

Iowa prepares for mosquito season

By Russ Currier, DVM, MPH, Environmental Epidemiologist and Public Health Veterinarian

West Nile virus (WNV) was first detected in Iowa in a hapless, disabled crow in Scott County, in early September 2001. Last season WNV again appeared in birds of eastern Iowa in July 2002 and then later recognized, in what appeared to be a westward spread by extension, to humans, horses, and birds throughout the entire state. This dramatic epidemic occurred despite the fact that mosquito populations in the state were one-third of normal.

What can we expect for the 2003 season and what are our

plans to address this mosquito-transmitted disease? As noted, last year was dry and if precipitation is closer to normal this year, we might well have more mosquitoes, and probably more risk of WNV exposure. The department will continue to work with University of Iowa Hygienic

Laboratory (UHL) and the Department of Entomology (i.e. study of insects) and Veterinary Diagnostic Laboratory of Iowa State University, to monitor animal and mosquito populations for presence of virus.

This monitoring or surveillance effort will again in-

clude collection and submission of freshly dead birds specifically crows and blue jays at the University Hygienic Laboratory. Affected birds are the single best indicator of WNV activity and risk of human transmission. (Continued on page 2)

2002 WNV Activity in Iowa

- First bird -- July 15
- First human -- August 11
- First horse -- August 12
- First bird in zoo -- September 29
- First human death -- October 1



Great job, tough times

By Mary Mincer Hansen, RN, PhD, Director



Dr. Hansen

As you know, I have just begun my duties as director of the IDPH. As director, I have the honor of representing the department to the many stakeholders we serve. As I have been talking with you and these external stakeholders, I am truly impressed with the deep commitment we all have to the protection and promotion of the health of Iowans.

Unfortunately, we are living in economic times in which available funds to support services are reduced. During this legislative session, there was an effort to cut funding to our department by more than \$2.5million. Due to the strong advocacy of Jane Colacecchi, chief deputy director and Lynh Patterson, legislative liaison, the substance abuse (Continued on page 3)

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In the U.S. from 1999 through 2002, over 150 different avian species had confirmed WNV infections. Birds, particularly the young ones that are more prone to infection, develop very high levels of virus in the blood that is then picked up by mosquitoes and carried to other animals including humans.

Most species of susceptible birds can have high levels of virus in the blood without any sign of illness in the bird. Crows and blue jays are a specific exception and are the reason for preferentially testing these two species, since a high proportion of these birds are affected, often fatally. County health departments will receive special bird shipping kits from the UHL for submitting crows and blue jays. After one bird in a county is demonstrated positive for WNV, no further testing will be conducted.

People can report dead birds on an automated toll-free Iowa hot line for West Nile questions and concerns. (The phone line will be 1-866-WNV-IOWA and will be activated later this month.) Special studies of other wild birds including raptors can be arranged through county conservation workers, park rangers, and the Iowa Department of Natural Resources.

Besides humans, horses are the only other mammal species that becomes ill after being infected by a WNV-carrying mosquito. Infected horses show gait abnormalities and behavior change with severe illness leading to inability to stand and death in about 30 percent of infected animals, usually older equines. This species enjoys the advantage of having a protective vaccine if their owners arrange for its administration. Since a large number of horses have either already been infected or vaccinated, we expect far fewer horse cases

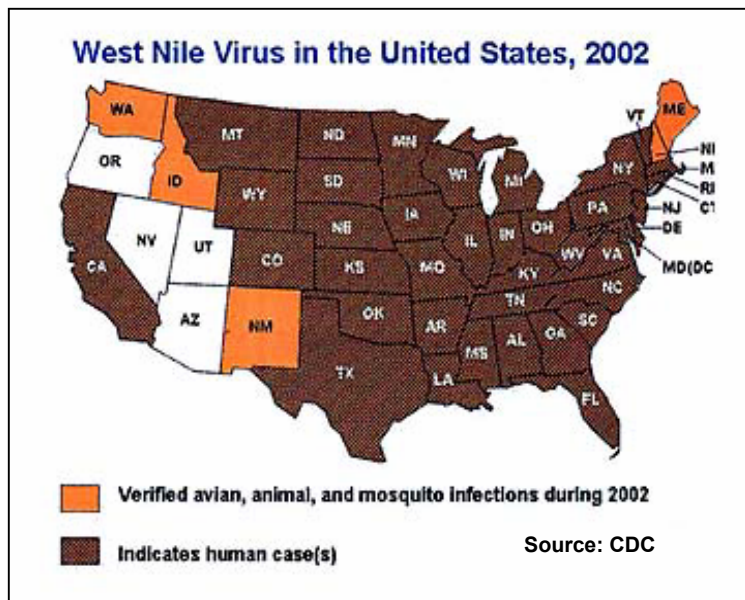
this year.

Also, the veterinary officials of the state and federal agriculture departments will no longer treat WNV as a “foreign animal disease”, which means these departments will not underwrite the cost of laboratory testing and field consultations.

