible decision during a crisis situation. They also provide information that allows an individual, stakeholder or an entire community to make such decisions.

The workshops are not basic media courses, but include a variety of topics that are essential to successful communication during an emergency or crisis.

Participants receive a crisis, emergency, and risk communication resource binder and a copy of the CDCynergy CD-ROM, which addresses topics critical to successful communication during an emergency. It includes a practical what-

to-do and how-to-do guide.

For more information on the workshops, contact Dena Fife at dfife@idph.state.ia.us or Kevin Teale at Kteale@idph.state.ia.us.



Iowans follow nationwide obesity trend

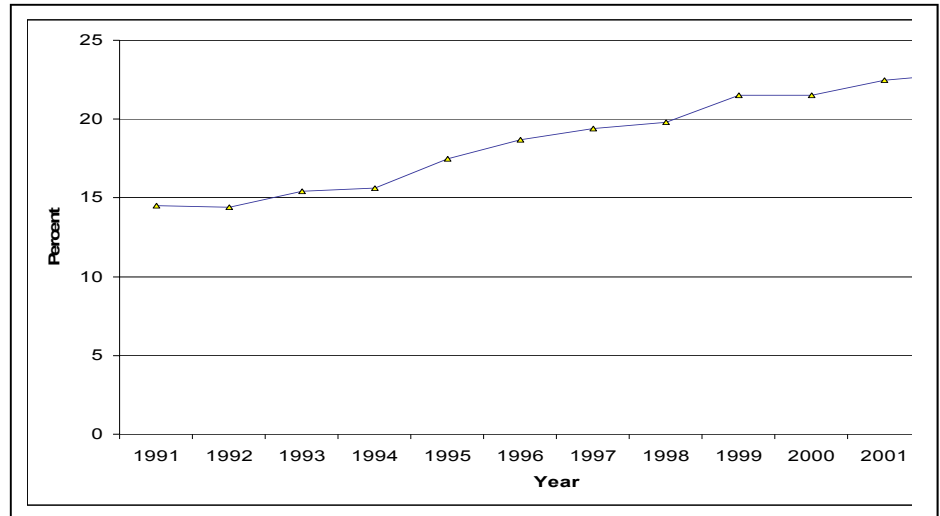
By Donald Shepherd, PhD, BRFSS coordinator

The percent of the population that is obese is increasing at an alarming rate.

How do we know this? The Behavioral Risk Factor Survey asks people in every state their height and their weight. It classifies them as obese if the ratio of their weight to height is too high. For example, if someone is five foot, six inches tall and weighs more than 185 pounds, the person is considered obese. Likewise, someone six feet tall and weighing more than 220 pounds is considered obese.

The chart to the right shows the trend in obesity over the last twelve years in Iowa.

In 2001, Iowa ranked 14th worst among the 50 states in terms of percent of the population who were obese. In 2002, Iowa ranked 21st



worst among the 50 states in terms of percent of the population who were obese. The actual percent of the population of Iowa that were obese in 2001 was 22.5%. In 2002, this had risen to 22.9%.

Still, the problem is not limited to Iowa. Just comparing the median percent of obesity in the United States, where half the states are higher and half are lower, from 2001 to 2002 shows a jump from 21.1% to 22.4% worst.

Lighten Up Iowa returns in 2004 to shape up more lives

By Tim Lane, Fitness Consultant

Across America people are following Iowa's lead!

This year, "lighten up" competitions will be held in Kansas, Utah, Maine, Montana, Nebraska, North Carolina, Missouri, and other states. Impressed with the success of our first statewide effort in 2003, many other states will clone the effort for similar competitions. Meanwhile, Lighten Up Iowa will kick off its second statewide effort on Jan. 5th!

A five-month competition that encourages Iowans to develop healthy activity and eating habits, Lighten Up Iowa is a team competition that recognizes achievement in two areas: weight loss due to healthy, appropriate diet and accumulated activity in the form of miles. Iowans are encouraged to form teams (two to ten people) and then use the competition as motivation.

