

Hundreds call Concerned Iowans hot line

By Ronald Eckoff, MD, Medical Director

Division of Health Promotion, Prevention, and Addictive Behaviors

The terrorist attacks on the World Trade Center and the Pentagon left our nation in a state of shock, sadness, and anger. In this time of need, the Iowa Department of Public Health contracted with the Iowa State University Extension Service Outreach Center to operate an Iowa Concern Line.

During the floods of 1993, the IDPH also contracted with ISU to operate a hot line. With the terrorist attacks, the department asked the extension service to open the hotline again.

According to ISUs Margaret Van Ginkel, about 150 calls came in during the first 24 hours the hot line was open. Approximately 402 calls came in between Wednesday, September 12, and Monday, September 17.

The majority of the calls were stress related. Many were from parents and teachers. They wanted to know how they could assure their kids that they are safe, especially when they may not have believed it themselves. Some calls came directly from teens and children. Calls also came to teenline, and were not included in the above figures. Continued on page 2.



U.N. Day is Oct. 24. Due to this year's theme, "Global Health and Interdependence," the IDPH is taking a major role in activities. See related article on page 6.



From the director

By Stephen Gleason, DO

As mentioned in the last issue, I had planned to write a column for this FOCUS on the state of public health in Iowa. But the tragic events of Sept. 11 have changed the world, including public health. So it can't be business as usual. Continued on Page 3.

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Many called about emotions triggered from past experiences as they watched the tragedy on TV. Some were feeling guilty because they were not in New York or on the planes. One person had moved here from New York just three months ago and was feeling guilty about being alive. Another person's relatives were missing. Several men wanted to talk about the fact they cried when hearing patriotic songs on TV or radio. Others were concerned about their children or relatives being called to duty in the armed services. A few were angry and wanted to know who to blame for the situation.

The calls were answered by a school social worker and a staff member who has a master's degree in family psychology.

"It is frustrating because people want answers and sometimes there aren't answers, ' said the psychologist. "They want to control the event, and this is not a situation that can be controlled."

The two have no magic solutions. Said the social worker: "Most callers need someone who can help them process the enormity of all this." The common thread of the advice was: "Turn off the TV, get away from the Internet, spend time with as many family members and friends as possible."

Calls also came from people wanting to donate time, equipment, or services. Nurses, firemen, funeral directors, police, retired marshals, and emergency medical technicians wanted to volunteer. Equipment offers included skid loaders, large vacuum cleaners, a private plane to fly people to New York, bottled water, and various other mechanical equipment from companies in Iowa.

The ISU staff also did many media interviews.

Online resource:

In response to the tragic events of Sept. 11, the National Criminal Justice Reference Service, on behalf of the U.S. Department of Justice, Office of Justice Programs, has created the "Resources for Recovery" web site to assist victims, family members, and concerned citizens; service providers and other allied professionals; and researchers in responding to terrorism. (NCJRS)

Access online at: <http://www.ncjrs.org/recovery/index.html>

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 war on terrorism: what's next?

By Stephen Gleason, DO, Director
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Our nation is preparing for a new kind of war in which the enemy seeks to kill citizens but also create fear and horror. So apart from the incredible clean up faced by rescuers and workers in New York and Washington, we face emotional clean-up, trying to return to our normal lives with the realization we are vulnerable to attack. We have been stunned into focusing on protecting ourselves from people who want to harm us for reasons we can't fully understand.

The department has received lots of inquiries on bio-terrorism, chemical warfare, and medical disaster preparedness. Such questions, and public conversations on the same issues – including the possible use of germs and chemicals on people, livestock and crops – can't help but concern people like us who are charged with protecting and promoting the health of Iowans. Iowa may seem like an unlikely target for terrorists, but before Sept. 11 we thought it unlikely that terrorists would guide planes loaded with innocent passengers into our tallest buildings and the seat of our military power. Our job is to do all we can to prepare for what a few weeks ago was unthinkable, and do it in a reasoned, balanced way.

