

# Iowa Health

# FOCUS

April 2000 Iowa Department of Public Health

## In This Edition...

- Foodborne Illness
- Public Health Month
- FITNET
- Medical Examiner's Job
- Child Death Review Team
- Lead Poisoning in Children
- Minority Task Force
- Firch on Co. Health Board
- Pick a Better Snack
- Memo to Newborns
- Cutting the Clutter
- Epi Notes
- Letters
- Upcoming Events

## CADE Expands To Meet Needs

*By Patricia Quinlisk, MD  
State Epidemiologist*

The Center for Acute Disease Epidemiology (CADE) for several years had four members: a surveillance officer, two nurse epidemiologists and one medical epidemiologist. However, in the last three to four years, CADE has found itself involved in large, statewide epidemics that taxed its resources to the limit. (Remember the Kubacha Tea concerns in 1995, the (See page 2)

## Governor Creates Council to Improve Health Care Services

*By Sally Pedersen  
Lt. Governor*

**H**ealth-care decisions in this state have been driven by insurance companies and big businesses, rather than by the real Iowans who use health care services, for far too long.

Last month, Governor Vilsack took an important step toward reversing that trend when he signed Executive Order Fourteen. This executive order establishes a Health Consumer Advisory Council. The council will include Iowans from across the state in developing health initiatives, and will advise the governor and me on health-related public policy issues.

The purpose of this council is simple: to improve health care services in Iowa, for all Iowans.

The council will survey Iowans to identify important health-related issues. It will facilitate communication between consumers and policymakers by providing a forum for discussing health-related public policy issues. The council also will create a partnership between consumers and state government in order to reduce bureaucratic obstacles to quality health care.

The council will consist of health care consumers who have a variety of interests. Among the council members will be parents of asthmatic children, patients in cardiac rehabilitation, small business owners, clients of mental health clinics, farmers, people with developmental disabilities, factory workers, and parents of children enrolled in the Hawk-I plan. All members will be health care consumers. Health care providers, professional advocates and insurers will serve as resources to the council but will not be voting members.

The council also will form a Consumer Health Network of Iowans from across the state. The network will help to evaluate the health-care services provided or funded by state government and other providers.

Together, the Health Consumer Advisory Council and the Consumer Health Network will provide a foundation for progressive, consumer-driven health initiatives.

The council will prepare a preliminary report for Governor Vilsack, the directors of human services and public health, and me by September 1 of this year. The council will submit a final report of its findings, conclusions, and recommendations by April 1, 2001.

Periodically the Consumer Health Network will conduct short questionnaires to gather the opinions of Iowans. Sharing your ideas on these consumer health care issues is an important contribution you can make. Look for such a questionnaire in a special issue of FOCUS or on the IDPH website in a couple of weeks.

## CADE Meets Iowa's Needs

(CADE from Page 1)

hepatitis A outbreaks in Siouxland and Central Iowa beginning in 1996 and lasting over two years; the Ehrlichiosis in the National Guardsmen and women in the summer of 1997; the 10 people with the same type of brain cancer in rural southeast Iowa investigated 1997; or more recently, the outbreaks of vaccine-preventable diseases like rubella and pertussis?)

Thus, in 1998, it was decided that another medical epidemiologist was needed. The job was posted in early 1999, and Dr. Cortland Lohff joined the center in August of 1999. He had just completed a residency in public health at the New York State Health Department, but being a native Wisconsinite

(or cheddarhead as they are often known) had been looking for a job that would get him back to the upper Midwest.

About the same time, the Centers for Disease Control had also noticed all the public health activity and investigations occurring in Iowa. Several times the Iowa Department of Public Health (IDPH) had invited investigators from the CDC into Iowa to assist in the investigations (including most of those mentioned above.) It thought that Iowa would be a good place for one of its epidemic intelligence service (EIS) officers to get experience in “shoe leather epidemiology,” the type of epidemiology that occurs on the front lines and in the community that is done

“on foot” -- wearing out ones' shoe leather. Thus, Dr. Michael Buley, EIS officer, joined CADE for a two-year assignment.

About the same time as Cort and Michael joined CADE, Dr. Russell Currier, veterinarian extraordinaire, was moved to CADE from another part of the IDPH (all joining just in time for the not-so-rabid bear episode in late August, 1999!) Today, CADE consists of a surveillance officer, two nurse epidemiologists, two medical epidemiologists and two veterinary epidemiologists.