The top three teams in each

category will be recognized officially at the 2004 Summer Iowa Games and presented awards for their achievement.

In 2003, nearly 12,000 people



participated in the inaugural Lighten Up Iowa. Healthy eating and increased physical activity resulted in nearly 1,400 teams recording more than 2.6 million miles of activity and losing 23.5 tons of weight. This year, Utah officials have indicated they think they can accumulate 36 million miles and have challenged Iowa to a distance competition.

Items new for 2004 include online registration, team captain incentives and a complimentary gift to the first 5,000 registered participants.

Lighten Up Iowa is brought to you by the Iowa Department of Public Health, Iowa Games and Iowa State University Extension.

Entry forms currently are available at www.lightenupiowa.org.

What one participant says about Lighten Up Iowa

Here is what one participant had to say about her Lighten Up experience:

"I was on a walking only team, and had been to my personal physician a month before the 2003 "competition" began. I had another visit with my personal physician within a week of the end of the project. He was very impressed with what I had accomplished - lost 7 pounds, lowered my overall cholesterol reading from the 190's to 177, and lowered my blood pressure from around 118 over 80 to 100 over 75."

DM University provides training around Iowa

By David Krause, M.S., Des Moines University

Mission statements are great for planning and direction, but the real satisfaction comes from seeing your mission in action.

Part of the mission of the Division of Health Management at Des Moines University is to support people in public health and health services. Since the start of the year, faculty members in the division and the University's College of Health Sciences have been providing on-site and distance-learning education to the staff of the Cerro Gordo County Public Health Department in Mason City. The goal is to improve the skills of the public health work force and ultimately see better health outcomes in Cerro Gordo County.

densed training program to the public health staff of Cerro Gordo County. Ron Osterholm, who directs the department, approached the Public Health Program at the University to help plan a staff development program. Osterholm is on the advisory committee for the Public Health Program, so he was aware of the mission of serving the work force.

The training program embraces the core functions and essential services that define public health. Topics include environmental health, biostatistics, community-health management, research methods, and cost-benefit analysis along with other courses. Sessions are held at the Public Health Department in Mason City during the normal workday.

The benefit of the training, Osterholm says, is expanded skills and knowledge among his staff. But the program has also helped revitalize his staff and create more of a team atmosphere. Several employees have even expressed interest in furthering their education in public health.

These are just the kinds of outcomes the Division of Health Management had hoped to see, says Mary Pat Wohlford-Wessels, M.A., M.S., director of Academic Quality Improvement and Associate Professor at DMU. "We learn as much from the experience as the employees in the sessions," she says, noting that on-site training provides opportunity to hear first-hand the challenges that public health employees encounter.

Another benefit, Wohlford-Wessels says, is that the training program brought together staff from various divisions of the public health department in Cerro Gordo County—staff that wouldn't normally work together and hear the concerns and challenges of other divisions.

From a teaching perspective, there were advantages as well. "In a way, this is easier for us because there is one audience," Dr. Schneider says, noting that classes for the MPH degree program have physicians, nurses, dentists, administrators, and public health employees all mixed together.

Another plus is that while the training program was packaged specifically for employees of the Cerro Gordo County Public Health Department, the structure and content can serve as a model for other health departments.

Reprinted with permission, from the spring 2003 issue of the Chronicle magazine, Des Moines University.



Health department employees often have job duties they haven't been trained to perform, so they may not fully understand the tools and language of public health. "You might see a health statistic, such as rate, risk, or prevalence, but not really have a feel for what it means or how it differs from some other health statistic," says Kathy Schneider, Ph.D., director of the Public Health Program at DMU.

Lack of clearly defined roles linked to education and training is another common problem. "There are no uniform competencies for health-department employees to work in certain areas," Dr. Schneider says. "Anyone can set up shop and call themselves an environmental assessment person or an epidemiologist."

Des Moines University is filling these gaps by providing a con-

Although many of the employees do not have a bachelor's degree—a prerequisite for the Master of Public Health degree program—the topics are presented so that employees can apply the information directly to their jobs.