On the one hand, we don't want to exaggerate the risk. Iowans who may be involved in the planned war against terrorism will probably be at a much greater risk from conventional weapons. Bio-terrorism and chemical attacks are *possible, but not probable*. We should assure patients and the public that panic and hysteria are the enemies of a reasonable response. We don't recommend, for instance, that the public buy gas masks or drugs to treat medical problems that *could* result from bio-terrorism.

On the other hand, we can no longer assign the risk of biological and chemical terrorism to the realm of science fiction.

The Iowa Department of Public Health is part of the state's disaster plan, coordinated by the Emergency Management Division, headed by Ellen Gordon. Under the direction of Mary Jones, interim chief of the IDPH's Bureau of Emergency Medical Services, with the cooperation of Dr. Tim Peterson, the bureau's medical director, and Julie McMahon, director of IDPH's Division of Family and Community Health, the IDPH is responsible for these areas:

- Preparedness for bio-terrorism. This effort is headed by Dr. Patty Quinlisk, our state epidemiologist, who is a member of the federal Gilmore Commission and advisor to the military on bio-terrorism. She is also co-author of federal guidelines on biological and chemical terrorism – including guidelines on anthrax vaccine.
- Preparedness for chemical terrorism, headed by our state toxicologist, Dr. Chuck Barton

- Radiological preparedness, headed by Don Flater, our bureau chief of radiological health. The bureau is designated by the Nuclear Regulatory Commission as the lead nuclear agency for Iowa.
- Mass casualty management, headed by the state medical examiner, Dr. Julia Goodin.

My specific specialty in all this – with experience in disaster clinics in Ethiopia and El Salvador – is disaster medical management and coordination.

The department has also created the Office of Medical and Public Health Disaster Preparedness, directed by Mary Jones. It will be funded with federal money and will eventually have three full-time employees – in addition to the department’s in-house experts. The office will help establish 10-12 medical response teams around the state, to be ready to respond quickly to emergencies. Key to the office’s success is to 1. perform effective outbreak detection, 2. control epidemics and 3. coordinate an efficient and effective response, with appropriate people, equipment and medical supplies, to mass casualty-producing emergencies. It will also build upon systems already in place to respond to naturally occurring disasters, integrating local, state and federal resources.

As part of the effort to be prepared, we all need to become better informed about terrorism. Some web sites we think are helpful are listed at the bottom of this column. All Iowa public health and health-care practitioners should take a look at these sites or use other reliable sources to inform themselves about the symptoms of, and treatment for, biological and chemical attack.

The 500 or so health-care practitioners who are part of our epidemiological reporting system should be on particular alert. They should report any bio-terrorism and chemical symptoms.

The 500 or so health-care practitioners who are part of our epidemiological reporting system should be on particular alert. They should report any bio-terrorism and chemical symptoms – and any *unusual and unexplained* symptoms – to our regular Center for Acute Disease Epidemiology (CADE) number, 800 362-2736. After hours, calls to that number are answered by the Iowa Highway Patrol and conveyed to CADE staffers.

We should also help our patients and each other with stress. Our staff members have received dozens of calls from people who are anxious about what has happened and what might happen. We should pay special attention to the anxieties and fears of children.

It has been said the terrorists hit the World Trade Center and the Pentagon but missed America. We’re determined to do all we can to protect ourselves and our families. Right now, helping do that is the most important task of public health practitioners.

Now, for the web addresses:

1. ACIP Smallpox vaccine recommendations,
<javascript:launchwin3('http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5010a1.htm')>
2. USAMRIID's Biological Casualties Handbook,
<javascript:launchwin3('http://www.usamriid.army.mil/education/bluebook.html')>
3. ACIP Anthrax vaccine recommendations,
<javascript:launchwin3('http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4915a1.htm')>
4. Johns Hopkins Center for Civilian Biodefense Studies,
<javascript:launchwin3('http://www.hopkins-biodefense.org/')>
5. APIC/CDC Recommendations for healthcare facilities,
<javascript:launchwin3('http://www.apic.org/bioterror/')>
6. Emerging Infectious Diseases Journal issue,
<javascript:launchwin3('http://www.cdc.gov/ncidod/eid/vol5no4/pdf/v5n4.pdf')>
7. CDC BT agents list, <javascript:launchwin3('http://www.bt.cdc.gov/Agent/Agentlist.asp')>

Massage Therapists called to action

By Kara Berg, FOCUS Editor

Few people may know that Iowa was one of the first states to develop a Massage Emergency Response Team (MERT) affiliated with the American Massage Therapy Association (AMTA). In its relatively short existence, MERT had already seen action during the April flooding in Davenport. For this reason, the Virginia Chapter requested that the Iowa team be deployed to the Pentagon in Virginia to help emergency workers after the Sept. 11 terrorist attack.

