

West Nile Virus returns to Iowa

By Kevin Teale, Communications Director

Two dead crows found in Warren County tested positive for West Nile Virus (WNV) June 3, marking a return to Iowa of the virus which killed two Iowans last year and sickened at least 52 others. The confirmatory testing was performed by the University of Iowa Hygienic Lab. As of today, no humans or horses in Iowa have tested positive for the virus this year. Last year, West Nile was found in every county in Iowa, either in humans, horses, or birds.

"There have been no confirmed human cases of West Nile anywhere in the

United States this year," said Dr. Mary Mincer Hansen, director of the Iowa

Department of Public Health. "However, people should be taking appropriate precautions to protect themselves not just because of West Nile, but because of other mosquito-borne illnesses we see in the state each year."



WNV is back - IDPH Director Dr. Mary Mincer Hansen, left, and State Epidemiologist Dr. Patricia Quinlisk answer questions during a June 3 press conference.

West Nile is transmitted through the bite of a mosquito that has picked up the virus while feeding on an infected bird. The illness is not spread person-to-person, nor from bird-to-person.

Mosquito surveillance programs (Continued on page 2)

Iowa remains SARS-free

By Sarah Brend, MPH, Epidemiologist, Center for Acute Disease Epidemiology

As of June 3, 2003, Iowa is still free of Sudden Acute Respiratory Syndrome (SARS), a disease that has stricken thousands worldwide, mainly in Asia. The latest numbers from the World Health Organization show more than 8,300 probable SARS cases and 770 deaths.

In the United States there have been 364 SARS cases, 298 of these suspect and 66 classified as probable, with no deaths reported. In the past month, the number of new cases in the United States has been decreasing. Most cases have been associated with international travel and a few have occurred as a result of close contact with a SARS-infected individual.

The number of cases in Singapore has also ceased and the WHO removed Singapore from the list of SARS-affected areas on May 31. The WHO reported it had been more than 20 days since the last locally acquired SARS case was placed in isolation there.

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Ouch - A mosquito feeds on a human finger. Image courtesy of CDC from the Public Health Image Library (PHIL) at <http://phil.cdc.gov/phil/default.asp>.

were put in place several years ago by state and local public health officials, and expanded when West Nile appeared in the United States in 1999. Those programs involve the trapping and testing of mosquitoes, testing bird flocks places around the state, and testing dead birds sent in from around the state.

Additionally this year, IDPH has opened 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 become seriously ill and that occurs 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. State health officials offer the following suggestions to reduce your risk of exposure to West Nile:

- Avoid outdoor activities at dusk and dawn when mosquitoes are

most active.

- If you are outside, cover up by wearing long-sleeved shirts, pants, shoes and socks.
- Use mosquito repellent with DEET.
- Eliminate mosquito breeding sites, such as standing waters in tires, plastic containers, or similar water-holding containers. Change water in bird baths on a weekly basis. Eliminate standing water on your property.

“While some municipal governments in Iowa do have mosquito programs, those programs can not eliminate all mosquitoes in a given area. The best protection is personal protection,” said Dr. Patricia Quinlisk, Iowa state epidemiologist. “These steps will help protect you against West Nile and they can also reduce your exposure to other insects such as ticks, which potentially carry Lyme Disease.”

Iowa remains SARS-free

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Closer to home, Toronto, Ontario, Canada has been battling an increase in new SARS cases and a travel alert was once again issued for the country. The new cases are primarily associated with patients and healthcare workers at several hospitals.

The WHO and CDC have been working diligently to control the spread of SARS and to find out the

cause of the SARS epidemic. In Mid-May, scientists discovered that civet cats, raccoon dogs and badgers were carrying the SARS virus in China. This may mean that humans contracted the virus from these animals, but it could also be possible these animals acquired the virus from humans, or that the virus infected humans from another animal altogether.

For current information on SARS in-

cluding up-to-date numbers of affected individuals in the United States, see the Centers for Disease Control and Prevention web site at <http://www.cdc.gov/ncidod/sars/> or for information on the impact of SARS worldwide, refer to the World Health Organization's web site at <http://www.who.int/csr/sars/en/>. Physicians should immediately notify the Iowa Department of Public Health's Center for Acute Disease Epidemiology (800-362-2736) of suspect SARS cases.

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 on the right side of our home page.

Protect your skin: Choose your cover

By Jolene Carver, Bureau of Cancer Prevention & Control

"Children need to protect their skin. Sunburns are painful and can cause serious health problems later in life, including skin cancer. By wearing sunscreen, a hat, a shirt and sunglasses, and being careful during peak hours of the day, children can learn good, lifelong habits for protecting themselves from skin-damaging sun exposure.

Parents and schools can help children learn how to have fun in the sun and prevent themselves from having health problems." With these words, Health and Human Services (HHS) Secretary Tommy Thompson requested students to take preventative steps to protect themselves from the sun's harmful ultraviolet (UV) rays. (Adapted from HHS Press Release May 3, 2002.) These rays can lead to sunburns and the possibility of skin cancer as an adult.