"The advanced public health training certificate program has served to break down the traditional academic institutional barriers," Osterholm says. "Having DMU come on-site versus us coming to DMU or the Iowa Communications Network site has personalized the training and reduced lost staff time by eliminating travel."

Faculty members also use the University's web platform, Blackboard, to share objectives and handouts for training sessions. Technology allows faculty to build on each other's course content while avoiding duplication.

Lt. Gov. Sally Pederson hawks *hawk-i* around the state

Lt. Governor Sally Pederson spent September traveling across Iowa with state *hawk-i* Outreach Coordinator Angie Doyle Scar. Lt. Governor

Pederson and Doyle Scar led seven community roundtable discussions about *hawk-i* outreach strategies.

The roundtables were attended by a variety of community representatives, including school nurses, medical providers, ministers, insurance agents, legislatures, workforce agencies, child-care organizations, and many others.

At each roundtable discussion, the Lt. Governor elicited feedback on successful outreach efforts and potential barriers.



Lt. Governor Sally Pederson was in Waterloo recently for a roundtable discussion on *hawk-i* outreach.

Lt. Governor Pederson says she is pleased with the success of the roundtables and *hawk-i* outreach.

hawk-i outreach is administered by the Iowa Department of Public Health and is contracted through 26 Title V Maternal and Child Health agencies throughout the state.

Lt. Governor Pederson says she is pleased with the success of the roundtables and *hawk-i* outreach. She plans to take the information learned at the roundtables to expand on the state's current *hawk-i* outreach efforts.

To learn more about *hawk-i* outreach contact Angie Doyle Scar at (515) 242-5980 or adoyle@idph.state.ia.us.

Mills County Public Health pushes cardiovascular health

By Sheri Bowen, Mills County Public Health

Using grant funds for two and half years, we have worked hard to educate our Mills County residents on cardiovascular risk. That includes the need to increase physical activity and follow a healthy diet.

In policy and environmental changes, we have seen successes in several areas. We have identified walking sites county-wide and provided signs in several locations to encourage physical activity and inform walkers of distance walked. The Glenwood Resource Center, our largest employer, assisted us in publishing a map of their campus, outlining walking trails and distances. The

Glenwood Resource Center also worked with us to provide "Step by Step to a Healthy Heart" programming to their employees.

All three schools in our county have agreed to open their doors during the winter to allow people to walk indoors. Their willingness to allow access to their facilities outside of regular school hours has been helpful to people in small communities with no other access to indoor areas suitable for walking.

Several area restaurants have agreed to participate in "heart healthy" menu evaluations to identify and feature "heart healthy" choices

for their customers.

Our recreation center is working with our staff to provide more classes, including "People with Arthritis can Exercise," to encourage people with physical limitations to be as active as possible.

With the help of our newspapers and grocery stores, we have provided messages on increased physical activity and heart-healthy diet choices.

The changes above have raised awareness of the goals of our project and we believe they will continue to be effective long after these grant funds are depleted.

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. The link is under Quick Links on the right side of our home page under Publications & Data.

Gov.'s Conference videos and PPT slides available

By Louise Lex, Healthy Iowans 2010 coordinator

Video archives of the National Health Policy Forum on www.thehealthconference.org feature presentations about how to deal with the growing problem of access to health services, their quality and cost. The forum was held August 14, 2003, at Drake University in Des Moines on the first day of the Governor's Conference on Public Health: Barn Raising IV.

Presenters were from national health-policy organizations. Seven presidential candidates for the Democratic Party nomination presented their health agendas. Governor Tom

Vilsack and former governors, Robert Ray and Terry Branstad, participated.

The second day of the conference, August 15, focused on community health and brought together cutting edge experts to expand participants' knowledge, introduce new tools and resources, and share successful program models at 36 breakout sessions. Video archives on the web site include presentations by Irwin Redlener, MD; Kevin Ault, MD;

Patricia Quinlisk, MD; Mary Gilchrist, PhD; Tyler Norris, BA; and Martin Collis, PhD.