MERT, formed back in January, has 18 members. Eight of them were able to go to Virginia. MERT regional representative Terry Eicher, a massage therapist for six years from Waterloo and a graduate of Carlson College of Massage Therapy in Anamosa, said team members had to be willing to drop whatever they were doing and pay their own way.

The team, consisting of Chris Sparks, Cedar Rapids; Carol Meyer, Cedar Rapids; Dee Hagmeier, Montrose; Lin Shultz, Monmouth; Jeanne Griebel, Bellvue; Cindy Pancratz, Dubuque; Tricia Neillson, Grinnell; and Eicher were at the Pentagon from Sept. 19 to 23.

Eicher said it was shocking to arrive at what is known as "the hole."

"It reminded me of a doll house where part of it is cut away, so you can see inside," she said. "You could see desks, computers, and coats still on their hooks. It was overwhelming when you initially saw it."

At first, the group felt insignificant, but found they weren't at all. "When we first arrived, a lot of dignitaries were flying in. We were trying to stay out of their way and Attorney General John Ashcroft came over and shook our hands, hugged us and thanked us for caring so much about them."

Eicher said four areas of massage tents were set up about 75 yards from "the hole" for Arlington County EMS, the FBI, the morgue, and the "raking area" (where the National Guard sorted through piles of debris and rubble). Those receiving services ranged from the FBI and military to Red Cross and FEMA workers.

"I felt humbled to be part of such a select group allowed at the site," said Eicher. "People were so appreciative and thankful that we were there."

For Eicher, maintaining a positive perspective was important. "It was great to see the camaraderie and love at work. Those involved in recovery and clean-up efforts would walk into our tents full of pain and anguish and walk out revived and ready to return to their job. It also made me proud of my profession. I was so impressed with our group's commitment."

IDPH's Onnen returns to "Ground Zero"

By Kara Berg, FOCUS Editor

To protect victims' families, information for the following article was kept to a minimum. A follow-up article will be featured in the November issue of FOCUS.

Gayle Onnen, forensic technician for the Office of the Iowa State Medical Examiner, has returned for a second time to "Ground Zero," site of the World Trade Center terrorist attack. Onnen, a member of the federal Disaster Mortuary Operational Response Team, was first called up the Saturday following the Sept. 11 attack and spent a week assisting families of the victims.

"On TV the scene looks like something out of a Stephen King novel," Onnen says, "but in person multiply that by 100,000. It is worse than any war scene you can possibly imagine."

This time, Onnen will relieve other team members and expects to be in New York for at least two weeks helping with recovery.

Onnen says members of the Disaster Mortuary Operational Response Team are called up whenever a disaster happens. She has been a part of the team for the past three or four years and helped respond to the Hurricane Floyd disaster in North Carolina in 1999.

In her normal job, Onnen assists state medical examiner Julia Goodin and has worked for the department since December of 1999.

IDPH takes lead in U.N. Day observance

By Doreen Chamberlin, MPH, IDPH U.N. Day Chairperson

Coordinated nationally by the United Nations Association of the United States, United Nations Day is celebrated annually by over 100 organizations worldwide that are looking at ways for the international community to use its resources to respond to pressing human needs.

This year, the theme is “Global Health and Interdependence.” Governor Tom Vilsack appointed Valentina Fominykh to be this year’s honorary chairperson. Fominykh was last year’s chairperson, working with youth to commemorate the “Decade of Peace.” I am assigned to lead activities for the Iowa Department of Public Health (IDPH). I’m chief of the Bureau of Rural Health and Primary Care.

