

## New round of smallpox vaccinations completed

By Kevin Teale, Communications Director

The number of Iowans that are part of the state's public health and medical smallpox response teams tripled in one weeks time in late February with the completion of 14 vaccination clinics around the state. The next round of vaccinations will begin in mid-March.

Iowans currently receiving vaccinations against smallpox are part of two groups. The hospital-based teams will provide medical care for suspected and confirmed cases of the disease. The public health-

based teams will be responsible for investigating the cases and vacci-

nating others who may have been exposed to smallpox. The vaccina-

tions were provided by public health and medical personnel who had been vaccinated themselves earlier in February in Des Moines.

Of the original group of 61 people vaccinated, only three reported taking time away from work because of general body aches and fatigue associated with the vaccination. The others reported localized swelling, itching and soreness at the vaccination site. Those reactions are expected and desired as they show the vaccine is taking effect.

Of the 170 vaccinated in (Continued on page 2)



**Hitting the Road** - From left, IDPH smallpox vaccinators, Judy Goddard and Hal Chase, get instructions from Immunization Bureau's Janean Iddings and Marnell Kretschmer before heading to different locations across Iowa to help with the second round of smallpox immunizations.

## Public Health Conference this month

By Sara Patkin, Conference Coordinator

The 2003 Public Health Conference, to be held March 25-26, 2003 at the Scheman Conference Center in Ames is a must for anyone working in or associated with public health. It is one of the largest, most comprehensive public health educational conferences held in Iowa.

This year's conference features Vincent Covello, PhD, founder and director of the Center for Risk Communication. Dr. Covello is a nationally and internationally recognized trainer, researcher, consultant and expert in crisis, conflict, change and risk communication.

Dr. Covello has taught at Columbia University and held positions with the White House Council on Environmental Quality, the National Research Council/National Academy of Sciences and the National Science Foundation. His presentation "Communicating Under (Continued on page 2)

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late February, one person was hospitalized after being vaccinated with symptoms not known to be caused by the vaccine.

One day after receiving the vaccine, the patient went to a hospital reporting body aches and headache. Examination showed elevated blood pressure, so the patient was hospitalized 36 hours for observation, released, and is recovering at home. A pre-vaccination health screening didn't indicate any reason why the patient shouldn't have received the vaccine. In keeping with national smallpox program procedures, the individual was

entered into a national database of adverse reactions.

Nationally, the CDC does publish running totals on their web site of number of people vaccinated and number of reports of adverse reactions. That information is available at

<http://www.cdc.gov/od/oc/media/smpxrprt.htm>

Iowa's smallpox public education campaign has received national attention and will be copied in the coming months by several other states. The campaign highlight was an eight-page bioterrorism information supplement that ran in

over 300 newspapers in Iowa the week of February 16. Those newspapers helped distribute 1.6 million copies of the information.

Copies of the supplement have been distributed nationally by CDC and the Association of State and Territorial Health Officials (ASTHO) as an example of smallpox education materials. It is also located on IDPH's web site at

<http://idph.state.ia.us/common/pdf/eedo/tabloid3.pdf>.

## Public Health Conference to be held this month

*Continued from Page 1*

Fire," will cover risk communication during a crisis, a pertinent topic in these times.

The second day of the conference will feature Ichiro Kawachi, MD, PhD, Professor of Health and Social Behavior and Director of the Harvard Center for Society and Health, both at the Harvard School of Public Health.

Dr. Kawachi has taught internationally and is a member of the Research Advisory Committee of the Pan-American Health Organization/WHO. He has also edited the textbook Social Epidemiology, and serves as editor of the journals *Social Science and Medicine* and *American Journal of Epidemiology*. Dr. Kawachi will speak about the definition, measurement and relevance of

social capital for public health.

In addition, the 2003 Public Health Conference will have 46 separate presentations in five breakout sessions covering all aspects of public health. The conference will also include roundtable discussions, a panel discussion on the roles of members of local boards of health and various association and departmental meetings.

The conference will provide public health professionals, public and private sector colleagues and other interested parties the opportunity to explore the future of public health and learn how to maximize resources to ensure quality programs and services. Anyone associated with or interested in public health should

plan on attending.

The conference is a joint effort of the Iowa Public Health Association, Iowa Environmental Health Association, Iowa Department of Public Health: Bureau of Family Health, Bureau of Oral Health, and the Center for Local Public Health Services and Health Improvement, the University of Iowa College of Public Health, Des Moines University, and Child Health Specialty Clinics.

For additional information, contact Sara Patkin, Conference Coordinator at 515-963-8664 or at [m spatkin@yahoo.com](mailto:m spatkin@yahoo.com), or go to the following web sites: [www.ieha.net](http://www.ieha.net) or [www.iowapha.org](http://www.iowapha.org).

# Colon cancer: second cause of cancer death

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

Colon cancer can be easily prevented, yet it remains the second leading cause of cancer death in the United States.