You may view these resources via Real Player or Microsoft video software. If access becomes an issue, you may need to check with your IT staff regarding firewall or security programs that block your access.

No special software is needed to view the following power point presentations on the web site.

Presentations Available

- "Emerging and Infectious Diseases," F.E. Thompson, MD
- "What Are We Doing about Point Management?" Joan Beard, BSN
- "Vending Machines in the Schools: Success Stories" Mollie Pelzer, RD, LD; Diane Duncan-Goldsmith, RD,LD, MS; Richard William Herrig, MA; Victoria Rae Carolan, BSN
- "Creating a Drug-Free Iowa: A Comprehensive Workplace Drug Education" Becky Swift, BA
- "STDs: Recent Developments in Diagnosis, Treatment and Vaccines," Kevin Ault, MD
- "Iowa Priority: Medication Errors and Member Savings," Karen Farris, BS, Pharm, PhD; David Fries, BA
- "Bioterrorism: Medical and Public Health Aspects," Patricia Quinlisk, MD and Mary Gilchrist, PhD
- "Health Planning Partnership: Building Effective Coalitions and Keeping Them Alive," Barry Spear, MA, Panel Chair; Terry Hernandez, Bery Engebretsen, MD; Mary Martin, MSW
- "Incorporating PACE Plus into a Clinical Practice (Patient-Centered Assessment and Counseling for Exercise and Nutrition)," Susan Klein, MS, CHES; Joy Schiller, MS, CHES
- "How Can Local Boards of Health Lead the Charge for Community Health?" Louis Rowitz, MD
- "Addressing the Forces of Change in a Community." Tyler Norris, BA
- "The Egg in the Frying Pan: Influencing Attitudes about Substance Abuse through Persuasive Information," Terri Hill
- "Practical Tips for Overcoming Antibiotic Resistance," Randel Cardott, MD



Flu vaccination encouraged for young children

By Tom Boo, Epidemic Intelligence Service Officer

IDPH is working with four county health departments (Black Hawk, Cerro Gordo, Polk, and Woodbury) on a study of the effectiveness of influenza vaccine in 6-23 month old children in 20 licensed child-care centers.

Influenza vaccination of children of this age is encouraged by pediatric health-care practitioners because flu is common in children, and children under two are more likely than older children or adults to get seriously ill. In fact, a toddler's chance of being hospitalized by influenza is higher than that of a healthy elderly

person, for whom flu shots have been recommended for years.

The study is attempting to look at other possible benefits of flu shots, especially in the child-care setting, where infections of many types are a constant issue.

Researchers will follow participating children, their families, and the participating centers closely through the flu season to see if flu shots given to these children keep centers and families, as well the children themselves, healthier. Among other things, they will look for effects on illnesses, visits to the doctor, use

of antibiotics, and absences from child care or work because of illness.

Public health nurses are currently spending time in the child-care centers, recruiting children and their families, and giving flu shots to children in half the centers. Getting a high rate of participation will be essential for researchers to get enough information to answer some of these questions.

This study is supported by funds from the Iowa Department of Human Services and a grant from the Wellmark Foundation.

Sarah Taylor, Covering Kids intern, new FOCUS editor

Sarah Taylor, who has been an intern in the Covering Kids and Families program in the Division of Community Health, is the new editor of Iowa Health FOCUS. She succeeds Kara Berg, who advanced to a position with the Iowa Emergency Management Division.

Taylor, a 2002 graduate of Iowa State University in Exercise and Sport Science, became an information specialist in the new Office of Communications and Public Health Education in early October.

Before coming to the IDPH, Taylor had an internship as a wellness

coordinator for the Central Iowa Health System Wellness Center. As part of her internship at the department, she has had experience in writing and editing newsletters.

Taylor can be reached with comments, suggestions and article contributions at staylor@idph.state.ia.us.