Now that CADE's capacity has expanded, it is beginning to take on new challenges. One of the first is to begin to have the ability to deal with some of the new and acute environmental issues such as CO (carbon monoxide) poisoning, exposure to toxic chemicals, and to expand on some older issues such as pesticide poisonings.

Everyone at CADE is looking forward to the challenges and health issues of the future with the confidence that it will have the ability to handle them; and thus, keep Iowa a healthier place for all.

## Department's Epidemiology Group Goes Into Action

*By Rochelle Williams  
IDPH Intern*

---

**S**outheast Iowa was the site of a food-borne outbreak when 26 people became ill after an awards ceremony on Feb. 12. The site was a banquet attended by around 100 people from Iowa and Illinois.

The following Wednesday, the Iowa Department of Public Health received a call from the involved county health department regarding a possible food-borne illness. The public health epidemiology group began collaborating with the county to investigate the possible outbreak. “Our primary job is to work with the county health department(s) involved to help coordinate the investigation,” said Cortland Lohff, assistant state epidemiologist. Through this coordination, the epidemiology group was able to assist in surveying the attendees using a questionnaire, so that they could evaluate and document the results.

One participant, who declined to be identified, had become ill with vomiting, diarrhea, and body aches after attending the dinner. He was contacted by the local county health department and interviewed about his symptoms and the food he had eaten at the banquet. “Up until that point, I had just assumed I had the flu that was going around,” he said. “Then I found out that a lot of the attendees from completely different regions had gotten sick.”

He agreed to submit a stool specimen for bacteriological and viral testing. These tests determined that a group of viruses termed Norwalk-like Virus (NLV) were present in the sample.

In the final epidemiology report regarding this investigation, Norwalk-like Viruses (NLV) were reported to have recently been identified as the most common cause of food-borne outbreaks in

Iowa. The symptoms, incubation period, and duration of this outbreak were consistent with those of NLV. In addition, it was determined that the individual who prepared the food was ill with symptoms of vomiting and diarrhea. Testing of one food item saved from the dinner indicated elevated levels of fecal coliform, a class of bacteria found in the human intestine. Although no single food item was significantly associated with the illness, it is likely that multiple food items were contaminated because the food preparer was ill.

To help prevent food-borne outbreaks, restaurant managers and owners should ensure that food handlers have suitable hand-washing facilities available, that proper hand-washing procedures are followed, and that those with gastroenteritis (diarrhea and vomiting) are excluded from food preparation.

## Governor Signs Proclamation: April Is Public Health Month

*By Maureen Sedlacek  
Community Health Consultant*

---

Governor Thomas Vilsack, in a ceremony for public health representatives, signed a proclamation on March 21 declaring April Public Health Month for the state of Iowa.

This celebration is usually held during the first full week of April. However, Iowa is fortunate to be one of very few states that has had the entire month designated as Public Health Month.

In his presentation, Vilsack praised public health accomplishments, and specifically *Healthy Iowans 2010*. The plan is seen as particularly timely because of the current focus on health issues by both professionals and the public. It also points out the important role public health plays in improving the health of Iowans.

The Iowa Public Health Association and the Iowa Department of Public Health

join public health professionals in other states in recognizing the contributions of public health to the nation's well being and by honoring the many successful community efforts in promoting and protecting the health of Iowa residents. The American Public Health Association along with a committee of 20 state and national organizations and agencies is leading the month-long celebration for the year 2000. The celebration's theme is Healthy People in Healthy Communities.

Dr. David Satcher, U.S. surgeon general and assistant secretary of health said, "In many ways, Americans of all ages and in every race and ethnic group have better health today than a decade ago yet considerable disparities remain. We should commit our nation to eliminate disparities in the next decade, for through prevention we can improve the health of all Americans. I look forward to all of you being the future health

leaders who move this great nation forward to realize our vision of Healthy People in Healthy Communities – Health for All in the 21<sup>st</sup> century”.

Following is the proclamation as signed by Governor Vilsack.