This year, the disease will claim more than 57,000 American lives, accounting for 10 percent of cancer deaths. An estimated 1,900 Iowans will be diagnosed with colon cancer in 2003, and 800 will die. Many Iowans could be saved if people better understood the risks of the disease and received regular testing.

Colon cancer develops in the colon or rectum. Before cancer develops, earlier changes, including tissue growth called a polyp, often occur in the lining of the colon or rectum. Removing the polyp early may prevent it from becoming cancerous.

The five-year survival rate is 90 percent for people whose colon cancer is found and treated at an early stage, before it has spread. But only 37 percent of colon cancers are found early. Once the cancer has spread to nearby organs or lymph nodes, the five-year survival rate decreases to 65 percent. For people whose cancer has spread to distant parts of the body, such as the liver or lungs, the five-year survival rate is 9 percent.

The risk of colon cancer increases with age. Nearly 90 percent of colon-cancer patients are over age 50. African-American men and women are at greater risk for developing and dying from

colon cancer than men and women of other racial and ethnic groups. A personal or family history of colon cancer or polyps, including those with a history of inflammatory bowel disease, also elevates the risk. Additional risk factors include the use of cigarettes or other tobacco products, physical inactivity and a high-fat diet.

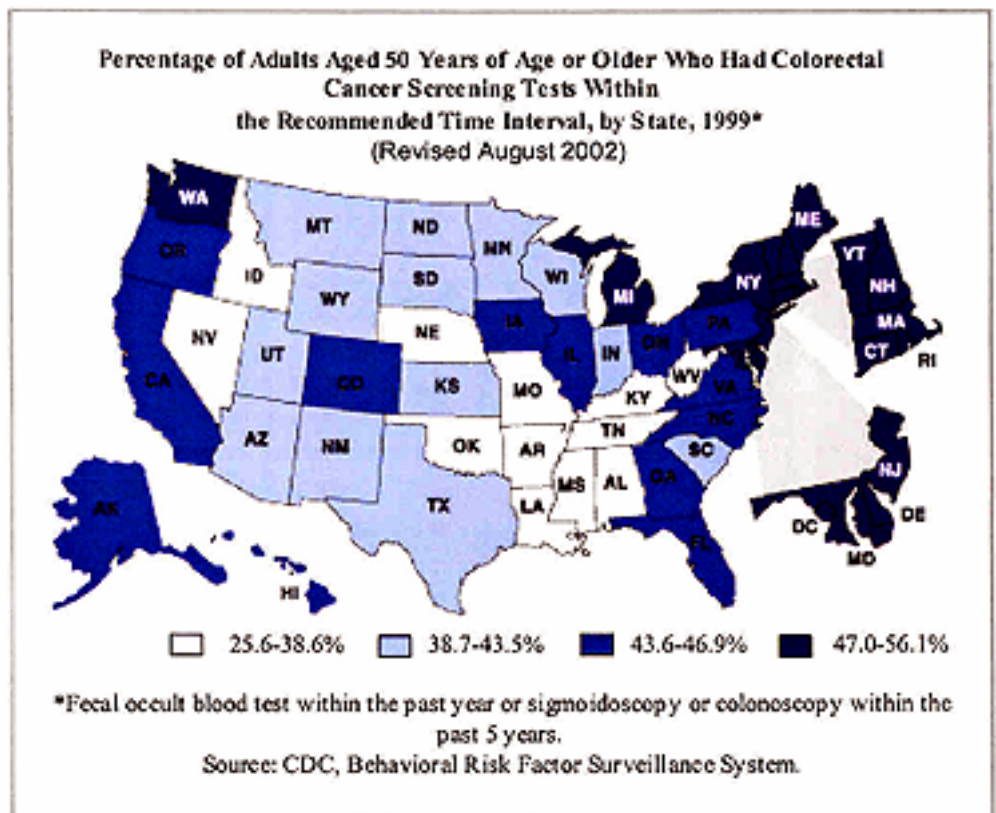
Since early colon cancer usually has no symptoms, the American Cancer Society (ACS) recommends regular screening in all men and women beginning at age 50. Colon cancer screening tests identify suspicious or pre-cancerous polyps, which can be removed before they develop into a serious health problem. Discuss the following testing options with your physician:

- Yearly fecal occult blood test (FOBT)

- Flexible sigmoidoscopy every five years
- FOBT and flexible sigmoidoscopy every five years (preferred over either option alone)
- Double-contrast barium enema every five years
- Colonoscopy every 10 years

Several ongoing activities address the need for increased education for both the public and health-care providers in Iowa.

Staff from the Iowa Department of Public Health, the American Cancer Society, and the University of Iowa Hospitals and Clinics and others joined together as the Iowa Colorectal Task Force in January 2001. The task force held a Colorectal Cancer Summit in September 2002 which brought clinicians,





policy-makers, researchers, and advocates together to review the status of colorectal cancer screening in Iowa. Participants also discussed how to raise public and provider awareness of the need for early detection of precancerous and cancerous lesions in the colon and rectum. A list of priorities addressing public awareness, provider practice and health-insurance coverage for colorectal cancer screening was developed from the summit meeting.