Skin cancer is the most common type of cancer in the United States and new cases and deaths from its deadliest form, melanoma, have been increasing dramatically. The American Cancer Society (ACS) estimates that 1 million Americans will be diagnosed with some type of skin cancer this year.

In the five-year time period between 1994–1999, 483 Iowans

died of skin melanoma. Although death rates from skin cancers are low, they can cause damage and disfigurement if left untreated. When detected early, approximately 95 percent of these cancers can be cured.



In the fifth year of its existence, the Centers for Disease Control and Prevention's 'Choose Your Cover' skin cancer public education campaign is to advise children, teens, and young adults to play it safe when outdoors by protecting their skin from the sun's harmful UV rays.

Here are some steps that can be taken to prevent or reduce risk of skin cancer:

- Wear clothes, hats and sun-

glasses to protect the skin;

- Use a sunscreen effective against UVA and UVB radiation with a sun protection factor of 15 or more;
- Limit exposure to the sun during the peak hours between 10 a.m. and 4 p.m.; and
- Seek shade, especially from the mid-day sun.

For more information visit the Choose Your Cover Web site:

<http://www.cdc.gov/chooseyourcover/>.

A priority of Iowa's Comprehensive Cancer Control Consortium is in education regarding prevention of skin cancer in Iowa. Look for the following at the Iowa Department of Public Health's booth at the 2003 Iowa State Fair in the Varied Industries Building:

Flyers regarding precautions that can be taken to decrease exposure to UV rays;

Samples of sunscreen or face lotion with SPF of 25; and

Sunspot stickers for children to increase parents' awareness of UV ray exposure to children. These stickers change color with exposure to the UV rays showing how little sun exposure time is needed to cause skin damage.

Public health conference coming in August

By Kara Berg, Iowa Health FOCUS Editor

Health care professionals in Iowa will gain up-to-date information on current issues in health care at the fourth Governor's Conference on Public Health: Barn Raising IV Aug. 14 and 15, at Drake University. The conference is made possible in part by a major contribution from The Wellmark Foundation.

Health care reform and other health policy issues are expected to take center stage on the first day. As a prelude to the January 2004 Iowa caucuses, Governor Tom Vilsack has invited Democratic and Republican leaders to make presentations. F.E. Thompson, Jr., M.D., deputy director of the Centers for Disease Control and Prevention (CDC) will be on hand to discuss "Emerging and Infectious Diseases."

The second day of the conference will bring together cutting edge experts to expand participants' knowledge, introduce new tools and resources, and share successful program models. Conference keynoter is Dr. Irwin Redlener, Associate Dean of the Mailman School of Public Health at Columbia University and co-founder and president of the Children's Health Fund. The title of his presentation is "Medically Underserved Children: Challenges and Prospects." A series of 36 breakout sessions will follow. Dr. Martin Collis, an exercise physiologist will cap the day with the presentation, "Healing, Humor, and High-Level Wellness."

Among the list of workshop presenters are:

- Jonathan Kotch, M.D., associate chair for graduate studies, School of Public Health, University of North Carolina at Chapel

Hill. Dr. Kotch will lead two breakout sessions. In the morning, he will give feedback on Iowa's Healthy Child Care Campaign and highlight new models about staff health and environmental health with attention to the role of child health care consultants. In the afternoon, a second breakout for a wider audience of professionals will be offered titled, "Strategies for Healthy Child Care for Child Care Consultants."



- Tyler Norris, president and CEO Community Initiatives, LLC, Boulder, Co. Norris will discuss "Addressing the Forces of Change in a Community." Community leaders will learn how to move a community to make changes.
- Elinor Ginzler, National AARP Office, will present "The Role of Family Caregivers in our Community." With the increase in the population of older people and the growing shortage of health care workers, it is increasingly important to develop ways to meet the needs and address the issues that caregivers face.
- Louis Rowitz, M.D., director, Mid-American Regional Public Health Leadership Institute, University of Illinois at Chicago, topic is "How Can Local Boards of Health Lead the Charge for Community Health?"

The following panel discussions will also be held on Friday, Aug. 15.

- **CAFO Concerns: Crafting a**

Plan to Protect the Environment and the Public's Health: This panel presentation will provide attendees with information on several issues associated with Concentrated Animal Feeding Operations (CAFOs) in Iowa.

- **Community Health Planning: How to Herd Cats:** Community health planners will discuss key elements of local planning and how to get started.

- **Building Community Leadership One Step at a Time:** Iowa Leadership Institute scholars will discuss innovative community leadership projects.

- **Promoting Health for a Diverse Population: Consumer Issues:** Panel chaired by Janice Edmunds-Wells, LBSW, Division of Community Health, Iowa Department of Public Health with representatives from the Asian, Latino, and Immigrant /Refugee groups in Iowa.