## PROCLAMATION

**WHEREAS,** *Healthy Iowans 2010*, Iowa’s health agenda for the new millennium, has been developed by over 550 Iowans from across the state to create a culture of health in our state; a future in which residents are free of preventable diseases and injuries and have access to quality health services; and

**WHEREAS,** the overarching goals of Healthy Iowans 2010 are to increase the quality and years of healthy life and to eliminate health disparities among our people; and

**WHEREAS,** the governor and lieutenant governor have established a Health Enterprise Team to assist in focusing efforts and resources toward improving the health of Iowans; and

**WHEREAS,** the role of public health is to promote, protect and provide for the health and well-being of all Iowans, regardless of race, ethnicity and socioeconomic stratum; and

**WHEREAS,** the mission of public health is to ensure that all Iowans have the opportunity to be healthy people living in healthy communities; and

**WHEREAS,** public health professionals join in the combined efforts with state and local government, health care providers, voluntary and professional organizations, educational institutions, industry and consumers to accept the challenge of committing resources, engaging communities, and mobilizing individuals and groups to advance the boundaries of healthy living and the quality of life in the first decade of the new century:

**NOW, THEREFORE, I, THOMAS J. VILSACK, GOVERNOR OF THE STATE OF IOWA, DO HEREBY PROCLAIM THE MONTH OF APRIL AS NATIONAL PUBLIC HEALTH MONTH** IN IOWA, AND COMMEND THIS OBSERVANCE TO ALL OF OUR CITIZENS.

# FITNET: Over 100,000 Served

By *Tim Lane*  
*Fitness Consultant*

---

Three years ago the thought of using e-mail to encourage other IDPH workers to maintain their New Years Resolutions sounded like a good idea. After consideration of various working titles, FITNET was selected as the name.

Now, three years later, FITNET is delivered to readers in all 99 Iowa counties, to every state in the Union, as well as to countries around the world. The short, daily message consists of equal parts of health, history, and humor. It is now reaching over 100,000 at the same cost it took to go to the original 18 recipients.

It isn't just the numbers that make FITNET successful. In 1999, there were fewer than five days in which I did not receive a message back from readers with thanks for the messages. Rarely does a day go by without receiving a new request to be added to the distribution list.

Combine this constant feedback with steady growth and the low cost of the program, and you get a real sense of why others are interested in duplicating FITNET.

Currently, the message is being received and forwarded by state agencies from New York to California and from Canada to Alabama. The list of recipients includes Iowa schools, the

Centers for Disease Control and Prevention, military wellness programs, and the Iowa Peace Institute. FITNET also goes to workers at Microsoft in Seattle, to thousands of workers for the lumber giant Weyerhaeuser, and to high tech companies, as well as to national forest personnel.

Others receiving FITNET include grade schools, the Harvard School of Public Health, the editors of *Walking Magazine* and to worksite newsletter editors.

A great deal of its growth is due to "redistribution." By the end of the first year, FITNET went to over 2,000 readers. The wellness liaison at the Iowa Department of Personnel volunteered to redistribute it within that department.

As others followed suit, maintenance remained low as the distribution numbers grew. By 1999, FITNET was reaching 40,000 readers. In February of this year, Weyerhaeuser Lumber started distributing it to 130 locations across the U.S. This addition put estimated readership at over 100,000 daily deliveries or impressions, or a half million viewers per week.

FITNET has three main themes. It strives to encourage people to: 1) eat fruits and vegetables at least five times a day, 2) be active for 30 minutes at least five times a week, and 3) take small steps toward achieving these goals.

This, by the way, is the essence of the Bureau of Health Promotion's 5+5 Program. Although these are the main themes used in FITNET, the daily scripts also touch on stress, safety, tobacco, alcohol, and other prevention areas.

All messages strive to offer short, positive and supportive thoughts, quotes, or suggested activities. From the start, the quotes were a big hit. After all, enlisting Mark Twain, Henry David Thoreau, Helen Keller, and other very successful folks added credence to the message.

From time to time, this author sits back and marvels, "Ten years ago the only computer I had was on my bike. I don't recall ever hearing about e-mail, the ICN, or even web sites." How things have changed! Helping coordinate the IDPH's ICN room, my work involves one of the most advanced communication systems in the world. FITNET provides a vehicle for daily impact which could only be dreamt about prior to accessing the Internet.

For the record, this is just the beginning. Based on current growth, FITNET has the potential to reach 200,000 folks by the end of this year. It's real potential, however, is unlimited!