The Iowa Consortium for Comprehensive Cancer Control has developed a state cancer prevention and control plan. One section of

this plan addresses the need to improve cancer early detection efforts. Strategies of the early detection section include improving public awareness of the need for screening, reducing screening barriers, and supporting health provider education and skills building activities, related to early detection.

Iowa was selected by the Centers for Disease Control and Prevention (CDC) to participate in a study to determine the capacity of Iowa health practitioners to provide colorectal cancer screening. The study will collect information from health-care providers across the state and determine the capacity for colorec-

tal cancer screening in Iowa. The other states selected to participate in the special study are Michigan and Texas. Study results are expected in fall 2003.

For more information about the ACS' effort to eliminate cancer as a major health problem call 1 800 ACS.2345 or visit [www.cancer.org](http://www.cancer.org). For more information about Iowa's Comprehensive Cancer Control Plan, contact Lorrie Graaf, IDPH Comprehensive Cancer Control Program Coordinator/CDC Public Health Advisor at 515 281-7739 or [lgraaf@idph.state.ia.us](mailto:lgraaf@idph.state.ia.us).

## Gambling program emphasizes help & hope

*By Frank Biagioli, Iowa Gambling Treatment Program Coordinator*

**T**he Iowa Gambling Treatment Program will participate in the inaugural National Problem Gambling Awareness Week taking place March 10-16, 2003. The week, designed to increase public and professional awareness of problem gambling issues, emphasizes the "Help and Hope" available for individuals and families experiencing difficulties as a result of problem gambling behavior. This public and private sector endeavor is working to achieve an environment in which persons experiencing the effects of problem gambling, and those at risk of developing these problems, are able to access appropriate services and resources to enable a return to healthy functioning.

A primary focus of this effort is to promote the benefits of gambling treatment and education services; treatment works and is available in

Iowa. Community leaders can collaborate to support and increase awareness of the "Help and Hope" available to individuals impacted by problem gambling. Resources are available for those whose gambling is causing disruption in their lives. Activities support the recognition of problem gambling behavior and its consequences as a public health issue, and as a disorder for which individuals deserve effective treatment. This initiative is also a celebration of the men and women who are overcoming problems associated with their excessive gambling behavior.

The Iowa Gambling Treatment Program echoes the national message of "Help and Hope," especially during this week geared toward creating a society where those affected by problem gambling behavior are able to identify these issues, to access professional services, and to

succeed in minimizing the consequences of this disorder. The effort envisions an environment in which treatment of gambling problems is recognized as a specialized field of expertise with treatment professionals recognized for their unique knowledge, skills and abilities.

The awareness week is a collaborative effort sponsored by the National Council on Problem Gambling, the Association of Problem Gambling Service Administrators, the Iowa Gambling Treatment Program in the Iowa Department of Public Health, Iowa providers of gambling treatment services, and local organizations nationwide.

Access more information on problem gambling at [www.1800betsoff.org](http://www.1800betsoff.org) or call the 1-800-BETS OFF Helpline (outside Iowa call 1-800-522-4700).

# IDPH trains on core functions & essential services

By Joy Rueber, Office of Technical Assistance, Division of Health Protection and Environmental Health

Under the direction of Interim Director Jane Colacecchi, the Iowa Department of Public Health held an employee retreat in December 2002. One recommendation Colacecchi heard repeatedly was the need for further employee education. A wide variety of topics were mentioned including the core functions and essential services of public health.

The Office of Technical Assistance in the Division of Health Protection and Environmental Health was asked to spearhead the training on the core functions and essential services. The office had received a cooperative agreement from the Centers for Disease Control and Prevention in October 2001 to begin educating Iowa's environmental health workforce on these same concepts.

IDPH's Tom Newton, Ken Sharp and Joy Rueber have trained 126 local environmental health practitioners, board of health, and board of supervisor members on the core functions and essential services of public health in an

ongoing effort and offered similar training to fellow IDPH employees.

In January and February 2003, 151 participants attended six training sessions. Participants were given a brief summary of the history of public health and an explanation of where the core functions and essential services originated. Each core function and essential service was explained both technically and with specific examples of how programs at the IDPH carry out the essential services daily.

Participants then completed an exercise where they identified how their own job responsibilities fit within the framework of the core functions and essential services. They were given the opportunity to share this information with fellow participants.

At the conclusion of the trainings, 99 percent of those surveyed reported that they could place their own work within the framework of the core functions and essential services. Pre and post testing showed a 40 percent increase in questions answered correctly.

## Core Functions and Essential Services

### Assessment

1. Monitor health status.
2. Diagnose and investigate health problems.
3. Evaluate effectiveness, accessibility, and quality.

### Policy Development

4. Develop policies and plans.
5. Enforce laws and regulations.
6. Research new insights.

### Assurance

7. Link people to needed services.
8. Assure a competent workforce.
9. Inform, educate, and empower people.
10. Mobilize community partnerships.

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## 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](http://www.idph.state.ia.us) under the link for Communications, Planning, & Personnel.