For more information on conference speakers and workshops, go to www.idph.state.ia.us and click on conferences at right. Brochures have been mailed out and are also available at the web site just mentioned.

Continuing education units will be available for conference attendees. Training sessions for Mandatory Reporting of Child Abuse Mandatory Reporter Training and for Child Abuse and Dependent Adult Abuse Reporter Training will also be offered for an additional fee. For more information on these sessions, contact Mary Anderson by e-mail: manderso@idph.state.ia.us or call 515-242-6333.

For general conference information, contact Louise Lex, Ph.D., Iowa Department of Public Health, at 515-281-4348 or e-mail at llex@idph.state.ia.us.

Leave fireworks to the professionals

By Debbi Cooper, Iowa Safe Kids Coalition & IDPH Environmental Specialist Senior

American traditions of parades, cookouts, and fireworks help us celebrate the summer season, especially during the Fourth of July. Unfortunately, fireworks can turn a joyful celebration into a painful memory when children and adults are injured while using consumer fireworks.

Fireworks are not only dangerous enough to spoil the fun, but they are dangerous enough to take lives. Prevent Blindness America says fireworks devices were involved in an estimated 11,000 injuries treated in U.S. hospital emergency rooms in 2000. Over 45 percent of the victims were under 15 years of age and about 75 percent were male. Even though sparklers, snakes, and caps are legal in Iowa, they are still danger-

ous. Sparklers alone burn at 1,800 degrees Fahrenheit; nearly hot enough to melt gold.



Instead of worrying about what might be going on in your neighborhood, you can **BE** what's going on in the neighborhood.

- Host a fireworks free Fourth of

July party for your kids and their friends (parents too!).

- Decorate T-shirts or hats with glow in the dark decals and paint.
- Need noise? Step or sit on balloons until they pop, buy noisemakers from a party store, inflate paper lunch bags and pop them, horns whistles, bells and cymbals will also serve as sound fun.
- Glo-sticks, glo ropes and glo-jewelry provide safe and fun ways to brighten the evening.
- Flashlights, plain or with filters made by wrapping the flashlight in colored cellophane.
- Take the kids to a professional fireworks show. Check your local paper for times and locations of displays in your area.

Simple steps to keep summer picnics healthy

By Kevin Teale, Communications Director

The summer cookout season is officially underway. Along with it comes the danger of under-cooked meat or foods that have been improperly prepared and the illnesses they can bring. Annually, over 1,000 Iowans get sick either directly or indirectly from food items that have not been properly prepared.

One of the most serious dangers when meat is improperly prepared is infection with *E. coli* 0157. There is one simple rule that can cut down on the number of *E. coli* 0157 illnesses. "Cook all ground or chopped meat patties and poul-

try until the center is gray or brown," says Dr. Patricia Quinlisk, Iowa state epidemiologist. "All juices running from the meat should be clear, with no trace of pink or cloudiness."

Other tips include:

- Thaw meat in the refrigerator, not on the kitchen counter;
- Use different plates for raw and cooked meat;
- Wash hands, utensils, and cutting boards in hot soapy water after contact with raw meat;
- Wash hands after going to the

bathroom, diapering an infant, and before preparing food; and

- Keep hot foods (cooked meats) hot, and cold foods (salads and lunchmeat) cold.

"Foodborne illnesses peak in the summer months," says Dr. Quinlisk. "The hot and humid months provide prime growing conditions for bacteria. Additionally, people find themselves away from some of the safety features a kitchen provides, such as temperature-controlled cooking, refrigeration and nearby washing facilities."

JEL prepares for youth summit on tobacco

By Keven Arrowsmith, Division of Tobacco Use **Prevention and Control**

Staff from the Division of Tobacco Use Prevention and Control and 34 high school students from across the state who serve on the Just Eliminate Lies (JEL) executive council are preparing for the fourth annual Youth Summit on Tobacco, to be held July 15 to 17, at Iowa State University in Ames.

This year's summit theme is Stand. Breakout sessions, facilitated entirely by JEL members, include: Tobacco 101, Tobacco 202, Manipulation, Media Advocacy, Street Marketing, Campus Policy, Advocacy Ordinances, and College Track. A number of evening activities are being planned, including an outdoor concert. The summit will conclude with a march and rally on the ISU campus. The summit is free of charge. Meals, housing and transportation are provided for all attendees and chaperones.

"We had just 150 students attend the first summit in 2000. This year, we are expecting 650 youth from across Iowa to meet in Ames and learn about the risks of tobacco," said Randi Huffman, JEL coordinator. "The purpose of the summit is to bring together JEL members and train them on tobacco control issues, so they can take what they



JEL summit 2002 - Students attending the youth summit last year ended with a rally against "Big Tobacco" at ISU with body bags representing those killed by tobacco use.

learn and teach others after the summit."