"Ten years ago the only computer I had was on my bike." How things have changed! - Tim Lane

Here is a favorite "script" from December 31, 1999. It's a vintage script. *Do you wish you were in Tonga? According to Islanders it is the place where "time begins." The island nation strides the International Dateline and thus every morning on Tonga there are two days that dawn. Depending on what side of the island you are on, you may either go to tomorrow or yesterday by traveling even a few feet. You thus could celebrate special days twice. (Technically it would seem that Tonga would also be the place where time ends, but I won't get into that.)*

*Another distinction for Tonga is the low death rate. Historically, Tonga has had the lowest death rate of any nation on earth. Of course, just going to Tonga would not bestow that benefit upon you, but there are things you can do today, tomorrow, (if you lived in Tonga yesterday) and throughout the New Year that can influence that condition.*

*If you are riding your bike this weekend, be careful. If your bike computer is not Y2Kcompatible, there is no telling what could happen.*

*"Know the true value of time, snatch, seize and enjoy every moment of it."  
Lord Chesterfield*

*"Tis well an old age is out, and time to begin a new."  
John Dryden in the year 1700*

*"May you live all the days of your life."  
Jonathan Swift*

# Medical Examiner's Job: Identifying Health Risks

*By Tom Carney  
Director of External Affairs*

---

**I**t's easy for Dr. Julia Goodin, Iowa's new state medical examiner, to defend the inclusion of her office within the Iowa Department of Public Health (IDPH).

"Any product, condition, syndrome or other circumstance which caused the death of one person may very well be potentially harmful or fatal to others," said Goodin, who became the state's chief pathologist last August.

"Identifying risky behavior, faulty equipment, unsafe toys, harmful drugs, and automobile features which result in accidents or allow more injuries can be useful in promoting programs to help those still living avoid certain behaviors, drugs, unsafe toys, etc.," she said.

Goodin, who is certified in clinical, anatomical and forensic pathology, was hired after a nearly three-year search to replace Dr. Thomas Bennett, who resigned in 1997. In the interim, the Legislature moved the position from the Iowa Department of Public Safety to the IDPH.

Identifying risks, such as heart conditions that may be shared within a family, and identifying risk factors for preventable deaths, such as suicide, are other public-health functions of the medical examiner's office, she said. Now, Goodin, who was state medical examiner in Alabama before coming to Iowa, hopes the state comes through with the kind of facility and resources she believes she needs to do her job.

She has been doing autopsies at Broadlawns Medical Center, Polk County's public hospital, which she said is cramped and inconvenient and must be shared with the Polk County medical examiner.

"...We are desperately trying to communicate the woeful, deficient and inadequate condition of the facilities in which the medical examiner's office is forced to work," she said.

David Fries, IDPH deputy director of operations, said the department and the Iowa Department of General Services are continuing to try to find a suitable



facility for the medical examiner's office.

Goodin, a native of Kentucky, also wants the budget of the medical examiner's office to be consistent with the recommendations of the National Association of Medical Examiners. That would result in an expenditure of between \$4.35 million and \$6.5 million based on a rate of \$1.50 to \$2.25 per capita and an estimated Iowa population of 2.9 million.

"That's less than the cost of a movie ticket," she said.

The medical examiner's budget for last year was \$500,000, or about 17 cents per

Iowa resident. And that doesn't count the estimated \$900,000 spent by local jurisdictions to pay for autopsies done by private practitioners.

Aside from her office's needs, Goodin said she is enjoying Iowa. With its agriculture and change in seasons, it reminds her of Kentucky. And one "cultural" difference has especially endeared her to Iowa. She likes our term for a soft drink.

"I grew up using the term 'pop,'" she said, "and here, I can use the term with people not only understanding, but not looking at me like I am a child."

## Team Reviews 332 Child Deaths

*By Stephanie Pettit, Ph.D.*

*Child Death Review Team Coordinator*

---

**T**he Iowa General Assembly authorized the creation of the Iowa Child Death Review Team (CDRT) and determined its responsibilities. A group of 14 volunteer members and six liaisons from various state agencies meet monthly to review and discuss cases. The team reviews the death of every Iowa child under the age of 7 who dies either in state or out of state, and also reviews any nonresident child who dies in Iowa.

The CDRT collects, reviews and analyzes medical and investigative records concerning the deaths and prepares an annual report regarding the causes and manner of child deaths for the governor and the Iowa General Assembly. The report recommends legislative and agency actions that could potentially prevent future child deaths. The CDRT considers a "preventable death" one in which an individual or community could have reasonably done something that would have changed the circumstances that led to the death.

By law, all reviews are strictly confidential and recommendations to the governor, to the general assembly and to state agencies are made in summary form only. No case-specific recommendations can be made. Most recommendations revolve around two issues: improved education of professionals and the public; and an expedited collection of

information related to child deaths. Cases are reviewed in a retrospective manner. For example in 1999, the 1998 deaths were reviewed.