We now know that horse cases do not occur any earlier than human cases, so their value as a warning for human illness has been overrated. Horse owners desiring laboratory testing will have to make arrangements with private veterinarians for testing through the Veterinary Diagnostic Laboratory at ISU in Ames.

Human cases pose some additional challenges too. Last season, the large number of tests was costly for the University Hygienic Laboratory (UHL) since it was the only laboratory in Iowa with specific but limited resources for testing. For 2003, UHL will only be able to test more serious cases, such as West Nile encephalitis and meningitis. All specimens from such patients, including blood, cerebrospinal fluid, and tissue samples, should be sent to UHL.

For other more common and less serious West Nile fever, testing will be available through commercial laboratories at the expense of the patient. West Nile fever cases usually recover completely and establishing the specific diagnosis is of no immediate value to the treating physician or to public health officials. County public health staff this year will take over from the state more of



the responsibility for reporting cases of encephalitis.

Finally, sentinel chicken flocks and testing of mosquitoes is valuable in monitoring WNV conditions in Iowa. We will continue to maintain sentinel chicken flocks in 11 locations and trap mosquitoes from these same locations for population numbers and presence of West Nile virus. Additional mosquito trapping will be conducted as needed, if clusters of human and horse disease occur outside the usual trapping sites.

Prevention efforts will focus on citizen self-protection measures and public information on reducing mosquito-breeding habitats around our homes and buildings, recognizing that old waste tires are the “biggee.” The department will continue to consult with local government officials on area-wide mosquito abatement programs. In the final analysis, citizens should be mosquito-conscious this year, especially at dawn and dusk, with repellents ready at hand. The risk of serious WNV illness, which is already low, can be almost nonexistent if people take personal protective measures when exposed.

Great job, tough times

From the Director

Continued from page 1

prevention and treatment providers, emergency medical services providers and our public health constituents, the overall reduction in state funds to our department was reduced to \$974,000. This includes a 36 percent reduction in money to IDPH administration. This reduction also affects federal matching funds, which could cause the department to lose some additional dollars. The bottom line is that these cuts will affect programs and jobs and that translates into painful disruptions in people's lives.

When cuts occur, they will affect our ability to provide our partners with products and services. While the Department of Public Health is committed to reducing the impact of these cuts at the local level, the cuts would affect more than just the state health department. They would hinder the ability of local public health, which is already operating without adequate funds, to provide needed services. The budget will not be final, of course, until the Governor signs the bill into law.

It's hard to see a silver lining in this situation, but in times like these, it often helps organizations as well as individuals to look inward, to evaluate and appreciate the resources that help us overcome obstacles. Even before taking my current position, I had many opportunities to observe public health in action, and

I've been impressed. Public health practitioners are among the most dedicated and selfless professionals there are.

That perception was reinforced on March 25 in Ames where, as one of my first duties as director, I addressed the 2003 Public Health Conference, "Changing the Future." It was wonderful to meet all our partners and a privilege to be able to share my vision of public health in Iowa.

Despite our budget cuts, we must continue to strive to address the public health challenges we face in Iowa. These include improving our public health infrastructure, enhancing the knowledge and skills of our wonderful public health workforce, forging more and stronger partnerships, and increasing our utilization of technology. Using these as our foundation, we then need to address the obesity epidemic; prevent young people from starting to smoke and reduce dramatically the number of adults still smoking; increase access to quality, cost-effective health care; help people to reduce the major causes of death in Iowa - heart disease, stroke, and cancer; prepare for natural and intentional health disasters; and reduce health disparities.

As for the resources we need to accomplish these goals, for the short

term we need to come up with creative ways to make whatever resources we have go as far as possible. For the longer term, we need to develop strategies to maximize our resources and find additional funding sources. To do that, we first need to educate consumers and policy makers about how critical an asset public health is to the state of Iowa. We do that by communicating this message in as many ways as we can both as individuals and through the media.

Public health is critical to Iowa's educational and economic development priorities. Healthy kids learn better. Health promotion reduces the cost of Medicaid services. A vital health care system is critical to the economy of Iowa, in particular rural Iowa. A strong public health system is a must to attract businesses to Iowa. A healthy workforce is more productive. This is the message we must all carry to anyone who will listen to us!

As we continue to plan for the challenges we are facing with budget cuts, we will keep you informed. Once we know our final budget, we will communicate our plan for dealing with these cuts. Thank you again for all you do to make the Department of Public Health such a respected and valuable asset for Iowa.

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.

No SARS in Iowa: Reported in 38 other states

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

Since Severe Acute Respiratory Syndrome (SARS) appeared last November as an apparent outbreak of pneumonia, the virus has been responsible for infecting thousands of people worldwide. As of May 1, the World Health Organization (WHO) reported 5,865 probable SARS cases from 27 countries worldwide, with the majority of these cases being from China where the disease is thought to have originated.