Information coalition gives awards to IDPH staff members

The National Public Health Information Coalition (NPHIC) has given the Iowa Department of Public Health six awards of excellence for work over the past year. The awards went to:

- Kara Berg - Silver Award in Newsletters for Iowa Health Focus
- Kevin Teale - Silver Award in

Brochures for Smallpox Supplement

- IDPH Tobacco Division - Silver Award for Newsletters for JEL Magazine
- Kevin Teale - Silver Award for Real-Time Risk Communications Response for Monkeypox Response
- IDPH Tobacco Division - Bronze

Award for Internet Home Page for JEL

- IDPH Tobacco Division - Bronze Award for TV Ad for Veni, Vidi, Vici TV

The NPHIC is the national association for state health department communication offices. A total of 65 awards were given to 20 state and local health departments.

Hendricks receives President's Choice Award

The Arthritis Foundation Iowa Chapter has awarded the 2003 President's Choice Award to Laurene Hendricks, program manager of the Iowa Department of Public Health's Arthritis Program.

The President's Choice Award is

presented to a person who has shown exemplary commitment to the achievement of the Arthritis Foundation mission.

Hendricks is a certified instructor and trainer of the Arthritis Foundation's Arthritis Self-Help Course. She provides brochures and public

education materials for many events that the Arthritis Foundation presents, and serves on several committees to assure the continuation of public and professional education about arthritis.

Preparing for the winter food “olympics”

**FOOD REFLECTIONS* Newsletter, University of Nebraska Cooperative Extension in Lancaster County (lancaster.unl.edu/food/foodtalk.htm)

Starting with Halloween in October through Super Bowl Sunday in January, there's one eating event after another. A study by researchers at the National Institute of Child Health and Development and the National Institute of Diabetes and Digestive and Kidney Diseases suggests that Americans probably gain about a pound during the winter holiday season.

But, the extra weight accumulates through the years and may be a major contributor to obesity later in life (Source: *New England Journal of Medicine*, March 23, 2000). If there were an "Olympics for Eating," this would be it.

The games begin with the Halloween candy kickoff. It includes, candy collected by your kids, candy unloaded at the office, and candy stockpiled from last year. In this kickoff you have to be careful or it could be pounds, not yards gained!

Following that is the Thanksgiving gobble. Though many of us have stopped stuffing our turkeys, we're still stuffing ourselves!

Next is the December decathlon – a series of holiday get-togethers with our friends over food. "Try this, try that," our munching friends encourage, and suddenly, we're caught in trying times!

Then, the New Year's celebration challenge, lasting until midnight or later, provides ample opportunity to munch too much.

The Winter Food Olympics end with the Super Bowl bonanza. The field is filled with food and refreshments.

Who wins the Winter Food Olympics? Those who maintain

their weight. Start training now so these eating events don't weigh you down. Here are seven strategies for success:

1. Have A Game Plan

When approaching an obstacle course full of fat and calories, plan your strategies in advance:

- Equip yourself – bring lower-calorie drinks or munchies.
- Choose smaller portions.
- Position yourself away from pastries and heaping platters.
- Concentrate on conversing, not crunching cookies.



2. Choose Events Carefully

Ask "How does it rate?" before you put it on your plate.

The food events where you can score the most points (and fewest calories) include lots of fruits, vegetables and low-fat, low-sugar goodies. With a good game plan, you can include a few traditional offerings such as Aunt Ruth's raisin cream pie and Grandma's fruitcake.

3. Get In Condition

Lift a weight – other than your own – or take a walk to help your waistline. The earlier you start an exercise program, the greater the

benefits. Exercise and added muscle boost your metabolism. That helps burn holiday calories.

4. Find A Trainer

Prepare for the Winter Food Olympics by learning new techniques. Check your library or favorite Internet food sites for lower calorie versions of holiday foods.

5. Practice Pre-Competition Eating

Eat a light snack before the event begins. Take the edge off your appetite to avoid eating too much later on.

Resist overloading on calories earlier in the day. Keep a few calories in reserve so you can enjoy goodies without guilt.