The state CDRT is working to encourage and assist in the development of local teams that could review child deaths in a more timely manner. Local teams could quickly identify any community initiatives that might prevent future deaths and take steps to implement those actions. Currently, five local teams exist and two other counties are considering development of a team.

For the 1998 calendar year, 332 deaths were reviewed. The team's recommendations and other accomplishments during the 1999 calendar year are highlighted in this year's annual report. To obtain a copy, call Julie Chumbley at 515-281-7085.

## U of Iowa Professor Proposes Lead Screening of All Iowa Kids

By David Pedersen  
University of Iowa

---

**L**ead is a well-recognized cause of toxicity in childhood; yet, the rate of lead poisoning among Iowa children remains high. This situation underscores the need for increased public awareness and screening of children for lead poisoning, according to a University of Iowa researcher.

“There are a number of sources of lead in our environment and in our homes, and this is reflected in the fact that Iowa has childhood lead poisoning rates about three times the national average,” said Laurence Fuortes, M.D, University of Iowa associate professor of occupational and environmental health. “It could be that many children with normal blood lead levels have not been screened. Nonetheless, lead exposure in children appears to be a significant health issue in Iowa.”

Fuortes referred to blood lead level statistics from the federal Centers for Disease Control and Prevention and from the Iowa Department of Public Health in *Healthy Iowans 2010* -- the state's public health action plan which Fuortes helped write. It noted that data gathered from mandatory reporting of blood lead testing from 1992 to 1998 shows that an estimated 12.6 percent of Iowa children under age 6 have blood lead levels of 10 micrograms per deciliter or greater, while the national average is 4.4 percent. Normal blood lead levels are less than 8 micrograms per deciliter.

Lead poisoning among Iowa children remains high. This situation underscores the need for increased public awareness and screening.

The Healthy Iowans document noted that around 23,000 Iowa children are screened each year for lead poisoning. However, as many as 200,000 Iowa kids are not screened.

Peeling, lead-based paint on older homes and buildings is the primary source of lead exposure among children in Iowa, where nearly half of the homes in the state were built before 1950.

Fuortes' research interests include the prevalence of lead poisoning in subsets of the Iowa population. He and fellow University of Iowa researchers studied the number of lead poisoning cases treated at The University of Iowa Hospitals and Clinics in 1977, and found higher rates of hospital visits for lead poisoning among minorities and those of lower economic status. Patients on Medicaid also appeared to be at an increased risk, the researchers reported.

“The housing conditions in lower socioeconomic areas are typically worse—older homes, peeling paint, lead-based paint on window sills and so forth,” he said. “There are a number of environmental, and in some cases cultural, factors involved in the risk of lead poisoning.”

What is needed, he suggests, is universal screening of all Iowa children prior to entering kindergarten and increased awareness of lead poisoning and its dangers among parents and health professionals.

“The problem of lead exposure among children needs to be addressed by massive screenings and appropriate action,” he said. “By appropriate action, I mean determining the specific source of the lead exposure and then determining how to reduce or eliminate those sources.”

For more information, contact David Pedersen at 319-335-8032, or [david-pedersen@uiowa.edu](mailto:david-pedersen@uiowa.edu) by e-mail.

## **IDPH Forms Minority Task Force**

*By Kevin Teale  
Communications Director*

---

**I**t is a paradox of sorts for Iowa. Several national surveys report Iowans are among the healthiest people in the nation. On the other hand, some data shows that portions of Iowa's population have some of the worst health indicators in the nation.

It was that contrast that prompted the formation of a state task force to look at the issue of minority health in Iowa. The task force was announced in a news conference that featured State Representative Wayne Ford, Iowa Department of Public Health Director

Stephen Gleason, D.O., and Rose Vasquez, director of the Department of Human Rights.

One of the issues that prompted concern was the infant mortality rate in Iowa among African-American infants. That rate is several times higher than the comparable rate for white Iowans. But the issue of minority health is more than a look at infant mortality.

“That’s only one of the disparities evident across the spectrum of Iowa’s minority community,” said Representative Ford.

Iowa Governor Thomas Vilsack also pledged his support to the effort. “I’m concerned that some groups in Iowa have special health problems. In state government, we must respond to needs, not just react to problems,” the governor said.

A national report just released shows that the issue of minority health disparities is not unique to Iowa. A Centers for Disease Control and Prevention (CDC) report, based on thousands of telephone interviews across the country, says new data confirms “earlier reports.” It confirms that, compared with Asian and Pacific Islanders and whites, members of other racial and ethnic minority groups have less access to health care, poorer health status, more health risk factors, and use certain preventative services less often.” The data in the CDC report can be used by states, including Iowa, to develop and evaluate programs to reduce the health risks of all racial and ethnic groups.