The current case count for the United States includes 289 cases with 56 cases classified as probable and 233 cases as suspect. Thirty-eight states have reported cases and, as of May 6, Iowa is reporting zero SARS cases. No deaths have been reported in the United States, but globally the death rate from SARS is 6.6 percent, with health officials warning the rate will probably increase in the future.

The disease, which is reported to be less contagious than influenza, is thought to be caused by a newly discovered coronavirus. Known coronaviruses cause illnesses such as the common cold. SARS appears to be spread by close person-to-person contact. Examples of close contact include kissing, sharing eating or drinking utensils, or having a conversation less than three feet from an ill person. Some laboratory analysis and several cases suggest the virus may be able to survive on environ-

mental surfaces for hours at a time, making it possible to spread the virus by simply touching infected surfaces. Of the cases in the United States, the majority have occurred in persons returning from travel to affected areas and few have occurred in persons who have been in close contact with or cared for a SARS-infected individual.

Information on what is known about SARS changes daily as leading infectious disease experts around the world are investigating the disease. Several new laboratory tests have been developed to detect the SARS-associated coronavirus. On April 30, the Centers for Disease Control and Prevention (CDC) updated their case definition for SARS to take into account the results of these laboratory tests. SARS cases in the United States will still be classified as suspect or probable based on clinical and epidemiologic criteria, with laboratory results ultimately used to confirm or reject cases. The current SARS case definition can be found at <http://www.cdc.gov/ncidod/sars/casedefinition.htm>.

In the United States, the CDC is working to contain the illness by keeping in close contact with state and local health departments. Travel alerts and advisories have been issued for areas based on the severity of the SARS outbreak in that area. Travel advisories have been issued for Hong Kong, mainland China, Singapore, and most recently Taiwan. Travel advi-

sories recommend against nonessential travel to those areas as the health risk for travelers is thought to be high. A travel alert has been issued for Toronto, Canada. Hanoi, Vietnam was also recently downgraded from a travel advisory to a travel alert. Travel alerts do not recommend against nonessential travel to those areas but instead provide information to the public about the disease outbreak and advises travelers on ways to reduce their risk of infection. Although the risk of SARS in individual travelers remains very low, the risk of infection can be reduced further by avoiding areas where there are ill patients (e.g. hospitals) and frequent hand washing or use of alcohol based hand gels.

The CDC has provided health alert notices to travelers returning from areas infected with SARS. There are no restrictions recommended for travelers returning from affected areas but travelers should monitor their health for 10 days. If fever or respiratory symptoms develop during this period, a health-care provider should be consulted and informed of recent travel.

As SARS information rapidly changes, current information can be found on the CDC's SARS informational web site at <http://www.cdc.gov/ncidod/sars/index.htm>.

Iowa holds full-scale SNS exercise

By Kara Berg, Iowa Health FOCUS Editor

Officials from the Iowa Department of Public Health, Polk County Health Department, Iowa Emergency Management Division, and many other state agencies and outside business partners recently tested the state's ability to process the U.S. Department of Health and Human Services Strategic National Stockpile (SNS) during a full-scale exercise. Iowa is just the third state to hold a full-scale SNS exercise, following Arizona and Florida.

In the event of a disease outbreak or terrorist attack, wherein local entities are so overwhelmed they need to request assistance from the state, the SNS would be activated by state government officials. Stockpiles consisting of large amounts of antibiotics, vaccines, antidotes, and other medical supplies are stored at strategic locations across the country.

The exercise simulated a terrorist attack of an outbreak resulting in pneumonic plague. Public health

employees received and broke down the antibiotics and medical supplies needed and readied them to be shipped to county health departments. More than 300 volunteers and health care workers participated in a mass-dispensing site exercise at Des Moines Christian School Timberline Campus in Urbandale. In all, 600 people participated in the exercise.

Volunteer actors, most of whom were from local county health departments, played the part of citizens. They were assigned roles, most played the part of extremely worried but non-symptomatic citizens, while others pretended to be symptomatic, to see how prepared health care workers were to handle the different situations. Many went through the dispensing site 2-3 times. It took an average of 20 minutes for each person to get through.

Nearly 400 people were processed through the dispensing site in three hours, exceeding expectations. The original goal was 300. In a real event, more dispensing sites would be operating and the public would be informed of their loca-



Mass dispensing site in action - Volunteer actors enter the mass dispensing site to receive treatment and/or antibiotics during an SNS exercise last month.

tions.

Following the exercise, officials met to 1) determine if exercise goals were met, 2) provide input on what worked and what didn't, 3) assist in development of additional operating procedures.

According to IDPH Logistics Officer Jenise Dahlin the exercise went very well, "All of the goals of the exercise were achieved and provided valuable insight into our operating procedures."

"This exercise has proven to us that our collaboration with federal, state, and local agencies have paid off and has shown that if we all work together we can be prepared to mitigate an event such as this," says Dahlin.

Funding for the exercise was provided by the U.S. Office of Domestic Preparedness with \$25,000 coming from state bioterrorism funds.