JEL's mission is to give Iowa teens the true, unfiltered facts about Big Tobacco's lies; fight back against the tobacco industry's constant attempts to addict us; change people's attitudes toward tobacco use; help Iowa kids quit, or better yet, never start using tobacco; and protect everybody from secondhand smoke.

"Tobacco use by teens in Iowa is a serious problem," said Huffman.

"Results from the 2002 Iowa Youth Tobacco Survey show an estimated 25,000 students in 6th through 12th grade are regular, if not addicted, tobacco product users. JEL is working to reduce the number of Iowa teens currently using a tobacco product."

For more information about the summit or on what JEL is doing to reduce tobacco use throughout Iowa, visit www.JELiowa.org.

Neighborhoods affect child well-being

By Mike Crawford, Iowa Kids Count Director and a Senior Associate at the Child and Family Policy Center

Children who live in poor Iowa neighborhoods are much more likely to have tougher times growing up than children living in richer neighborhoods, regardless of their parents' background or incomes, according to a new study. *Where Kids Count, Place Matters: Trends in the Well-Being of Iowa Children, 2000–2001* is the Iowa Kids Count Initiative's annual data book publication and, in addition to the neighborhood analysis, contains updated administrative and census trend data.

The study uses ten different indicators from the 2000 census, ranging from people age 25 and over with a high school diploma to households with earnings from employment to single parent families, to determine in which of Iowa's 791 census tracts children would be at higher risk growing up. Forty-nine, or slightly over six percent, of the state's census tracts have been determined to be high-risk census tracts (those scoring poorly on at least six of the ten indicators).

The indicator rates for the high-risk census tracts are, in some cases, three to four times higher than the rates for the non-high risk census tracts. These census tracts have three times as many households receiving public assistance, three and one-half times as many families with children living in poverty and almost four times as many teens age 16-19 who are not employed or in school.

"Improving child well-being in these census tracts or neighborhoods is likely to be needed to dramatically improve the statewide indicators of child well-being upon which Iowa

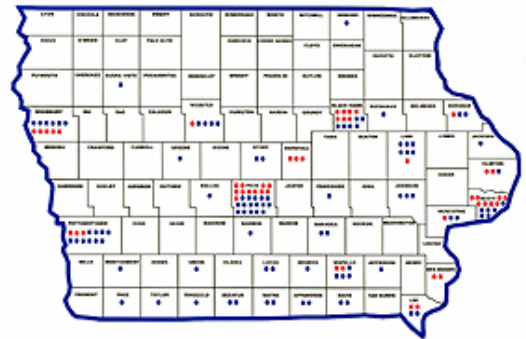
Kids Count reports," said Charles Bruner, Executive Director of the Child and Family Policy Center, which administers the Iowa Kids Count Initiative. "This is likely to require community-building, education enhancement and economic development strategies as much, if not more, than human services, which traditionally has been the way government has sought to address poor child outcomes."

Where Kids Count, Place Matters reports that the majority of high-risk census tracts are located in cities within Iowa's larger counties. In fact, three Iowa cities, Des Moines, Davenport and Waterloo, which represent 13% of the state's population, have 53% of Iowa's population that lives in these high-risk census tracts. Also, people of color are disproportionately concentrated in high-risk census tracts. While 4% of Iowa's white, non-Hispanic population live in high-risk census tracts, 36% of African American and 21% of Hispanic people do.

A similar analysis of Iowa census tracts conducted for 1990 shows some improvement and some decline between 1990 and 2000 on the ten indicators used in the study. There was not, however, a great deal of movement when it came to the high-risk census tracts. Over 75% of the census tracts determined to be at high risk in 2000 also were at high risk in 1990.

While the high-risk census tracts showed little movement themselves,

Where Kids Count, Place Matters



Trends in the Well-Being of Iowa Children, 2000–2001



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<http://www.cfpciowa.org>

the populations within did. Iowa's minority populations grew between 1990 and 2000, and much of the growth occurred within census tracts that were already at high risk.

The study concludes that community building, education enhancement and economic development strategies are needed, not only to improve child well-being overall, but also to reduce disparities in child well-being that currently exist in Iowa by race and ethnicity.

A copy of the study is available from the Child and Family Policy Center, 218 Sixth Avenue, Suite 1021, Des Moines, Iowa 50309, phone: 515 280-9027, fax: 515 244-8997, and e-mail: info@cfpciowa.org. All information and data from the book also will be available on the Policy Center's web site in early June at: www.cfpciowa.org.

Ten tips on telling the public health story

Commentary by Tom Carney, Director, Communications, Planning , & Personnel

A member of our department's executive team recently met with one of the state agencies that supply information to the Legislature and asked, "What does the public health department do?"

One member of the agency responded, "Oh, lots of stuff." When pressed, none of the members of the agency, which has considerable influence over funding for the department, were able to name one, single IDPH activity.

It's no surprise. A survey has found that well over 75 percent of Americans believe they have never used a public health service. What? They have never drank water or milk, never swam in a hotel pool, never eaten in a restaurant, never inquired about their doctors' or nurses' licensure, never worried about radon, never had their child vaccinated, never sought a way to quit smoking?