The Iowa minority health task force hopes to have some recommendations ready for the state Legislature by this summer.

## An IDPH First: Employee Is on a County Health Board

*By Rochelle Williams  
IDPH Intern*

---

**M**arvin Firch just can’t seem to get enough of his job with the Iowa Department of Public Health. This January, Firch became the first department employee to serve on a local board of health when he joined the Madison County Board of Health in Winterset.

Firch, currently in the Bureau of Rural Health and Primary Care, has a special interest in the board as a resident of the community. He volunteered to serve at the county level with the goal of making the board more active. “Through my previous experience in environmental health, I knew that I could contribute to the board in both the environmental and public health areas,” he said.

Although the experience has been positive, Firch knows there is potential for conflict of interest. "Before I volunteered, I had to address whether my position would create a conflict of interest. If any issue arises that involves my work with Critical Access Hospitals, I'm prepared to abstain from working with the board on that."

Firch sees his participation at both the county and state level as a benefit for both. "I have the opportunity to see what kind of information the counties receive, and what is done with it," he said. "Hopefully, this will enable me to foster ideas to help the state provide information more effectively."

Firch recommends that other IDPH employees consider joining local boards. "Some of the best ideas come from the local level, and I see it as my responsibility to work with these individuals. It not only helps me at the state level, but it shows those at the county level that state employees are willing to get involved."

## **Pick A Better Snack: Eat Your Fruits and Veggies**

*By Carol Voss  
Nutrition Consultant*

---

Iowans' fruit and vegetable consumption is among the lowest in the nation. Less than one-fifth of Iowa adults eat the recommended five or more servings of fruits and vegetables a day (1998 Behavioral Risk Factor Surveillance System)—definitely not setting a good example for Iowa youth.

According to a United States Department of Agriculture (USDA) food intake survey, only one fourth of American children ages 2 to 19 ate the recommended five servings of fruits and vegetables daily. And almost one third of the vegetables consumed by this young group were French fries or potato chips.

The bureaus of health promotion and nutrition and the Supplemental Food

Program for Women, Infants, and Children (WIC) are members of a statewide nutrition network that plans to fight back. Its major method will be a nutrition campaign designed to increase fruit and vegetable eating among Iowa children and families.

A social marketing campaign called *Pick A Better Snack*, was designed with the support of USDA Team Nutrition grant money to the Iowa Department of Education and USDA money for food-stamp education through the IDPH. The simple campaign messages will be conveyed in schools, through the media, at home, and in the community. The messages will present fruits and vegetables as great-tasting, satisfying

snacks that are surprisingly easy to prepare and serve.

Billboards, posters, grocery-store signs, recipes, press releases, and scripts for radio and television will saturate the state through local campaign strategies. Communities will be introduced to the campaign at a training conference on March 31. Campaign activities are expected to kick off on May 25 when the Produce for Better Health Foundation

brings its 5 A Day Across the USA tour to Des Moines.

The campaign is a great example of public, private, government, and industry partners working together to improve the health of all Iowans. To participate, contact Carol Voss at 515-242-6516 or Doris Montgomery at 515-281-7359. But most of all...remember to *Pick A Better Snack!*

## Memo to Newborns: You've Got Mail

By Kevin Teale  
Communications Director

All Iowa babies can expect to get mail from the Iowa Department of Public Health during their first few weeks of life. By then, two packets of information -- worth keeping around for a long time -- will have arrived.

As the infant leaves the hospital, his or her parents are given a special card from Governor Tom Vilsack and Lt. Governor Sally Pedersen congratulating them on the new baby's arrival.

This is the third year Iowa infants have received the colorful card from the governor's office. The cards themselves are provided to Iowa free from Hallmark Cards. They are inserted into envelopes by a work crew from Woodward State Hospital and School.

Besides the Iowa-specific message to parents, the cards provide some valuable information. They also contain a tear-

off, pocket-sized immunization record for the parents.

Within the first month of birth, the parents will receive another mailing from the department. This mailing, to the parents of all of the 37,000 infants born in Iowa each year, contains a wallet-sized copy of the child's birth certificate along with important information about immunizations and the Supplemental Food Program for Women, Infants and Children (WIC).

The department is able to generate the birth certificate because information about Iowa births is transmitted electronically to the its Bureau of Vital Records on a nightly basis. This allows the department to have available certified copies of the birth certificate to parents as soon as they want one.