SNS actor- A volunteer actor pretends to show symptoms at the mass dispensing site during the SNS exercise.

Gov. signs Newborn Hearing Screening Bill

By Heath Bartness, Early Hearing Detection and Intervention Program

On May 1, Governor Vilsack signed a bill that will mandate newborn hearing screening in the state of Iowa. The bill mandates that all newborns be screened for hearing and the results of the screen and any re-screens be submitted to the Iowa Department of Public Health (IDPH) to use for follow-up.

The bill provides for the confidential sharing of information among agencies and persons involved with newborn and infant hearing screenings, follow-up, and intervention services. The bill also allows parents the right to request a

waiver if they do not want their child to be screened.

If a parent refuses the screening, the birthing hospital, physician or other health care professional will need to obtain a written refusal from the parent.

The bill was introduced in the House of Representatives in early March. Representative Ro Foege (D) from Mt. Vernon and Representative Brad Hansen (R) from Carter Lake sponsored the legislation. The Human Resources Committee passed the bill with a unanimous vote, sending it to the House

floor where it was passed.

Senator Nancy Boettger (R) of Harlan and Senator Amanda Ragan (D) of Mason City sponsored the bill in the Senate. The bill passed from the Human Resources Committee to the Senate floor. It was the final bill to make it through committee during the first "Funnel Week."

Joining Governor Vilsack for the bill signing were members of the Legislature, the EHDI Advisory Committee, and the March of Dimes.

IA teens using fewer illegal substances

Iowa teens appear to be heeding messages about the dangers of the use and abuse of illegal substances. The latest survey of Iowa middle and high school students shows drops in the use of tobacco, alcohol, and drugs. The survey was conducted last fall of 97,000 students statewide in grades 6, 8, and 11, as well as alternative high school programs.

A comparison of the 2002 and 1999 surveys shows:

- A drop of six percentage points in the number of students reporting current tobacco use for all grades. The largest decrease (of 9 percentage points) was for third-year

high school students. An IDPH survey released last fall, using different methodology, showed different decreases in youth tobacco use. However, the results of the two surveys are consistent.

- Students reported a decrease of four percentage points in current alcohol use. The largest decrease (5 percentage points) was again reported by respondents in the 11th grade.
- Current use of any drug use showed a decrease of 1 percentage point for all students.

The 2002 Iowa Youth Survey is the tenth in a series that have

been completed every three years since 1975. It contains information on student attitudes, student behaviors, substance use, and demographic information.

The survey was a collaborative effort of the Iowa Departments of Public Health, Education, Human Rights, Workforce Development and the Office of Drug Control Policy. Complete survey results are available at www.state.ia.us/dhr/cjip/ythsurvey.html. The web results will be categorized by area education agencies, county and other county breakouts in approximately three weeks.

Governor's Conference on Public Health

Barn Raising IV to be held Aug. 14 & 15

By Louise Lex, PhD, Conference Coordinator

Drake University will open its campus on August 14 and 15, 2003 to participants attending the Governor's Conference on Public Health: Barn Raising IV. The conference is made possible through a major contribution from The Wellmark Foundation, 37 partners who made financial contributions, and 19 partners who made in-kind contributions.

Health care reform and other health policy issues are expected to take center stage on the first conference day. As a prelude to the January 2004 Iowa caucuses, Governor Tom Vilsack has invited Democratic and Republican leaders to make presentations. Dr. F. E. Thompson, Jr., MD, 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. The focus will be on leadership skills and the 10 leading health indicators that spotlight achievements and challenges at the national, state, and local levels. Conference key-

note 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. 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 a presentation, "Healing, Humor, and High-Level Wellness."

- Kevin Ault, MD, University of Iowa Hospitals
- Tyler Norris, Community Initiatives, LLC, Boulder, Colorado
- Elinor Ginzler, National AARP, Washington, DC
- Terri Hill, Regional Director, Partnership for a Drug-Free America, Charlotte, North Carolina
- Louis Rowitz, MD, Director, Mid-American Regional Public Health Leadership Institute, University of Illinois at Chicago



Poster sessions on both days will highlight the conference theme: *Leading the Charge for Community Health.*

Conference brochures with registration information will be mailed in June. The brochure also will be available

Conference presenters include the following experts with nationwide reputations:

- Tom Klaus, Director, Children's Miracle Network, Children's Hospital of Iowa
- Jonathan Kotch, MD, Associate Chair for Graduate Studies, School of Public Health, University of North Carolina at Chapel Hill

at that time on the department's web site: www.idph.state.ia.us under conferences. The early bird (August 1) registration fee of \$50 will cover conference meals, materials, a reception, and continuing education units.

For more information, e-mail Dr. Louise Lex, Conference Coordinator at llex@idph.state.ia.us.