We in the public health "business" know that we are involved in many aspects of Iowans' lives, that what we do touches many people every day. But we also have come to expect very little public recognition and support, and our expectations are almost always fulfilled.

It's embarrassing for someone like myself, one of whose jobs is to tell the public health story. No matter how many news releases we send out or news conferences we hold, it seems to barely make a dent in the public's lack of recognition. I

say, "seems" because I know it is making a difference despite the perception. And I know how important public education – one of the 10 essential services of public health – is to public health.

Accordingly, I don't consider what my communications colleagues and I do just a matter of public relations. In my view, we are as much public health practitioners as are public health nurses or epidemiologists. What we do in public education promotes and protects the health of Iowans as much as vaccinations and disease tracking.

Conversely, I believe all public health professionals should be public educators. The monumental task of telling the public health story doesn't fall just on the shoulders of my colleagues and me. Public health nurses and epidemiologists, and everybody who works in public health, must look for every opportunity to tell people about the mission of public health. Unless the public and its elected representatives understand and appreciate what we do, we can't expect to receive the public money needed to do the job.

All that said, here are 10 tips on how to "tell the public health story."

1. Establish a relationship with one or more members of the media. (Believe it or not, they're humans, and they respond to normal human relations.) "Feeding" story ideas to that person or persons will be mutually beneficial.
2. Be aware of "good stories," es-

pecially those with good human-interest angles. Do you have a client who raves about your services? See if he or she would be willing to have his or her name given to a reporter.

3. Send news releases – lots of them – to media outlets. Keep them simple. Just give them the who, where, what, when and why and your telephone number, and they can call for more info.

4. Look for good "picture stories" for TV. Even if you're not in a "major market," TV stations like to get out into their broadcast areas to do worthwhile stories.

5. Don't be discouraged if not all your ideas are accepted. If you provide enough of them, some portion is bound to get into the media.

6. When making a presentation to groups in your town or county, don't pass up the opportunity to tell people what public health does, and say how important it is to Iowa.

7. Make sure whoever is answering the phone at your agency gives a good impression of the agency, and of public health.

8. Print a "What we Do" brochure for your agency, and pass it out whenever you have the opportunity.

9. If you don't have a web site, establish one, and include the address in ALL agency documents.

10. If you do have a web site, make sure it's user friendly, up-to-date and that people who look at it have a clear idea what you do, and what public health does.

Regional epidemiologists join CADE staff

By Cort Lohff, MD, Assistant State Epidemiologist

As part of an ongoing effort to improve the state's surveillance and epidemiological response capacity, the Iowa Department of Public Health has created six new Regional Epidemiologist positions (one per each of the six planning regions within the state).



Stone



Hobson



Miller



Kitzmann

Their main duties and responsibilities include: assisting local health departments in the development and testing of bio-emergency response plans, improving the reportable disease surveillance system through training and education of health-care providers, developing and implementing unique surveillance systems for identifying an act of bioterrorism, emerging infectious

disease, etc., and assisting in disease outbreak investigation.

Presently, four of the positions have been filled and the other two are expected to be filled by late summer. Carmily Stone is in Region 1 (Central IA); Matt Hobson is in Region 2 (North Central IA); Elizabeth Miller is in Region 5 (South East IA);

and Tricia Kitzmann is in Region 6 (East Central IA). Regions 3 (North West IA) and 4 (South West IA) are still open.

Funding for these positions came through the bioterrorism cooperative agreement.

Partnership will save local lives

By Kevin Teale, Communications Director

Iowans in more than 60 communities will have a better chance of surviving a heart attack thanks to a partnership between the Iowa Department of Public Health Bureau of EMS, IDPH Bureau of Rural Health, and the Iowa Emergency Medical Services Association. That partnership allowed the communities to receive new automatic external defibrillators (AEDs).

These new AEDs have the latest technology that allows the units to be used for all age groups. In most cases, the replaced units were then donated to another location in the community, effectively doubling the odds a machine will be close-by should someone be stricken by a heart attack. The units were pre-

sented to the groups recently during a training session in Des Moines.

AEDs are machines that jump start stopped hearts. About half of the thousands of Iowans who die every year of heart disease die from sudden cardiac arrest, a complication of a heart attack. AEDs can stop abnormal heart rhythms and increase the odds of surviving that heart attack.

The AEDs were purchased with a \$200,000 grant from the Depart-



Jump start - Employees from Heartlink® of Philips Electronics train rural EMS crews how to operate their defibrillators during a recent training session.

ment of Public Health that was designed to increase access to the machines in rural areas of Iowa.

Education key to finding prostate cancer early

By Kerry Finnegan, Constituent Relations Coordinator, American Cancer Society, Midwest Division

Prostate cancer is the second most common cancer in men, yet the disease persists without public notice. According to the American Cancer Society (ACS), Iowa will have an estimated 2,700 men diagnosed with prostate cancer in 2003. Of these, an estimated 400 will die.