# Cutting the Clutter

## *Order Requires Review of Administrative Rules*

Mike Guely

Bureau Chief of Environmental Services Regulation

---



**G**overnor Vilsack signed Executive Order Number Eight on September 14, 1999. That order (published in the October 6, 1999, *Iowa Administrative Bulletin*), requires all state agencies to conduct a comprehensive review of their administrative rules.

The rules review must be conducted “on an open and systematic basis to ensure that they meet the standards of need, reasonableness, effectiveness, clarity, fairness, stakeholder involvement, and consistency with legislative intent and statutory authority.” The goal is to better serve Iowans by identifying and eliminating outdated, redundant and overly-broad, ineffective, unnecessary, or otherwise undesirable rules.

To carry out this order, all state agencies were required to submit an *Agency Plan for Regulatory Review* on or before March 1, 2000. The department’s plan was submitted on February 25, 2000, and was approved on March 2, 2000.

As constituents and stakeholders in public health, you are invited and encouraged to participate in this project.

The plan consists of two parts. The first describes how the department intends to implement Executive Order Number Eight. The second lists chapters of administrative rules that are found under the department’s agency identification number, 641. The rules are arranged in three major groups: 1) chapters of similar subject area, 2) chapters identified as a “review exception,” and 3) chapters reserved for future use.

The second part of the plan includes the effective date each chapter was last amended, a contact person and a phone number, and the *Iowa Code* citation upon which the rule authority is based. This part also includes the anticipated beginning and ending dates for the review, identifies constituent groups, and includes internal comments that are pertinent to each chapter.

Those of you with Internet access may view the plan at the department’s website, <<http://www.idph.state.ia.us>>. Under the “NEW!” icon click on Executive Order Number Eight/Administrative Regulatory Rule Review Project. From there, you will be able to:

1. View both parts of the plan.
2. Access the “*Iowa General Assembly Administrative Rules*” website to view chapters of department rules of interest.
3. Submit any comments and/or suggestions electronically.

For those who do not have access to the Internet, hard copies of the plan and of administrative rule chapters of interest, as well as a hard copy of the *Comprehensive Regulatory Rule Review Criteria -- Constituent Response Form*, are available and will be provided upon request.

For a hard copy, please contact: Mike Guely, Implementation Coordinator, Executive Order Number Eight, Iowa Department of Public Health, Division of Administration and Regulatory Affairs, Lucas State Office Building, Des Moines, Iowa 50319-0075, Phone:515-281-6567, Fax: 515-281-4529

## Epidemiology Notes

By *Patricia Quinlisk, M.D.*  
*State Epidemiologist*

---

*From the Center for Acute Disease Epidemiology, Iowa Department of Public Health*

- There has been another cluster of Group A Strep throat infections in a day care center. One mother was reported to have secondary cardiac complications. Attendees have been notified and given information. We are attempting to obtain bacterial isolates for further testing. A letter to parents has been developed, and those interested in obtaining a copy can call Dr. Cort Lohff (515)281-4269.
- Increase in *Shigella* cases in Eastern Iowa. Over the past several months there has been an increase in the number of cases of *Shigella sonnei* infections among residents of eastern Iowa. Preliminary epidemiological investigation has not identified a link between most of the cases. Analysis of the isolates sent to the University of Iowa Hygienic Laboratory has determined that 2 strains predominate. We are in the process of alerting hospitals, clinics, and laboratories in the area. We also encourage the collection and testing of stool specimens in symptomatic persons and the submission of these isolates to the University of Iowa Hygienic Laboratory {(319) 335-4500}. The *Shigella* bacteria are most commonly transmitted fecal-orally from person to person and infection can occur after ingestion of only a small number of bacteria. Diarrhea is the predominant symptom.