Energizing rural communities

By Patricia Kehoe, PRIMECARRE Coordinator, Bureau of Health Care Access

The shortage of physicians is a well-documented concern in rural communities. A TV news team traveled to southwest Iowa last fall to highlight Shenandoah's recruitment challenges. Hospital administrator Chuck Millburg said, "It takes health care professionals two minutes to decide if they want to work in our hospital. It takes a lot longer to decide if they want to live in our town."

Staff responsible for physician recruitment at the Iowa Department of Public Health heard the report and formed a plan. Build it and they will come. Support a "community development" approach involving broad community leadership. Encourage community teams to work together to expand health care and related services. Identify tools essential to a healthy rural economy that attracts educated professionals, retains a youth population, and supports families and retirees.

The initial tool came from government itself. The Bureau of Health Care Access at IDPH earmarked a small reservoir of federal funds for community development grants. An innovative program presenting rural entrepreneurship as a community development tool emerged. "Invest in and build entrepreneurial talent, and they will create successful ventures," the program materials promised.

Three Iowa towns were invited as pilot communities, and local leaders with backgrounds in health care, economic development, extension service and marketing responded. Teams from Bloomfield, Edgewood and Shenandoah as-

sembled at a conference center in Nebraska City the first week of April to share rural development techniques with more than a dozen other states.

The four-day workshop, *Energizing Entrepreneurship in Rural America*, was designed and presented by the Heartland Center for Leadership Development, a nonprofit organization headquartered in Lincoln, Nebraska, and the Center for Rural Entrepreneurship, a Rural Policy Research Institute (RUPRI) National Research and Policy Center based in North Carolina and Nebraska.

According to workshop leaders, "entrepreneurship is the transformation of an idea into an opportunity." They hypothesize that weaker economic performance in rural areas is due in large part to lack of entrepreneurial activity. Rural America has been reluctant to foster the level of opportunity, know-how, talent and capital necessary to develop and expand business in small communities.

But the rural landscape is changing. Workshop facilitators presented successful rural case studies from Appalachian Ohio, Nebraska, Texas, Maine and Missouri. Local entrepreneurs shared their success stories and ongoing challenges: A young physician started a paper shredding business to meet medical privacy standards. The entrepreneur behind Smart Chicken technology described his roller coaster ride to success. Two partners in a temporary staffing service outlined their workforce development techniques. An economic development professional from Kearney, Nebraska shared the

town's strategies for success.

Research conducted by the Heartland Center and the Center for Rural Entrepreneurship indicates the key to rural revitalization rests with energizing rural entrepreneurs and entrepreneurship. They determined that "many rural Americans have rudimentary entrepreneurial experiences and skills. But few rural Americans have experience with and knowledge associated with entrepreneurial growth companies."

Workshop leaders encouraged rural communities to work with potential entrepreneurs one-by-one. "By understanding the entrepreneurial talent present in your community, it is possible to be more strategic in shaping an economic development program," they advised participants. Develop a community vision that focuses on local talent. Provide motivation and capacity to budding entrepreneurs. Create opportunities for all ages to get involved.

As the workshop drew to a close, Iowa participants mapped a development plan. Representatives from Creston with a focus on youth entrepreneurship joined the team. Pilot communities will bring workshop leaders to their own towns for local presentation of entrepreneurship strategies. Teamwork between economic development and health care professionals at local and state levels offers an opportunity to expand rural economies and energize local talent. Stay tuned for early returns from Bloomfield, Creston, Shenandoah and Edgewood.

Youth Rally Against Tobacco at the Capitol

By Keven Arrowsmith, Division of Tobacco Use Prevention and Control

Over 250 teens from across Iowa joined forces in Des Moines last month. They marched up the Capitol steps to hold a rally in the rotunda.

The youth asked Iowa's leaders to fully fund a comprehensive tobacco program and reduce youth tobacco consumption by increasing Iowa's tobacco tax. The event was part of a nationwide movement, **Kick Butts Day**, sponsored by Tobacco Free Iowa and the Campaign for Tobacco-Free Kids.



Youth ask for assistance - High school students speak to Senator Bob Brunkhorst from Waverly during Kick Butts Day last month.

Kick Butts Day

events were held across the country, allowing young people to have a powerful voice in the fight against Big Tobacco. Following the rally, students spoke with their legislators and the governor asking them to fully fund a truly comprehensive tobacco control program at the minimum amount recommended by the Center's for Disease Control and Prevention (CDC) of \$19.3 million.

"Iowa legislators must take a stand and commit to increasing the tobacco tax and fully fund our comprehensive tobacco control program," said Ryan Weide, a

senior from Alden High School and a member of TATU (Teens Against Tobacco Use) and JEL.

"If Iowa legislators commit to funding comprehensive tobacco control program, we will be able to decrease tobacco consumption rates and the youth initiation rate. Legislators must consider the dramatic health benefits of a tobacco tax increase. They will be responsible for saving the lives of thousands of Iowans if they do the right thing," said Weide.