“Global Health and Interdependence” implies an international effort to change how people think about and act towards battling the key international public health challenges. The evidence is clear that many health problems, such as infectious diseases, can be controlled. However, in light of terrorist threats, new priorities overshadow other global health issues. In the letter of appointment for Fominykh, Governor Vilsack stated, “The recent terrorist attacks on our country highlight even more than ever the need for public awareness of and support for international cooperation.”

Leading up to the October 24th UN Day of Observance, the Iowa Department of Public Health will be addressing several global health concerns. Of great interest to many will be upcoming presentations on Bioterrorism. For more information, check the IDPH web page, www.idph.state.ia.us, or call Doreen Chamberlin at 515-281-8517. Other sources of information include the United Nations Association of the USA at www.unausa.org or the U.S. Department of Health and Human Service’s global health web site at www.globalhealth.gov.

Global Health: Local Perspectives

Countries are increasingly recognizing the importance of global health. Diseases and other health threats do not stop at borders. Public health professionals have often worked behind the scenes to collaborate internationally to address health concerns and prevent disease. Every year, members of the World Health Organization (WHO) meet to address world health concerns and develop recommendations. Much of this eventually translates into public health policy and practice in nations’ health systems.

In the upcoming World Health Report 2001, topics will include mental health, infant and child feeding, assessment of health-systems performance, international health regulations, nursing and midwifery, and schistosomiasis, to name a few. Perhaps more noteworthy for Americans, is the organization’s annual efforts to develop recommendations for vaccines.

While many of us are just beginning to think of the upcoming flu season and where or if we will choose to get a flu shot, recommendations for the 2002 flu season in the southern hemisphere have already been made. The southern hemisphere influenza season is May to October. Early identification of flu strains provide pharmaceutical companies time to develop vaccines for the following season.

What happens in the southern hemisphere plays into what will be recommended for the northern hemisphere. The annual decision about the vaccine composition is made possible by the coordinated work of more than 110 influenza laboratories worldwide and four WHO collaborating centers. WHO experts, in April 2001 recommended that the influenza vaccine for 2001 in the northern hemisphere contain the following three components:

- A/Moscow/10/99(H3N2)-like virus
- A/New Caledonia/20/99/(H1N1)-like virus
- B/Sichuan/379/99-like virus.

The flu has been estimated to infect as many as 100 million people each year in the northern hemisphere. While most healthy people recover, the disease can result in hospitalization and death. Therefore, the IDPH recommends vaccination against influenza among those at high risk, including:

- Anyone 65 or over;
- Residents of nursing homes and other chronic-care facilities;
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma;
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases;
- Children and teenagers (aged 6 months to 18 years) who are receiving long-term aspirin therapy; and
- Women who will be in the second or third trimester of pregnancy during the influenza season.

Other people who are recommended to receive the influenza vaccine are those aged 50-64 and anyone who can transmit influenza to those at high risk, including health-care providers and household members of those in groups at high risk

West Nile Virus Confirmed in Iowa

By Russ Currier, DVM, State Environmental Epidemiologist

Iowa's first bird with West Nile virus (WNV) infection was confirmed Friday, Sept. 14, at the University Hygienic Laboratory (UHL). Since it was the first confirmation by UHL, contingency specimens were submitted to CDC, as required, for a second round of testing. CDC also reported the specimen positive.

The bird was a crow from Walcott in Scott County. It was observed being unable to walk or fly and was being pecked by other crows. So much for compassion among crows.

Eight other crows, one owl, one blue jay, five doves, and one sparrow have tested WNV negative. Specimens are submitted to the ISU College of Veterinary Medicine for processing and testing is done at UHL. Both laboratories welcome submissions but crows and blue jays are the priority.

The UHL has also tested 128 *Culex pipiens* mosquito pools trapped in Iowa for WNV (yr 2001), all of which have been negative. *Culex pipiens* is the main mosquito species that transmits WNV among birds and will occasionally bite humans, especially late in the summer.

Neighboring states to the east have also confirmed WNV in crows. WNV positive crows have been found in the Milwaukee area, and Illinois has 82 positive birds to date. No confirmed human cases of WNV

encephalitis have occurred in states in the upper Midwest. Equine cases of WNV have occurred in several states. Equines can be protected by a vaccine introduced to veterinarians this summer by Fort Dodge Laboratories. Field studies demonstrate that household pets may have transient infections if bitten by an infected mosquito but are unlikely to become clinically ill.