Prostate cancer is a malignancy that develops from cells of the prostate gland that may spread outside the gland to other parts of the body. While most prostate cancers grow very slowly, some can spread quickly. If diagnosed while the cancer cells are only in the prostate or in the lymph nodes around the prostate, the chances of an individual being alive five years after being diagnosed is nearly 100 percent.

Early stage prostate cancer may have no symptoms. If symptoms do occur they could include: changes in

urination including frequency and inability to urinate, difficulty starting or holding back urination, weak or interrupted urine flow, blood in urine or painful urination, frequent pain or stiffness in the lower back, hips, or upper thighs. If a man is having any of these symptoms, or has questions that are of concern, a health-care provider should be consulted.

Risk factors such as age, race, and family history are beyond a man's control. One possible risk factor that can be changed is diet. A diet high in animal fat (dairy and meat) seems to increase the risk of prostate cancer. The ACS recommends a diet low in fat and consisting of vegetables, fruits, and grains.

Prostate cancer research has generated advancements in the last decade, but there is still a limit to current knowledge and therapies. The ACS is continuing to fund re-

search and to raise awareness of prostate cancer.

Education is the key to finding prostate cancer early and making the right decisions about health care. The ACS and the Iowa Department of Public Health recommend healthy men older than 50 years who have a life expectancy of at least 10 years talk to their physician annually about getting the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE). Men in high-risk groups, such as African-Americans or those with a family history of prostate cancer, should begin screening at age 45.

June is Prostate Cancer Awareness Month. For more specific information about prostate cancer or to find out how you can help make a difference in the fight against cancer, call 1 800 ACS-2345 or visit www.cancer.org.

Wellmark Foundation offers mini-grants

By Stephanie Perry, The Wellmark Foundation

Beginning in the fall of 2003, grant seekers will have another option for funding from The Wellmark Foundation.

Unlike the full-fledged Wellmark Foundation grant requirements, the application process for the mini-grants will be less stringent, according to Dr. Sheila Riggs, executive director of The Wellmark Foundation.

"We know there are a lot of people out there who have fabulous ideas for projects, but just aren't quite ready to go the route of the tradi-

tional Wellmark Foundation grant process," she said. "The mini-grants are designed to help with these start-up projects. Hopefully, once the project gets started, the group or organization will apply for grant funding from the Foundation."

Several grants will be funded with the expectation that the range will be from \$2,500 to \$3,500. Brochures are available from the Foundation explaining the application process. Information is also available on the Foundation's Web site: www.wellmark.com; click on *Get Grant Money, The Wellmark Foundation*.

Mini-Grant Cycle

Mini-Grant Proposals Due Nov. 12
Review Committee Meets Nov. 20
Mini-Grant Approval Nov. 28
Disbursement Dec. 20

The Wellmark Foundation has provided nearly \$6.2 million to fund 130 health-related grants in Iowa and South Dakota since 1997, including the \$234,990 this year. In addition, the Foundation has funded more than \$1.45 million to United Way organizations in both states since 1997.

Epidemiology Notes



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

West Nile Virus:- Human Testing Guidelines: The University Hygienic Laboratory (UHL) has already begun receiving specimens for West Nile virus testing. Due to limited capacity, the Iowa Department of Public Health and UHL recommend adhering to the following guidelines on when to test for West Nile virus.

1) When to Test: Testing for WNV should be considered in patients with any of the following clinical syndromes, with onset in summer or early fall, or during other times of the year if the patient recently traveled to a WNV-endemic area:

- A) Viral encephalitis
- B) Viral Meningitis
- C) Guillain-Barré syndrome, especially with atypical features, such as fever, altered mental status, and/or pleocytosis
- D) Febrile illness including headache and fever (i.e. West Nile Fever), requiring hospitalization.

The appropriate specimens should be sent to the University Hygienic Laboratory.

2) When Not to Test: Testing is not indicated when there is:

- A) Mild, uncomplicated illness-testing is optional and specimens should be sent to a commercial laboratory.
- B) If the patient has been exposed (i.e. mosquito bite), but is asymptomatic, testing is not

indicated. If testing is desired on patients meeting this definition, specimens should be sent to a commercial laboratory.

As always, should there be any questions regarding whether or not a test should be done, contact CADE at 800-362-2736. Any questions regarding submission of specimens can be directed to UHL at 319-335-4500.

Meningitis Update: Last week was “meningitis” week here in Iowa, with several cases occurring around the state, two of which hit the news. Allamakee County had a confirmed case of meningococcal meningitis, and preventative antibiotics were given to family, close friends, and some medical professionals. A case of bacterial meningitis, NOT meningococcal, occurred in Winneshie County, unfortunately this person died. Another case of suspected bacterial meningitis occurred in a third county, but no bacteria was grown from clinical specimens.