About 9,400 Iowa youth under age 18 become new daily smokers each year. Over 80,000 Iowa youth now under 18 will ultimately die prematurely from smoking. According to the 2002 Iowa Youth To-

bacco Survey, 34 percent of high school students and 11 percent of middle school students currently use tobacco products and 65 percent of those youth want to quit.

Tobacco use is the leading cause of death in Iowa, killing more than 4,600 Iowans each year. Nearly 60,000 Iowa youth smoke, which is significantly higher than the national average. Increasing tobacco prices is one of the most effective ways to reduce youth smoking. An increase in the tobacco tax by \$1.00 will decrease youth consumption in Iowa by 21 per-

cent.

"The tobacco industry needs to be held responsible for the death and disease they cause," said Alesha Tomlinson, a junior at Ankeny High School and president of JEL (Just Eliminate Lies). She said, "Legislators need to make a commitment to saving lives and raise the tobacco tax in Iowa."

For more information about Tobacco Free Iowa and their efforts to reduce tobacco death and disease in Iowa, visit Tobacco Free Iowa's web site at

www.tobaccofreeiowa.org.

Tobacco Division welcomes new additions

By Keven Arrowsmith, Division of Tobacco Use Prevention and Control

The Division of Tobacco Use Prevention and Control is pleased to welcome Natalie Battles as community health consultant, and Michaela Malloy Rotert as



Battles



Malloy Rotert

contracts and events coordinator.

Natalie Battles started with the division in February. Prior to joining IDPH, she worked for the American Cancer Society in Iowa. During Battles' tenure with the American Cancer Society (ACS), she worked as a grassroots organizer on tobacco control issues along with various cancer related initiatives. Most recently, she served as the State Tobacco Con-

trol Director in Iowa for ACS. Battles attended Iowa State University, where she earned a Bachelor of Liberal Arts and Sciences in Public Service and Administration in December, 1998.

"I am excited to be a part of the division," said Battles. "I am looking forward to working with community partnerships in Northeast Iowa on their tobacco control efforts."

Malloy Rotert joined the division in mid-April and is originally from Carroll, Iowa. She attended the Nebraska College of Business

where she earned an Associate Degree in Legal Assisting, and is currently working toward a Bachelor's Degree at Des Moines Area Community College and Iowa State University. Before coming to the department, Malloy Rotert provided administrative support to both the Attorney General's Office and the Iowa Law Enforcement Academy. In her spare time, Malloy Rotert keeps busy with her 11-year-old daughter who plays soccer and a one-year-old son.

"I am looking forward to meeting the community partnerships across Iowa," said Malloy Rotert. "I will be assisting the partnerships with contracts and payment vouchers."

Applications invited for Cancer Control Grants

By Kerry A. Finnegan, American Cancer Society, Midwest Division

The Midwest Division of the American Cancer Society announced that community organizations and agencies may apply for funding to enhance local cancer control programs in Iowa, Minnesota, South Dakota and Wisconsin.

Grants up to \$25,000 will be awarded to programs that focus on colorectal, lung, breast, and prostate cancers as well as cancer prevention. Priority will also be given to organizations that serve individuals who are not practicing healthy lifestyles due to limited access to medical care or other

factors such as race, income, educational level, age, medical history, geography, and gender preference.

"We're looking for programs with an identified need, unique approach and measurable outcomes," says Carolyn Mesbah, Survivorship and Health Initiatives director. She says, "The grants are intended to strengthen the recipients' capacity to deliver community cancer control services while supporting the American Cancer Society's goals to prevent cancer, save lives, and diminish cancer suffering."

Grant-eligible organizations include social service agencies, cancer coalitions, colleges and universities, medical, nursing and dental schools, and faith-based community groups and organizations.

Interested parties may request a Cancer Control Grants Program description and Letter of Intent instructions from Karen Stewart, American Cancer Society, P. O. Box 902, Pewaukee, WI 53702-0902. Or, call 262-523-5523 for more information. The deadline for submitting Letters of Intent is July 8, 2003.

Arthritis self help course offers pointers

By Laurene Hendricks, Arthritis Program Manager

The word arthritis means joint inflammation. It refers to more than 100 different rheumatic diseases and related conditions. An estimated 719,000 Iowans have been diagnosed with arthritis by a physician and/or experience chronic joint symptoms. May brings a focused effort by the Iowa Arthritis Program and the Arthritis Foundation Iowa Chapter to increase awareness and provide information, programs and services to Iowans affected by arthritis.

The program collaborates with the chapter to conduct *Arthritis Self-Help Course* leader training in the spring and fall. The *Arthritis Self-Help Course*, a program of the Arthritis Foundation, is a group education program that complements professional services provided by a

health care team. It is designed to help people with arthritis learn and practice self-help skills, to manage arthritis on a day-to-day basis. Topics covered include pain and fatigue management, exercise, medications, doctor-patient relationships, making and carrying out action plans, and dealing with anger, fear, frustration and depression. The *Arthritis Self-Help Course* has demonstrated reductions in arthritis-related pain and health care costs.