# Lighten Up Iowa teams complete survey

By Mary Beth Penisten, Graduate Student in Human Nutrition at Iowa State University

The Iowa Department of Public Health, the Iowa Games, and ISU Extension Service want to know if the Lighten Up Iowa campaign, a program to promote healthy lifestyles will have any lasting effects. A survey was developed to assess health behaviors before teams started the program. A total of 160 teams were selected at random to be included in the survey. Care was taken to represent rural and metropolitan areas. Of the 160 teams, 132 teams responded to the survey, an 83 percent response rate.



Mary Beth Penisten

*it easier to do the program. The weekly emails have also been helpful with respect to motivation. Keep it up!*

*Introduce a different type of exercise technique weekly. Participants might discover something they had not considered. Also, new recipes or diet ideas might be helpful. Have a Share Box where participants can share what is working for them either through each group leader or a web site.*

*meet some of the other participants and also encourage participants that have a hard time getting out to walk by themselves. An organized walk would make exercising more exciting!*

*Continue with weekly tips, i.e., "grapes on sale at HyVee" was good. Include success stories and tips. Team members are excited about getting t-shirts!*

*More e-mail -- daily, recipes, group activities.*



*The biggest challenge for me is to stay active during the wintertime when I'd rather be indoors and out of the cold. Any motivators to improve physical activity during the cold winter days would be helpful.*

Taking part in the survey also gave participants a chance to respond with comments and suggestions for improvement. This feedback will improve and enhance the program for future years.

Here are some of the comments and suggestions team members made when they responded:

*I have not been involved before, but I must say the web interface is wonderful and makes*

*The conversion chart needs some modification. It seems disproportionate when you consider each activity listed.*

*This seems adequate and keeps up the enthusiasm we started with. Our co-workers help a lot. Thank you!*

*My team members are a hoot and I am enjoying doing this with them and all the other lowans!*

*I think it would be nice if there would be an organized walk on the weekends for all Lighten Up Iowa participants to attend (their choice). It would be a way to*

There will be two additional surveys of the same teams, in June and by October. The purpose of the June survey will be to compare the changes in people's health behaviors before and after participating in Lighten Up Iowa. The fall survey will evaluate whether Lighten Up Iowa has made any lasting impact on healthy behavior beyond the campaign period.

For more information on Lighten Up Iowa, go to [www.lightenupiowa.org](http://www.lightenupiowa.org).

# JEL wins best of show at 2003 ADDY® Awards

By Kevin Arrowsmith, Division of Tobacco Use Prevention and Control

**J**EL (Just Eliminate Lies), Iowa's youth-led tobacco control movement and a major component of the Iowa Department of Health Division of Tobacco Use Prevention and Control, took top honors in the Public Service Category and won best of show at this year's ADDY® Awards competition. The award-winning entries were created to support JEL's counter-marketing program.

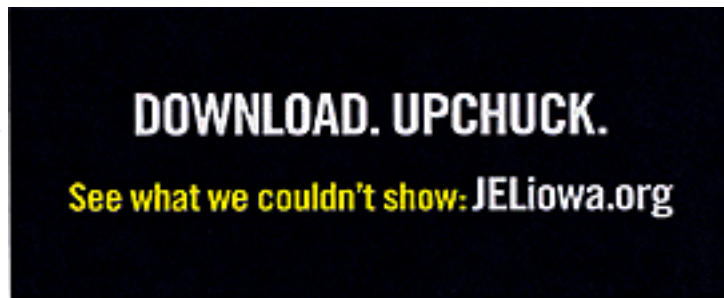
Each year, the Advertising Professionals of Des Moines, Inc. (Ad Pros) get together for the ADDY® Awards presentation to formally recognize creative advertising excellence in central Iowa. Ad Pros is an organization of central Iowans who work in advertising, public relations, promotion or marketing. Leaders in the advertising industry from around the country judge the competition, and the awards presentation ceremony is one of the highlights of the year. If an entry wins a gold in Des Moines, it will automatically advance

to district and national competitions of the American Advertising Federation (AAF).

"JEL and the Division worked alongside Zimmerman, Laurent & Richardson to create and develop these award-winning pieces," said Threase Harms-Hassoun, program director for the division. "We are quite pleased that our division's hard work and efforts are not going unnoticed."

JEL's entries in the ADDY's® Competition received best of show, best of class, 11 gold, and three silver awards.

"These awards highlight the fact that careful planning and attention



Above is one of the JEL ads that took best of show at this year's ADDY® Awards competition.

to detail allowed us to reach the targeted audience with a very powerful message," said Janet Zwick, the division's interim director. "The awards serve as an excellent measure of the progress to reduce tobacco use in our youth."

The ADDY® Award winning entries can be seen on JEL's web site at [www.JELiowa.org](http://www.JELiowa.org). JEL is funded with a portion of the Iowa's tobacco settlement fund and is administered by the IDPH Division of Tobacco Use Prevention and Control as one component of the state's initiative to reduce tobacco use.