None of these cases were related or linked to each other, but obviously were of great concern to their communities. Some basic things to remember about Meningococcal meningitis:

- 1) While there are many different bacteria that can cause meningitis, only two types in Iowa have the potential to spread: H. flu type B (which is nearly eradicated because of the childhood

vaccine), and meningococcal. None of the other bacterial meningitis causes are thought to spread from person to person.

- 2) Even with good medical care, a person with Meningococcal meningitis has a 5-15% chance of dying.
- 3) This bacteria is spread by saliva exposure, in other words saliva from the person with meningitis has to get into the mouth of someone else. You cannot get Meningococcal meningitis by working with someone, being in a classroom with someone, sitting on a bus next to someone, etc. But it may spread if you kiss the person, give mouth to mouth resuscitation, or share a drink in such a way the drink gets contaminated by the person’s saliva, and then you ingest the drink.
- 4) There is a vaccine against meningococcal bacteria, but it does not cover type B. Type B is the most common meningococcal serotype found in Iowa.
- 5) Most people get meningococcal meningitis from bacteria they are already carrying in the back of their throats.
- 6) Those at highest risk of developing meningococcal disease include those who smoke, those who don’t have a spleen, those who have the flu, and young adults who begin living in group situations

(military recruits and first year college students living in dorms.)

- 7) Our recommendations to lower your risk of getting this disease, get vaccinated for meningococcal disease if you are in a high risk group, get vaccinated against influenza prior to the influenza season, don't smoke, and if possible, don't share saliva.

Summer Water Safety Tips: As summer and warmer weather approaches, many lowans will seek relief by participating in outdoor activities including boating and swimming. Public health would like to recommend lowans follow these water safety tips:

Swimming:

- Never swim alone, no matter how good a swimmer you are.
- Watch children constantly When they are in or near the water.
- Inflatable toys are no substitute for swimming skills.
- Alcohol and swimming is a deadly combination. Around 50% of drowning victims had been drinking alcohol.

Boating:

- Always use approved personal flotation devices (life jackets).
- Don't jump or dive into unknown bodies of water.
- Never consume alcohol when operating a boat or other watercraft.
- Alcohol is involved in about half of all boating fatalities.
- Know the local weather conditions and forecast before boating.

- Know your limits, even without drinking, four hours exposure to sun, wind, watercraft noise and vibrations, impair your reaction time almost as much as if you were drunk.

Preventing waterborne diseases:

- Don't swim when you have diarrhea - this is especially important for kids in diapers.
- Don't swallow the water.
- Wash your hands with soap and water after using the toilet or after changing diapers.
- Take your kids on bathroom breaks often.
- Change diapers in a bathroom and not at poolside.
- Wash your child thoroughly with soap and water before swimming.

Remember that water safety also involves preventing recreational water illnesses. Many of us forget that illnesses such as Crypto, Giardia, E. coli 0157:H7, and Shigella are spread by swimming in contaminated water, such as swimming pools, waterparks, lakes, and oceans.

Tick Alert: In the past few weeks, we have received lots of anecdotal reports of ticks being frequent hitchhikers on mushroom hunters and such. Tick submissions to Iowa State University as of May 15, 2003, number 32 Ixodes, 50 Amblyomma and 176 Dermacentor. Eighteen of the 32 Ixodes have been tested for B. burgdorferi and are reported out as 11 negative, 4 positive, and 3 indeterminate. These are small numbers for sure but reflect much higher positivity

than earlier years. As a general rule we do not recommend prophylactic antibiotics for deer tick bites unless the patient is pregnant.

Submitting ticks to ISU for speciation is encouraged and are automatically tested for Borellia spp if they are deer ticks. Place tick in plastic bag with small tissue and a few drops of water and seal in ordinary legal envelope with date of collection, county where acquired, and submitter name/address/ph and send to Dr. Wayne Rowley - TICK ID, Science II Bldg Rm440, ISU, Ames, IA 50011.

Reptiles and Salmonellosis:

These two terms go together like hand in glove or should we recommend wearing rubber gloves when handling and caring for your reptiles! A recent household episode of salmonellosis associated with a pet turtle prompts us to again comment on reptiles. A ban on the interstate distribution of turtles fewer than four inches in length, hence younger, has been in existence since 1975. Advisory groups have recommended that any commerce in reptiles include point-of-sale education to consumers on the risks for and prevention of reptile-associated salmonellosis. For the record, here is a brief list of measures to prevent transmission: <http://www.cdc.gov/mmwr/PDF/wk/mm4845.pdf> (See page 1051 - Errata: Vol. 48, No 44.)

Worth Noting

The Wellmark Foundation Awards \$234,990 in Grants: The Wellmark Foundation provided \$234,990 in grants to four health-improvement initiatives in Iowa and South Dakota during its first cycle of grants in 2003.