The benefits of physical activity and adapting physical activity for people with arthritis are the focus of an upcoming conference. The Iowa Arthritis Program has partnered with the Iowa Cardiovascular Risk Reduction Program to host "Arthritis and a Physically Active Lifestyle – The Second Wellness Conference."

The June 21 conference is targeted toward health care, fitness and recreation professionals. Information and a registration form may be obtained at www.trainingresources.org.

In addition to self-help education and physical activity, early diagnosis and other management strategies such as weight control, therapy, medication and surgery can reduce arthritis pain and disability.

The Iowa Arthritis Program was established in 1999 in the Iowa Department of Public Health and is funded by a grant from the Centers for Disease Control and Prevention. Contact 515-281-5675 or lhendric@idph.state.ia.us for more information.

Creating Latex-Safe Environments

By Stephanie Beske and Jennifer Kunze, Grandview College Nursing Students

Latex has become one of the most pervasive problems affecting patients and health-care providers.

Allergic reactions to latex can result in progressive asthma, severe food allergies (bananas, avocados, chestnuts and kiwi fruit) and even death from cross-reactivity. Health-care workers are at the highest risk of having an allergic emergency from exposure to high-allergen powdered latex gloves. Seventy-five percent of hospitals employ health-care workers with diagnosed latex allergy, and it is estimated that up to 1.2 million (17 percent) of them are sensitized to latex and at risk for potentially serious or fatal reactions.

The use of latex gloves has increased dramatically since the onset of the AIDS epidemic. Universal precautions have been widely adopted since 1985, and the use of medical gloves in the United States has increased from two billion pairs per year in 1986 to approximately 22 billion pairs in 1997.

The ethical implications of possible reactions are profound. For one thing, the safety of the environment is compromised. Also, if a patient is exposed to latex and has a history of being sensitive, the care provider may be liable for negligence if a severe reaction occurs. Currently, over 250 lawsuits are pending in the multi-district federal court in Philadelphia alone.

Health-care workers and patients can be protected from the potential risk of latex exposure simply by replacing latex gloves with non-latex alternatives such as vinyl or nitrile. There are no reported differences in barrier effectiveness. The following steps are recommended:

- Eliminate the use of latex gloves by substituting vinyl or nitrile gloves.
- Educate staff about adverse reactions associated with latex use.
- Minimize exposure to latex products whenever possible.

These findings are grounded in current evidence-based research and will result in safer environments and healthier health-care workers.

NW Iowa project recognized nationally

Submitted by Avera Holy Family Health, Emmet Co.

Emmet County's efforts to fight the battle against heart disease and obesity gained national attention at the Steps to a Healthy US two-day meeting directed by the U.S. Department of Health and Human Services. The conference of 900 participants, held in Baltimore, Maryland focused on efforts to meet the national goals of *Healthy People 2010*.

The Avera Holy Family Health's Lifestyle Challenge was presented as an example of exemplary programs that lead to tangible results on a community level. Over the past three years, Estherville residents have lost over 5,700 pounds through a weight loss and exercise challenge that includes teams of worksites, friends, and families. Approximately 375 community

members have participated each year in the competition.

Team members have reported over 30,100 hours of physical activity beyond their daily work and household activity during the three years of competition. Each participant's data is maintained from year to year, so that they are aware of their progress or relapse.

"We were pleased to represent the Midwest and provide working ideas that can be duplicated throughout the country," said Michelle Welch, Coordinator of the Avera Lifestyle Challenge and presenter at the conference. "The secret to our success is keeping the project fun with friendly competition, and focusing on lifestyle changes verses tempo-

rary weight loss. Team members' ability to track their health improvement from year to year has been key in establishing a long-term mindset for the community."

Started as a hospital staff event in 1998, funding through the Iowa Department of Public Health's tobacco settlement monies allowed the project to spread community wide in 2001. Several participants have quit smoking, lowered their cholesterol, and improved their blood pressure control through their involvement in the project.

More information about the Avera Lifestyle Challenge is available at www.averaholyfamily.org.

Risk communication workshops get underway

By Dena Fife, Risk Communications Coordinator

The Iowa Department of Public Health will be holding workshops on crisis, emergency, and risk communication principles.

The first PIO Risk Communication workshop was recently held in Mason City. The all day workshop was held on April 29. Most of those who attended were from CDC/HRSA Planning Region 2, which includes local county public health departments and hospitals. A few from emergency management who also attended.

Participants received a notebook containing handouts, a media guide, and the CDC Emergency Risk Communication CD-Rom.

The workshops are meant to help public information officers or those charged with the responsibility to manage the task of planning and implementing risk communication as well as provide information that allows an individual, stakeholder or an entire community to make the best possible decision during a crisis situation. These workshops are not a basic media course, but will include a variety of topics that are essential to successful communication during an emergency or crisis situation in Iowa.

Communications Director Kevin Teale and I will be traveling most of the summer to different regions in the state to present the workshops and are more than willing to return for a

second round, if needed. If you are interested in attending, contact dfife@idph.state.ia.us.