## Transformation visits coming soon

**A**s promised by an article in the December 2002 issue of **Focus**, Julie McMahon and Tom Newton will make Transformation of Public Health visits this spring in nine communities across the state. The dates, times, and locations for the visits are listed below. The focus will be to report on the positive outcomes that resulted from the feedback collected during the last series of community visits and the Transformation Summit in late 2001. McMahon and Newton also hope to gather additional feedback from public health partners that will assist in making continued improvements to the public health delivery system in Iowa. For more information on the "Transformation of Public Health," visit the IDPH web site at [www.idph.state.ia.us](http://www.idph.state.ia.us).

### Scheduled Transformation Visits – Spring 2003

March 27	1:00 p.m. – 3 p.m.	Mason City, Liberty Room - Mohawk Center
April 1	10:00 a.m. – 12 p.m.	Tipton, Cedar County Courthouse
April 16	10:00 a.m. – 12 p.m.	Council Bluffs, Community Center
April 24	10:00 a.m. – 12 p.m.	Chariton, First Baptist Church
April 29	1:00 p.m. – 3 p.m.	Carroll, Education Room – St. Anthony's Regional Hospital
April 30	10:00 a.m. – 12 p.m.	Des Moines, Room E – United Way
May 8	1:00 p.m. – 3 p.m.	Storm Lake, AEA Building
May 21	11:00 a.m. – 3 p.m.	Mt. Pleasant, Henry Co. Health Center – Education Center
May 29	1:00 a.m. – 3 p.m.	West Union, Palmer Lutheran Health Center – Wolff Conference Room



# IDPH Connecting Workshops revived

By Dawn Gentsch, Training Officer

Let's get connected! Have you been wondering what the Iowa Department of Public Health (IDPH) is all about? Do you understand how IDPH operates and works with local contract agencies? Are you new to public health? If you answered yes to any of these questions, you should plan on attending the next Connecting Workshop.

This year the Public Health Connecting Workshops occur, after having been held annually throughout most of the '90's. Traditionally, community health consultants, within the Community Health Division, facilitated the workshops with the target audience being local public health nurses.

The workshops are organized by a workgroup consisting of individuals from the Community Health Division and the Division of Communications, Planning and Personnel with input from all department divisions. The target audience has been expanded to local public health agencies and their staff including environmental health practitioners, members of local boards of health, and boards of supervisors.

The 2003 Connecting Workshops are a two-part series designed to orient local public health

practitioners to the IDPH. The purpose is to help "connect" local public health workers to IDPH. These workshops will provide the basics on public health, discuss IDPH as the state system for public health, describe public health resources and serve as an orientation.


Each division director will present information on what his or her respective divisions do in connection with local public health. In addition, several bureau chiefs and program coordinators will also be presenting at the workshops.

The first day of the workshops is April 3, 2003, from 12:45 p.m. to 4:00 p.m. via the Iowa Communi-

cations Network (ICN). The second day of the workshops is scheduled for April 15, 2003 from 8:30 a.m. to 4:00 p.m. On this day, the workshop will be held at the IDPH in the Lucas State Office Building in Des Moines.

Participation is limited to 75, so register early. The workshop flyer, agenda and registration form are available on the IDPH web site under the conference section.

If you would like more information or would like to obtain a registration form, contact Dawn Gentsch at [dgentsch@idph.state.ia.us](mailto:dgentsch@idph.state.ia.us) or at 515 281-8585.



*Mark Your Calendar*

## *The Governor's Conference*

*on Public Health*

### *Barn Raising IV*

Leading the Charge For Community Health

August 14 and 15, 2003  
Drake University  
Des Moines, Iowa

Registration Fee \$50 - Brochure with registration coming in June

For more information: [www.idph.state.ia.us](http://www.idph.state.ia.us) (double click on conferences)  
or call (515) 309-3315



# Community Services Bureau gets new name

By Carol Peterson, Center for Local Public Health Services and Health Improvement

The Community Services Bureau is now the Center for Local Public Health Services and Health Improvement (CLPH/HI).

Part of the Division of Community Health under Division Director Julie McMahan, the CLPH/HI is a liaison between the Iowa Department of Public Health (IDPH) and local boards of health and local public health providers for education, leadership and technical assistance on public health issues.

Other priority services include:

- Building and promoting the public health infrastructure by education, consultation, support and technical assistance for local boards of health. To support this activity, community health consultants' target for FY 04 will be to

provide technical assistance or support to local boards of health in 85 percent of the counties.

- Building and promoting public health infrastructure by education, consultation, support and technical assistance for public health systems. To support this activity, community health consultants' target for FY04 will be to provide technical assistance in 100 percent of Iowa's counties.

- Providing leadership and partnerships internally and externally. Community health consultants work in a liaison role with other health department bureaus and divisions. They also are on external committees such as Iowa Seamless Project, Elder Rights Conference Steering Committee, Iowa Foundation of Medical Care Quality Care Study, and University of Iowa Community Partners Advisory Committee.

- Supporting a population-based approach to health issues within Iowa Department of Public Health.