6. At The Event

Pace yourself:

- Alternate between higher and lower calorie foods.
- Bypass second helpings – or take half as much the first time through.
- Avoid spending too much time at the dessert table.
- Mingle more than

you munch.

7. Enjoy The Closing Ceremony

As you weigh in at the finish line, rejoice in clearing the holiday hurdles. Congratulate yourself on successfully completing the Winter Food Olympics! Take a bow!

From the October 1998 (slightly revised October 2001) *FoodTalk*, co-written by **FOOD REFLECTIONS** Author Alice Henneman and Guest Author Jaime Ruud.

Group identifies strategies to increase nursing faculty

By Eileen Gloor, Executive Officer of the Center for Health Workforce Planning, Bureau of Health Care Access

The Center for Health Workforce Planning in the Bureau of Health Care Access, Division of Community Health is coordinating a forecasting group to expand the current and future pool of nursing faculty. The group represents program directors, faculty, students, employers and representatives of Iowa Workforce Development.

During the last year, 1,835 students were admitted to Iowa RN programs, representing an increase of 27 percent over the previous year. The RN programs reported 29 full-time and 41-part-time faculty vacancies. Vacancies exist in the areas of medical, surgical, pediatric, obstetric, mental health, geriatric, community health and critical care nursing.

Moreover, most nursing faculty members in Iowa's baccalaureate and associate degree nursing pro-

grams are between 45 and 54 years of age. A recent survey of nursing faculty indicated that 49 percent plan to retire by 2010 and the number of younger faculty is inadequate to replace these experienced teachers.

The forecasting group reports that immediate action to expand the pool of qualified faculty is required if Iowa is to meet the demand for nurses in the next decade. The group has identified the following action plan in 2004:

- Expand joint appointments among nursing faculty members employed by Iowa's colleges and clinical facilities.
- Identify strategies to prepare and support new nursing faculty in the first year of teaching.
- Collect data about faculty characteristics, education and work ef-

fort.

In spring 2004, the center will conduct a survey of nursing faculty to identify their intent and incentives to build a career in nursing education. With guidance from the forecasting group, it will conduct a companion survey of program directors to project faculty needs based on anticipated growth in enrollments and faculty retirements.

Results of both surveys will be posted on the center web site in summer 2004. For more information visit the center's web site at http://www.idph.state.ia.us/ch/health_care_access_content/rhpc/shortage/htm or contact the center at (515) 281-8309.

Worth Noting

Recognizing Quality in Iowa Child Care November 12

Recognizing Quality in Iowa Child Care: Interaction and Guidance will be held Wednesday, November 12, 2003 via the Iowa Communications Network.

The purpose of the training session will inform consultants about the quality of Iowa child care and how various professionals can use their own consultation activities to improve the quality of care, health and education in Iowa child care. Featured Speakers include Susan Hegland, PhD, Iowa State University and Lesia Oesterric, MS, Iowa State University.

For more information contact Kim Tichy at the Iowa Dept. of Public Health at 800-383-3826 or register online at <http://www.idph.state.ia.us/conferences.asp>.

Board of Health November 12

The Iowa State Board of Health will be meeting November 12 at 10 a.m. at the Lucas State Office Building, Des Moines.

Iowa Dept. of Public Health

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Des Moines, IA 50319-0075
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**Check out our web site
at www.idph.state.ia.us**

FOCUS Editor: Sarah Taylor

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

Epidemiology Notes



From the Center for Acute Disease Epidemiology, Iowa Department of Public Health, 1 800 362-2736 (24-hour number)

Just Released - "Petting Zoo"

Compendium: The National Association of State Public Health Veterinarians (NASPHV) has established a reference document that summarizes infectious disease risks, injuries, and allergic reactions to animals in public settings e.g. zoos, nature parks, circuses, farm tours, fairs, schools, and wildlife photo opportunities. Dr. Currier of the CADE staff was on the committee to draft the 2003 edition, publicly released on September 10, 2003.