Iowans are encouraged to be conscious of mosquito exposure and use low percentage DEET repellants (less than 35%) for personal protection. The risk of serious human disease is low. We've determined from national advisories that for every 10,000 human infections, only 2,000 patients will have recognizable illness. Of these, only 20 will have encephalitis with neurological problems, and death will occur in three to four patients. Given these figures, when WNV is seeded throughout Iowa, we estimate there would be two to four neurological cases diagnosed per year with perhaps one death every five years. Serious cases usually occur in persons over 65. Unfortunately, no effective antiviral therapy is available, so treatment is supportive.

Health "Cares" About Domestic Violence

By Lynn Laws, National Standards Campaign Coordinator

Many Iowa health-care providers demonstrate daily that they not only care about domestic violence, but are in unique positions to help stop it.

"Clinical studies tell us that when routine screening for domestic violence is done in primary care settings, more abuse is identified and appropriate intervention can be done with the patient," says Binnie LeHew, Domestic Violence Coordinator for the Iowa Department of Public Health. "It's an opportunity to prevent serious injury, or even death.

"There's been a dramatic increase, in the past few years, in the number of health care facilities that routinely screen clients for domestic violence," LeHew says. Her department staff conducted a survey of emergency departments in 1998 and 2001 to see what changes might have occurred since implementing a pilot training program for health care providers. Only 7 percent of Iowa emergency departments were routinely screened for domestic abuse in 1997. Three years later, 38 percent of emergency departments were conducting routine screening.

"We want all health care providers to recognize that they have an important role to play in responding to domestic violence," LeHew says.

October is Domestic Violence Awareness Month. LeHew's department is encouraging all Iowa health care providers to show they care by participating in Health Cares About Domestic Violence Day on October 10 and provide awareness activities at their facility during October.

"We want all health care providers to recognize that they have an important role to play in responding to domestic violence," LeHew says. In September, she mailed information and materials — sample paycheck stuffers, posters, client and provider materials, etc. — to health care facilities across the state to assist hospitals and clinics in observing Domestic Violence Awareness Month.

Last year, a number of hospitals across the state sponsored displays and "lunch 'n learn" events for staff and patients, says LeHew. Five of the hospitals in Polk County coordinated their events to coincide on the same day. In other communities, health care providers partnered with their local domestic abuse shelters to host candlelight vigils.

This year, the University of Iowa Hospitals and Clinics is distributing provider reference cards to clinicians to help them remember tips for screening and helping patients who may experience violence at home. LeHew hopes other hospitals are planning similar efforts.

"Any effort, no matter how small, may make a difference for someone who is being abused by a partner," LeHew says. "Last year, during Domestic Violence Month, one hospital received a call from a battered woman seeking help the day after she had picked up a card at their display." LeHew's department has partnered with the Iowa Medical Society Alliance, Mercy Hospital Medical Center — Des Moines, the Iowa Coalition Against Domestic Violence, and the Family Violence Prevention Fund to develop posters and brochures for health care providers. Some of these materials will be available on the department's web site in October. The department is

also working on ways to expand training for health care professionals to include more curricula on domestic violence.

For more information on Health Cares About Domestic Violence Day or for help to plan an activity in your community, please contact Binnie LeHew at 515 281-5032 or blehew@idph.state.ia.us

Cerro Gordo first to submit county health plan

By Jaci Santee, MA, Cerro Gordo County Department of Public Health

Community leaders in Cerro Gordo County have a new tool to help them address health and wellness within the county. Sixteen months of collaboration has resulted in the publication of Healthy Cerro Gordo County 2010, a county-wide health improvement plan. It is a road map for improving the quality of life of all Cerro Gordo County residents.

Recognizing emerging health and quality-of-life issues, officials of the Cerro Gordo County Department of Public Health and the Cerro Gordo County Board of Health initiated a unique partnership with Mercy Medical Center-North Iowa, North Iowa Community Action Organization, and the United Way of North Central Iowa, to develop a county-wide health plan.