- Facilitating the application of continuous quality improvement methods.

- Promoting professional development of technology and workforce development.

- Advancing the Transformation of Public Health Delivery System in Iowa initiative.

- Administering state funding to local boards of health and boards of supervisors for local public health services including Public Health Nursing, Home Care Aide, Board of Health Infrastructure and Tobacco Settlement funds.

The center's phone number is 515 281-6535. The majority of the center's 10 community health consultants maintain field offices.

# Iowans present at Smart Start Conference

By Jo Hinrichs, Center for Local Public Health Services & Health Improvement

Iowans attending a recent conference in North Carolina brought back valuable ideas to further the development and implementation of a comprehensive system in Iowa to support early childhood.

The Community Empowerment Team for Iowa, as well as representatives from Child Care, Preschools, Child Care Resource and Referral, Child Health, Community Empowerment Areas, Head Start and the Iowa Empowerment

Board, attended the Smart Start conference focused on the North Carolina system to prepare children, prenatal through age 5, to be ready for school.

The success of Smart Start is nationally recognized, and Iowa is one of 5 states to be awarded a Smart Start grant for technical assistance to build a state system for early childhood. The grant was awarded from the North Carolina Partnership for Children's National Technical Assistance Center.

A national Smart Start conference is held each year in North Carolina. This year, 39 states were represented at the January 2003 event. Representatives from Iowa brought back information to incorporate into development of a state comprehensive early childhood plan and support system.

Iowans had two workshop presentations at the National Conference. Teams of four presented at each workshop. One workshop, "From Welfare to Work," focused

on family-centered services as applied in the successful Family Development and Self Sufficiency (FaDSS) program through the Department of Human Rights (DHR). Janet Gartin, Tim Fitzpatrick, Lori McCormick from DHR and Jo Hinrichs from Iowa Department of Public Health were presenters.

Another workshop presentation by lowans, "Results Accountability," focused on the development and implementation of a common language for data and how to use the data to "tell the story" about successful outcomes for a Community

Empowerment area. Jeff Anderson, Department of Human Services; Janet Gartin, DHR; Dee Gethmann, Department of Education; and Jo Hinrichs, IDPH, were presenters at this workshop.

Gretchen Hageman, IDPH, met with national experts to obtain technical assistance and input for IDPH's application for a federal HRSA grant to develop and implement a plan and system. Kris Bell and Shanell Wagler of the Iowa Department of Management (DOM) made a luncheon presentation on the development and im-

plementation of Iowa's Community Empowerment for Iowa and Colorado representatives.

Cynthia Eisenhauer, Director of the Iowa DOM, made a presentation to the full conference audience. She recognized the success of North Carolina's Smart Start and expressed Iowa's appreciation for the technical assistance grant. Smart Start's leadership and example will advance commitment and support in Iowa for the critical needs of early childhood and early learning.

# Child Care Weather Watch available on-line

By Sally Clausen, Community Health Consultant and Coordinator for Healthy Child Care Iowa

Iowa winters are frigid and the summers can be sweltering. How do you know when it is safe for children to play outdoors? The Healthy Child Care Iowa campaign developed a chart to help families, schools, and child care providers know when it is safe for outdoors play.

The chart, called the "Child Care Weather Watch," depicts wind chill and heat index extremes. The chart is easy to read as it uses red, yellow, green colors to show when it is safe, when caution is needed, and when it is dangerous for children to be outdoors. The indices come from the National Weather Service. The back of the chart gives additional information about clothing needs, sunscreen, and hydration.

The Child Care Weather Watch is referenced in the second edition of Caring for Our Children, National Health and Safety Performance

Standards, Guidelines for Out of Home Child Care 2002 published by the American Public Health Association and American Academy of Pediatrics.

Since the release of Caring for Our Children, the Iowa Healthy Child Care program has received requests from across the nation for paper and electronic copies of

the chart. Iowa families, schools, and child care providers have had access to the chart for several years.

The chart is available by calling the Healthy Families toll-free number 800-369-2229 and is available on-line at the IDPH web site: <http://www.idph.state.ia.us/hcci/products.htm>.

## Understand the Weather

### Wind-Chill



- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- 20° to 0° is **bitter cold** with significant risk of **frostbite**
- 20° to -60° is **extreme cold** and **frostbite** is likely
- 60° is **frigid** and exposed **skin will freeze** in 1 minute

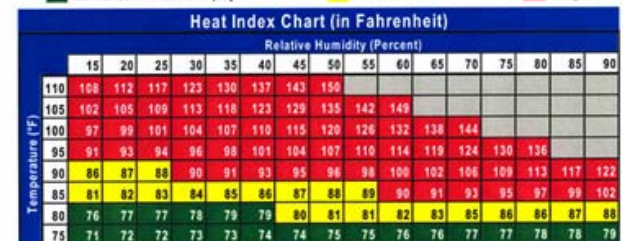
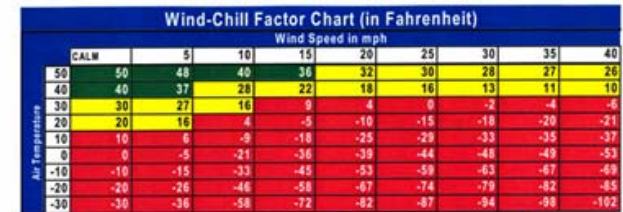
### Heat Index