The document will provide standardized procedures for public health officials, health care providers, veterinarians, animal exhibitors, and others to reduce the risk of disease transmission and injuries from exhibit animals. This document is a "work in progress" and comments or suggestions for improvement are welcome by the committee and may be forwarded to Dr. Bender as noted on the first page.

This compendium is the third such document published by NASPHV; the other two compendia address animal rabies control and psittacosis prevention. A copy of the "Petting Zoo" Compendium can be obtained at http://www.aazv.org/comp_prevent_injury_2003.htm.

Parasitic Diarrhea - Anatomy of an Episode:

Fall is too fleeting and reminds us that the long Midwest winter is approaching. Though monotonous to many, winter can mean madness to people in health care, with predictable misery involving epidemics of influenza, RSV, and rotavirus gastroenteritis in children. But to keep things in perspective, we note that summer fun can have its diarrheal downside, too.

Northwest Iowa has had more than its share of illness due to *Cryptosporidium* recently, including an outbreak associated with a large child-care center. Use of plastic wading pools during the dog days of summer

likely helped propagate the outbreak at the center, which involved at least 20 children. A substantial number of the cases have been found to have *Giardia* too.

Both crypto and giardia are intestinal parasites of animals as well as people, and people get infected by ingesting fecal contamination, whether in water, food, or on dirty hands. Both are fairly common in toddlers, who tend to exchange poop contamination freely. Both are relatively chlorine-resistant and can be acquired in water.

Crypto is now considered one of the most common waterborne infections in America, and CDC and the state of Kansas continue to investigate a large outbreak possibly associated with a Kansas City water park. Most recent cases of giardia in Iowa are linked in some way to young children.

While ultimately self-limited in healthy people, crypto is notable for causing fairly prolonged diarrhea with a lot of malaise, particularly in adults. Crypto has been more or less untreatable in the past, but a recently approved medicine, Nitazoxanide (Alinia®), is reportedly effective in children.

CADE Introduces a New Center

Chief: The Center for Acute Disease Epidemiology is pleased to introduce Pam Deichmann as the new Center Chief. This is a new position that will be responsible for the administrative duties within CADE.

Pam has a BSN in nursing and just recently finished her MPH at Des Moines University. She has 20 years of experience in public health and health care at both the local and state level in Iowa. Pam can be contacted at the Iowa Department of Health by phone at (515) 281-4958 or by e-mail at pdeichma@idph.state.ia.us. Please join the CADE staff in welcoming Pam.

Influenza Vaccine Hoax: There has been a report of a hoax indicating that the influenza vaccine is contaminated and should not be used. THIS

IS A HOAX!!! The Iowa Department of Public Health has received no credible information and is still recommending that influenza vaccination continue.

Viral Influenza – Early Indicators Generate Concern:

Health officials at IDPH are predicting a more severe influenza season and are urging individuals who haven't already gotten their influenza vaccination to do so soon. Vaccine manufacturers are reporting sufficient vaccine supplies for this influenza season.

The flu season in Iowa usually begins in late November and runs through late March. It is not unusual to have influenza cases in the US this early in the season; what is unusual is the amount of influenza that is circulating right now.

Texas is already reporting widespread influenza activity, Louisiana and Alabama are reporting local influenza activity, and 14 states are reporting sporadic influenza activity. This week there have also been reports of confirmed influenza in Douglas County, Nebraska. Iowa is among the 29 states still reporting no influenza activity.

Meningitis Update:

The three cases of *Neisseria meningitidis* that have occurred in Black Hawk County between September 21 and September 27 are not related. The two cases from 9/21 were both Serotype C, but pulse field gel electrophoresis (PFGE, aka molecular fingerprinting) testing at UHL demonstrated that those strains were not the same. The case with onset 9/27 was serotype B, and therefore is also unrelated.

We are not encouraging vaccination beyond existing guidelines, which state that vaccination should be considered in college freshmen who live in dormitories, military recruits, and travelers to certain parts of Africa and the Middle East during certain times of year.