The planning process, facilitated by health planners from each of the partnering agencies, lasted from June 2000 to July 2001. Each planner was assigned chapters focusing on health promotion, protection, or prevention. Steps in the planning process included (1) formation of chapter teams, (2) data collection, (3) data analysis, (4) completion of "Community Health Plan" worksheets by chapter teams for each health problem identified, (5) review of chapter plans and narrative development by public health, and (6) final review and comment of chapter-by-chapter team members.

The final document reflects the ideas of the community members and agency representatives who dedicated their time and expertise in the planning process for one or more of the chapter focus areas. Health priorities and plans for improvement are identified in each of 20 chapters in the document. These priorities tell how to direct resources toward areas of importance with the greatest impact on the overall health of the community.

To develop a consistent method of completing the task, the Assessment Protocol for Excellence in Public Health (APEX-PH) was used to review data, identify resources, and establish priorities. Each chapter group was asked to provide a brief description of the health problem, supporting data, and provide measurable and realistic goals and objectives along with action steps to achieve these.

Healthy Cerro Gordo 2010 was presented to and adopted by the Cerro Gordo County Board of Health in August 2001. The project would not have been possible without the commitment of public and private health care providers.

"This has been a lot of work for a lot of people, said Director Ron Osterholm. "We would like to thank all community members who were involved. I think our teams came up with an excellent tool that can be used for many years."

Data collection, assessment and analysis have provided a greater understanding of the community's health status, while revealing limitations and barriers toward improving the health of residents.

To view Healthy Cerro Gordo 2010, go to www.cghealth.com and click on 2010.

Resources for grant writers available

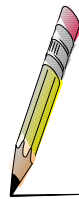
Looking for an electronic tutorial on how to write grants? The Environmental Protection Agency has developed an interactive software tool that walks you through the grant-writing process and helps you learn to write more competitive grants. It includes proposal writing tips, examples of complete grant packages, and a mock grant writing activity where you can compare your results to a successful grant application. For details, visit www.epa.gov/seahome/html.

*Grant writers looking for sources of data and statistics to document proposal needs will welcome the newly published 2000 census report. At www.census.gov, you'll

find a wealth of information to use in your proposals.

*Successful grant seekers are always searching for new online reference tools. A new one is www.bartleby.com. You'll find everything from classic dictionary and thesaurus references (*American Heritage Dictionary* and *Roget's International Thesaurus*) to quotes and works of literature. A special touch that grant writers will enjoy is a searchable version of Strunk & White's classic *Elements of Style*. And if your computer has speakers, you'll even find an audio pronunciation guide.

Epidemiology notes



*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health,
1-800-362-2736 (24 Hour Contact Number)*

State Sees Tuberculosis Elimination as a Possibility:

The Iowa TB Control Program is committed to TB elimination. To attain this goal, it is essential to remove all barriers to disease intervention, such as medical evaluations and completion of therapy.

To this end, effective immediately, the state TB Control Program will offer financial reimbursement for TB outreach. Initial outreach for financial reimbursement are limited to Directly Observed Therapy (DOT) for both suspected and active TB cases, translation services, patient transportation, and incentives/enablers.

DOT means that a health care worker or another designated person watches the patient swallow each dose of TB medication. This designated person does not include family members, relatives, friends or significant others. Weekly field visits for close contacts to an infectious case who are taking preventive therapy may also be reimbursed per DOT rates since they are at greater risk for progression to the disease. Incentives or enablers should be used to enhance adherence to therapy. The TB program manager must approve outreach activities to be eligible for financial reimbursement.

Please join the state TB Control Program in this TB elimination goal by accessing these services. For questions, call the Bureau of Disease Prevention at 515-242-5149.

TERRORISM MEDICAL ALERT:

Recently, the U.S. was put on heightened alert for possible biologic, chemical and radiologic attack. As of yet, there has

been NO evidence of any use of these type of weapons.

INFLUENZA: The Bureau of Immunization has received a few calls from providers who have been contacted by flu vaccine distributors that their vaccine order has been reduced or cancelled. The Centers for Disease Control and Prevention (CDC) requested that vaccine manufacturers attempt to triage sales of influenza vaccine. This meant that the manufacturers try to identify providers and agencies that were serving high-risk patients. By the time manufacturers met the needs of the high-risk providers, there was minimal vaccine left for wholesalers.