The first cycle grants include the following:

- \$77,308 to the Heart and Hands Clinic at OSACS Women's Enrichment Center in Des Moines.
- \$51,448 to the Iowa Academy of Family Physicians Foundation.
- \$60,440 to Youth and Family Services in Rapid City, S.D.
- \$45,794 to the Community HealthCare Association in Sioux Falls, S.D.

The Wellmark Foundation has provided nearly \$6.2 million to fund 130 health-related grants in Iowa and South Dakota since 1997, including the \$234,990 this year. In addition, the Foundation provided more than \$1.45 million to United Way organizations in both states since 1997. For a list of recipients, as well as how to apply for a grant from The Wellmark Foundation, visit the Foundation's web site at www.wellmark.com and click on "Get Grant Money."

Iowa Nutrition Network and Bureau of Nutrition Win Awards: It has been an award-filled spring for the Iowa Nutrition Network and Bureau of Nutrition of the Iowa Department of Public Health.

Iowa's Pick a better snack™ Social Marketing Campaign received a LINC Award at the Food and Nutrition Services (FNS) National Nutrition Education Conference held in Washington D.C. in February. *LINC Awards* recognize **L**eadership, **I**nnovation, and **N**utrition **C**ollaboration by individuals, organizations, or groups working with Food and Nutrition Service Programs. Iowa received the *Partnerships and Collaborations – Synergy for Excellence* award for projects that use collaborative methods and integrated approaches in planning, developing, and delivering nutrition education involving multiple FNS programs. The three core Pick a **better** snack™ campaign partners - the Iowa Department of Education (administering USDA Child Nutrition Programs), Iowa Department of Public Health (administering the Food Stamp Nutrition Education Program Network and WIC) and Iowa State University Extension – received an acrylic plaque. Iowa Dietetic Association was identified in the award application as supporting utilization of the campaign during National Nutrition Month.

Judy Solberg, chief of the Bureau of Nutrition, received the Governor's Golden Dome Award for Leader of the Year. The Golden Dome ceremony will be held June 6 in at the Capitol.

Iowa Nutrition Network BASICS project "Food, Fitness and Fun" show received the Shining Star Aging Service Award last month from the Iowa Department of Elder Affairs. This program is a collaborative effort of the IDPH Iowa Nutrition Network, Food Stamp Program, Heritage Area Agency on Aging, Linn County Public Health, Linn County Food Security Alliance and Kirkwood Community College. The focus of the 30-minute weekly TV show is to engage seniors in nutrition, health and physical activity education to enhance their quality of life.

The Bureau of Nutrition has received the 2003 GEM Award from the Iowa Dietetic Association. This award is for the nine dietitians in this bureau who have provided excellent service and significant contributions to the profession of dietetics in Iowa.

New CDC web site on the Built Environment: The interaction between people and their environments, natural as well as human-made, continues to emerge as a major issue concerning public health. This site, still a work-in-progress, can be found at <http://www.cdc.gov/healthyplaces/>.

New HHS on-line Health Information for Asian Americans, Native Hawaiians, and Pacific Islanders: In recognition of Asian Pacific American Heritage Month, HHS secretary Tommy G. Thompson recently launched two new on-line health resources. The new web sites expand on the department's Steps to a Healthier US initiative, which underscores the president's call to action for healthy lifestyles through public awareness of disease prevention efforts. See <http://www.healthfinder.gov/justforyou> and <http://asianamericanhealth.nlm.nih.gov> for more information.

CDC PHIL web site: Images & illustrations are available for use from the CDC's Public Health Image Library (PHIL) at <http://phil.cdc.gov/phil/default.asp>.

Side Notes

Public Health Summer Institute 2003 - The University of Iowa College of Public Health Summer Institute is designed to gather together a wide range of public health professionals for a period of summer study in core disciplinary areas. The institute provides students a way to commence or continue study for a Master of Public Health (MPH) degree and/or a Certificate in Public Health. The classes available are:

- Evidence-based Public Health Methods
- Introduction to Public Health
- Introduction to Biostatistics
- Epidemiology I: Principles
- Introduction to the U.S. Health Care System
- Environmental Health

Course work in the Summer Institute is available on the University of Iowa campus or, in some instances, via the World Wide Web or the Iowa Communications Network (ICN). Classes begin in June and July, and all courses award three semester hours of credit.

For more information and on-line registration, visit www.continuetolearn.uiowa.edu/phsi/.

Managing Chaos: Responding to a Mass Fatalities Incident - An Iowa Communications Network (ICN) Broadcast, Thursday, June 12, 2003 from noon - 1:00 p.m. in Room 20, Nursing Building University of Iowa, 50 Newton Road, Iowa City, Iowa. This presentation will enable emergency and health service professionals to assist communities responding to a mass fatalities incident. Registration for this program is available and must be completed online. If you do not have Internet access, contact Jörg Westermann at 319-384-4294, or by e-mail at jorg-westermann@uiowa.edu, for assistance.

Iowa Dept. of Public Health

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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.