Risk Communication Workshop Dates:

- May 12, 2003 –Region 1 Des Moines-State Historical Bldg. Classroom A
- May 21, 2003 –Region 6 Cedar Rapids Public Library
- June 9, 2003 –Region 4 Atlantic-Location TBA
- June 16, 2003 –Region 3 Sioux City-Siouxland District Health Department, Classroom A
- June 23, 2003 –Region 5 Ottumwa-Location TBA

Epidemiology Notes



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

HIPAA Regulations and Public Health: As of April 14, millions of health plans, hospitals, doctors and other health care providers around the country must comply with new federal privacy regulations. For clarification regarding HIPAA's effect on public health, please contact Diane Morris at dmorris@idph.state.ia.us and request: "HIPAA PRIVACY RULES AND IOWA REPORTING REGULATIONS" from Heather L. Adams, Assistant Attorney General, State of Iowa.

Update on Smallpox Vaccination Activities: As of April 25, a total of 478 persons in Iowa have been vaccinated against smallpox as part of a statewide plan to vaccinate a limited number of public health, laboratory, and hospital-based health care personnel. The last planned vaccination activities took place May 2. An additional 20 plus providers were vaccinated. Future activities are now being discussed, which may include training of additional vaccinators.

FDA Announces the Components of Next Season's Flu Vaccine. The FDA has recommended that the 2003-2004 trivalent influenza vaccine contain A/New Caledonia/20/99-like (H1N1), A/Moscow/10/99-like (H3N2), and B/Hong Kong/330/2001-like viruses. All three components (H1N1, H3N2, and B) are the same as those for the 2002-03 season vaccine.

Report on Methemoglobinemia

Outbreak Finalized: The final report on the outbreak of Methemoglobinemia at a wedding reception has been released. The investigation revealed that a dry punch mix, prepared at a food processor, was contaminated with sodium nitrite. The reason for this is unknown, but was likely due to an inadvertent substitution of citric acid, an ingredient in the punch mix, for sodium nitrite. For further details on this investigation, or to request a report, give us a call.

Mosquito Control Workshop:

The final program is in place for the Mosquito Control Workshop to be held at The Hotel at Gateway Center, U.S. Hwy 30 and Elwood in Ames, Iowa on May 12, 2003. The conference starts at 10:30 a.m. and ends at 4:00 p.m. A number of expert speakers are slated to cover all facets of mosquito abatement, and an informative booklet detailing surveillance and control measures will be provided. Printing costs for the booklet are higher than originally estimated so contrary to our original plans we will have to charge a modest registration fee of \$15 to cover the costs of food for lunch and breaks. Deadline for registration is May 7, 2003. No CEU's will be provided. For additional information or to register, contact Diane Morris at dmorris@idph.state.ia.us or at 515 242-5935.

West Nile Virus ICN: On May 16 from 1:00 - 3:00p.m., the University Hygienic Laboratory is hosting a statewide ICN conference to dis-

cuss many aspects of West Nile virus, in particular surveillance and control efforts and dead bird submission. More information on this ICN can be obtained from the UHL web site at

<http://www.uhl.uiowa.edu/UpcomingEvents/Current/WNVWorkshop.html>.

Introduction to Surveillance and Epidemiology for Local Public Health Practitioners:

Dates for these one-day sessions, to be held in each region, are set and brochures can be found at http://www.idph.state.ia.us/commo/pdf/conferences/Intro_To_Epi.pdf. The dates / locations are as follows:

Region 1 - June 5, Iowa State University

Region 2 - June 4, Northern Iowa Area Community College

Region 3 - June 10, Western Iowa Tech Community College

Region 4 - June 18, ISU Extension, Cass County

Region 5 - June 26, Indian Hills Community College

Region 6 - June 19, Kirkwood Community College

Correction on IOM Report: The link given to access the IOM report on emerging infectious diseases was moved. The report can now be accessed at

<http://www.nap.edu/books/030908864X/html/>.

Side Notes

2003 I-CASH Agricultural Occupational Health Training - The Agricultural Occupational Health Training course dates for 2003 have been set. Session I will be held May 14-16 and Session II will be June 18-20. This course offers basic information and skills to enable health care professionals to function as practitioners in the prevention of occupational illnesses and injuries in the farm community. Contact Kay Mohling at 319 335-4219, e-mail at kay-mohling@uiowa.edu or watch the I-CASH web site for more information at www.public-health.uiowa.edu/icash.

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/.

UI On-line course - On May 19, Hardin Library for the Health Sciences and the UI College of Public Health are sponsoring a 4-hour on-line course called Navigating CDC Electronic Resources. This course is targeted toward public health professionals. The CDC web site is a complex and deep site of 115,000 pages. Learn how to find and use information from this site that will help you answer your most important questions. Sign up for this course by contacting deanna-redlinger@uiowa.edu. The course is limited to 25 people. Time: 8:00--Noon, May 19, 2003.

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