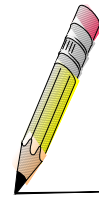
- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

## Child Care Weather Watch



# Epidemiology Notes



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

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**Influenza Update, Iowa and the U.S.:** The number of confirmed influenza cases in Iowa appears to be decreasing, though new cases continue to be reported. Additionally, the number of schools reporting high absenteeism appears to have peaked in the early part of February. The number of patient visits to Iowa's sentinel providers for influenza-like illness is also declining. For the latest information on confirmed influenza in Iowa, see IDPH's web site ([http://www.idph.state.ia.us/eedoc/ade\\_content/influenza.htm](http://www.idph.state.ia.us/eedoc/ade_content/influenza.htm))

Nationally, during week 7 (February 9-15, 2003), 451 (17.8%) of the specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) overall was 3.0%, which is above the national baseline of 1.9%. The proportion of deaths attributed to pneumonia and influenza was 7.3%. Eleven state and territorial health departments reported widespread influenza activity, 23 reported regional activity, and 13 reported sporadic influenza activity.

Since September 29, WHO and NREVSS laboratories have tested a total of 48,384 specimens for influenza viruses and 3,830 (7.9%) were positive. Of the 3,830 viruses

identified, 1,442 (38%) were influenza A viruses and 2,388 (62%) were influenza B viruses. Four hundred and eighty-two (33%) of the 1,442 influenza A viruses have been subtyped; 409 (85%) were influenza A (H1N1) viruses and 73 (15%) were influenza A (H3N2) viruses. One thousand two hundred and forty-seven (52%) of the 2,388 influenza B viruses were identified in Texas and Missouri.

Laboratory-confirmed influenza has been reported in all 50 states. Influenza A viruses were reported more frequently than influenza B viruses (range 60% - 88%) in the East North Central, Mountain, Mid-Atlantic, and Pacific regions, and influenza B viruses were reported more frequently than influenza A viruses (range 66% - 90%) in the South Atlantic, West South Central, West North Central, and East South Central regions.

However, during the past three weeks (weeks 5-7), influenza A activity in the West South Central region has increased to the point that during those weeks, influenza A viruses were reported more frequently (55%) than influenza B viruses. The New England region has reported approximately equal numbers of influenza A and influenza B viruses this season. For the latest information on influenza in the country, see CDC's web site at CDC-Influenza <<http://www.cdc.gov/ncidod/diseases/flu/weekly.htm>>.

**Influenza A (H5N1) in China prompts enhanced surveillance recommendations:** Two human cases of influenza A (H5N1) have been confirmed in a single family of Hong Kong residents who recently traveled to Fujian Province on mainland China. Influenza A(H5N1) was first seen in humans in 1997 when an outbreak of 18 cases caused six deaths in Hong Kong. Until then, this virus was seen only in birds including chickens and ducks.

Of these two new cases, the first, a 9-year-old boy, was hospitalized in Hong Kong but is recovering. The second, the father of the 9-year-old boy, died in a Hong Kong hospital on February 17, 2003. Additional family members had respiratory symptoms, and the boy's 8-year-old sister died while the family was in China. The cause of her death and the other respiratory illnesses in her family is not known. There is currently insufficient information to determine whether this family was infected from a common source or whether illness spread within the family from person to person.

In response to these two cases, CDC is issuing recommendations for enhanced influenza surveillance. The purpose of these recommendations is to enhance the capacity to rapidly identify an importation of influenza A (H5N1) into the U.S. from Asia while



maintaining effective public health response capacity. The enhancements will occur in a stepwise fashion based on the evolution of influenza A (H5N1) activity.

At this time, The Iowa Department of Public Health is requesting that hospital infection control professionals and physicians immediately report to the IDPH at 1-800-362-2736 (toll-free), any cases of serious viral pneumonia among hospitalized patients who have returned from Asia in the previous 10 days. IDPH staff will facilitate transport of specimens to the UHL. We will continue to provide you with updates on influenza A (H5N1) activity and will distribute recommendations on any additional surveillance activities that may become necessary.

**The Center for Food Security and Public Health** - The Center for Food Security and Public Health (CFSPH) at Iowa State University is working to increase awareness and understanding of potential bioterrorism pathogens and to increase national preparedness for the introduction of disease agents which threaten food production or public health. Since many potential bioterrorism agents are zoonotic, the center has created a wall chart summarizing the pertinent clinical signs and systems affected in humans and animals.