Therefore, some distributors may not receive all the vaccine they ordered, which would mean not enough vaccine to fill their orders. If the distributor failed to identify providers who are supplying vaccine to high-risk clients, they would be unable to provide that information to the manufacturer. If providers are contacted about reducing their orders, it is important that they indicate the numbers of high-risk clients for whom the vaccine is intended.

CDC continues to assure states that there will be an adequate supply of the influenza vaccine this year, but to expect delays in receiving it. Orders more than likely will be shipped as partial orders. IDPH recommends that providers use the screening form to determine who should be vaccinated

in October and November. They can obtain a copy of the form and receive other influenza information on CDC's web site at www.cdc.gov/nip/issues/flu. If they need flu vaccine because an order was cut or cancelled, they may contact the Bureau of Immunization at 1-800-831-6293. The program has a list of distributors that may be able to provide vaccine, though possibly at an increased price.

Please help us inform the public that the high-risk population should receive flu vaccine first, and that vaccine administered in late November and December will provide protection. Typically, Iowa sees it's first cases of flu in early December, and flu usually peaks in late January to early February.

UPDATE ON NEW REPORTABLE DISEASES: As of Sept. 14, four diseases were added to the list of reportable diseases as part of a special study through the CDC's Epidemiology and Laboratory Capacity Program grant. CADE is asking **only** the Hygienic Laboratory to report cases of aeromonas, yersinia, enterohemorrhagic E. coli non-O157:H7, and Norwalk-like virus that they are already identifying through their routine work. Follow-up will be done by CADE staff (after contacting the health care provider), so no extra work will be

asked of anyone other than UHL and IDPH.

CADE is excited about the opportunity to study these diseases to gain a better understanding of how they are affecting Iowans and what the risk factors might be. For questions regarding this new surveillance, contact Kim Brunette at kbrunett@idph.state.ia.us or 515 242-0063.

Pertussis in a daycare: In late September, a nine week-old with pertussis was reported. The infant's mother works as a day care provider and the infant went to work with her and stayed with her during the day (moving from room to room). The immediate family, six day-care staff and 25 day-care attendees were recommended for post-exposure prophylaxis. Two other attendees and one staff member were coughing for periods from 14 days to 2 months; recommendations were given to test them all for pertussis. For post-exposure prophylaxis, the drug of choice remains erythromycin, for 14 days. Additional prevention and control guidelines can be found at www.cdc.gov/nip/publications/pertussis/guide.htm.

Side notes

Iowa HIV/AIDS Conference - This year's conference will be Oct. 23 & 24 at the Marriott in downtown Des Moines. The conference is sponsored by IDPH, Iowa Department of Education and HIV Community Planning Group with the theme "Prevention, Care, Hope." Substance abuse, social work, and nursing ICU's will be available. For more information, call Pat Young at 515 242-5838.

Substance Abuse Courses - Training Resources, a service of the Iowa Substance Abuse Program Directors' Association, is offering the following classes. For more information or to register, call 319-363-2531.

- Fall Corrections Conference - Oct. 17-19 at the Savery Hotel & Spa in downtown Des Moines. CEUs will be provided.
- Bringing Theories to Life - Nov. 14 at Wingate Inn in Des Moines. The presenters are Vickie Lewis and Jerry Owens. Lewis is the clinical supervisor at the Substance Abuse Treatment Unit of Central Iowa in Marshalltown and Owens works in private practice with Wadle & Associates in Des Moines. Registration deadline is Nov. 7 with a cost of \$45.

Free gambling curriculum online: Facing the Odds: The Mathematics of Gambling and Other Risks - This curriculum is to enhance students' interest in mathematics and provide the knowledge and skills that can help students think more critically. It aims to make mathematics more meaningful to students and more relevant to their daily lives by introducing concepts of probability and statistics through the use of gambling- and media-related topics.

This free curriculum is available to download through <http://www.hms.harvard.edu/doa/> under Library and Archives at Harvard. It provides information about gambling and its risks.

Focus Editor: Kara Berg

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