- Dangerous Animal Attacks. Recent news reports (and sensational T.V. specials) have alerted the public of the dangers involved in coming in contact with certain animals. The recent news report highlighted the case of the young boy who got his arm bit off by a tiger after sticking it into the tiger's cage. Contact with certain other animals, such as turtles, iguanas (and chicks, for those of you who are thinking about getting one for Easter) can transmit Salmonella. We don't recommend wild animals being kept as pets at any time (especially dangerous are reptiles in homes with small children). And we all remember the not-so-rabid-Bear in northern Iowa . . .
- Hepatitis A continues to increase in north central Iowa, all in young adults, and appear to be linked epidemiologically. At this time, we don't think the general population is at increased risk.
- There appears to have been an outbreak (possible Norwalk virus) in children who attend a central Iowa elementary school. About 70 of 350 students became ill over a two day period. Dr.Lohff and a Master's of Public Health student have visited the school for interviews.
- There has been a lot of attention to immunizing college students with meningococcal vaccine. The recommendations basically state that college students, particularly freshman living in dorms, should be offered the vaccine. In 1999, Iowa had 8 persons between the ages 17 and 25 with confirmed meningococcal infections. ALL were serogroup B. (In 1997 and 1998 there were 32 total in this age group, 10 with serogroup B , 10 with serogroup C, and 3 with unknown serogroup.) Since the vaccine contains serogroups A, C, Y and W135 but not B, this vaccine will probably not be as effective in Iowa at protecting college students from meningococcal infections than in other parts of the U.S. In most parts of the country and overall in the United States, serogroup C is the most common serogroup.
- More and more we are hearing about methamphetamine labs being found in apartments, hotels, motels, etc. Recently, we have received several phone calls asking for guidelines in cleaning the area after the lab has been disassembled by the hazmat team. If you have questions regarding this please contact Michelle Wei at the IDPH, (515) 281-8707.
- FYI, Iowa's cancer registry is at the U of I. Anyone with concerns about cancer rates or clusters should be directed to the registry. That phone number is (319) 335-8609.
- CADE is looking for a masters level epidemiologist, preferably with a background in Microbiology, to do special infectious disease surveillance activities. If you or anyone you know might be interested please contact Mary Sams at [msams@idph.state.ia.us](mailto:msams@idph.state.ia.us).

# Letters

---

*Editor's Note: The following comments are about our first issue last month.*

Dear Editor:

Looks and reads GREAT!! Very informative and helpful. Please convey our Mercy appreciation to all the staff involved for this excellent communication tool. Looking forward to future editions.

Dave Vellinga  
Mercy Medical Center  
Des Moines, IA

Dear Editor:

I like the format and receiving the information electronically.

Thanks,  
John Comstock  
President and CEO  
Sioux Valley Memorial Hospitals and Clinics  
Cherokee, IA

Dear Editor:

Congrats! Looks good.

Thank you!

Mary Weaver  
IDPH Director of Family and Community Health

# Upcoming Events

---

**Domestic Violence – A Health Care Issue**  
**May 5, 2000**  
**8 am to 4 pm**  
**West Des Moines Marriott**

Mercy Medical Center will sponsor a statewide symposium for health care professionals and other concerned community members. Three national experts on domestic violence will be presenting state-of-the-art information on research and clinical guidelines for responding to domestic violence victims. They include Carole Warshaw M.D. from Cook County Hospital IL, Jacquelyn Campbell Ph.D., RN from John Hopkins School of Nursing, and Elaine Alpert M.D., M.P.H. from Boston University School of Public Health.

The conference objectives are to identify physical and mental health effects of intimate partner violence on patients in the health care system; identify a framework for appropriate response to battered women in the health care system and implement a coordinated response to domestic violence.

The program will also include a panel discussion with the national speakers, survivors of domestic violence, and state experts. Registration is \$30. Before the conference, a breakfast workshop will be held for physicians only. The national speakers will present information about barriers to screening and physicians will have an opportunity to talk directly with the experts. The breakfast is free.

If you would like a special invitation to go out to a physician in your community or additional brochures please contact Teresa Grau, at 515-643-6552 or E-mail [tgrau@mercydesmoines.org](mailto:tgrau@mercydesmoines.org)

**Second Annual Violence Conference**  
**"Building Safe Schools and Communities"**  
**May 10, 2000**  
**8 am to 5:15 pm**  
**Olsen Medical Education Center**

The conference, sponsored by the Center for the Prevention of Community Violence of the College of Health Sciences at Des Moines University - Osteopathic Medical Center, will outline factors contributing to violence and strategies for preventing it.

The \$110 registration includes conference materials, a continental breakfast and lunch, and CEU credits. The deadline for paid registration is May 8. For more information or registration brochures, please call Allan M. Hoffman, Ed.D., CHES, at 515-271-1370.

*Iowa Health Focus Editor: Kara Berg*  
*Copy editor: Martha Perry*  
*Graphics: Larry Malmin*  
*Staff: Tom Carney; Kevin Teale; intern Rochelle Williams.*

*To communicate with Focus or add names to the mailing list, e-mail us at [kberg@idph.state.ia.us](mailto:kberg@idph.state.ia.us)*