In addition, center staff or individuals trained by center staff are available to give presentations on bioterrorism awareness education. These presentations are designed

to convey the following points: 1) Bioterrorism is a real threat to human and animal health; 2) Many bioterrorism agents are zoonotic; 3) The public health infrastructure in the U.S. is being strengthened; 4) Awareness education is an important component for preparedness and protection; 5) Prevention, recognition and response involves everyone; and 6) You play a critical role. If you are interested in purchasing the wall charts (\$5 each) or scheduling an educational presentation (free), contact the Center for Food Security and Public Health at 515-294-7189.

**New Worries About Old Problems:** Veterinary staffers at CDC were recently consulted about disease transmission or some sort of colonization for dogs that are fed "bones and raw food" otherwise known by the appropriate acronym of BARF. This is apparently a practice that is increasing and raises concerns about dogs that visit health care facilities and interact with patients as well as dogs whose owner's are immunocompromised.

The risk of salmonella infection or colonization even for an interim period is very high with even saliva posing some risk of transmission to humans after eating raw chicken for instance. In one sense a dog fed BARF may be viewed much like a reptile (which are a common source of salmonella) so the practice is not recommended, particularly for animals interacting with vulnerable populations. The same can be said for dogs that drink from toilets, so please put those lids down!

It's safe to state that no pooch is refined enough to not have these bad proclivities. In a sentimental New York Times piece by former White House speech writer, John Pollack, on President Clinton's dog Buddy, the "first dog" if you will, contained these paragraphs: "But the truth is, despite these rarefied digs, Buddy liked to slum it. Whenever he could, he'd give his handlers the slip and pad on down to the basement of the West Wing, poking his nose into the wastebaskets outside Sid Blumenthal's office, rummaging for a snack." "If I caught him in the act, I'd pull him away by the collar. I don't care if you are the president's dog. No eating from the trash!"

**New Disease Reporting Cards:** New disease reporting cards have arrived and are ready for distribution to our disease reporters. The self-mailers are once again 50 per pad and are now cardinal yellow. The Clearing House has received the bulk of our order and are preparing for your requests. Phone your order to 888-398-9696. Please dispose of the old peach and salmon forms right away! The U.S. Postal Service will no longer deliver these to us.

As a result of the discontinuation of the old forms, we have found that reporting via the fax (rather than sending snail-mail) has sped up the reporting/follow-up process. Naturally, we strive for timely responses so we definitely encourage faxing reports to 515-281-5698. As always you may call the disease reporting hotline at 800-362-2736.

## IDPH 2002 Annual Report

The IDPH 2002 Annual Report is available at [www.idph.state.ia.us](http://www.idph.state.ia.us). The link is at the bottom of our home page or under the link for Communications, Planning, & Personnel. Due to budget concerns, this report is only available in electronic format.

# Side Notes

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**Community Project Awards** - Iowa Health System and the Iowa Farm Bureau Foundation annually sponsor an awards program that recognizes those involved in improving community health. The Iowa Community Health Prize awards community projects throughout Iowa that have had a positive impact on the health and well being of Iowans.

This year \$6,000 will be awarded to each of four community projects. Entrants may be entire communities or organizations within them. Entries are divided into categories based upon the size of the group/population the program served/serves. Award information and entry materials are available at [www.ihs.org](http://www.ihs.org) or by calling 515 241-6161. Deadline for entries is April 30, 2003.

**DMU Summer Term** - According to the U.S. Health Resources and Services Administration, only 20 percent of the nation's 400,000 to 500,000 public health professionals have the education and training needed to do their job most effectively. With Des Moines University's Certificate or Master's degree in Public Health, you can gain the necessary education and training. Classes are offered during the evenings and weekends to accommodate working adults. The Summer Course Calendar is now on-line at [www.dmu.edu/dhm/](http://www.dmu.edu/dhm/). Our summer term starts May 5, 2003. Call 515 271-1364 with any questions.

**Oral Health in Nursing Homes** - Nursing home staff are invited to attend a four-hour program on oral health in nursing homes on May 4, 2003. The program, "Seamless Oral Health Care for Dependent Adults," will be given by Catherine Watkins DDS, MS from 8:30 a.m. to 1 p.m. at the Embassy Club in Des Moines. Information will be provided on patient, provider and practice dimensions pertinent to delivering oral health care to dependent adults. Specific information on techniques for reassessing the oral health of long-term care facility residents will be included.

Using a case-based approach, the audience will be able to explore various existing and potential approaches to the delivery of oral health care. Dr. Watkins is an assistant professor at the University of Iowa College of Dentistry. Her dental practice and training have focused on geriatric dentistry. She has provided dental care to residents in over 25 different long-term care facilities and is particularly interested in improving the quality of oral health care for older adults. Please note: this course does NOT provide continuing education credit for nurses who attend.

To attend: 1) send \$90 (before April 18) or \$100 (after April 18) to IDHA at 2131 First Ave SE #316, Cedar Rapids, IA 52402 and 2) provide your name, address, phone number, work number, e-mail address and affiliated nursing home.

## **Iowa Dept. of Public Health**

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[www.idph.state.ia.us](http://www.idph.state.ia.us)**

## **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 to add names to the mailing list by e-mailing us at [kberg@idph.state.ia.us](mailto:kberg@idph.state.ia.us).**