



# Hook Into Health

## "Creating A Healthier Tomorrow"

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### STATE HEALTH DIVISION RECEIVES GRANT SLATED FOR BIOTERRORISM PREPAREDNESS

by Mike Hughes, Bureau of Disease Control and Intervention Services

The Centers for Disease Control and Prevention (CDC) recently awarded \$391,350 to the Nevada State Health Division. With this funding, CDC hopes to expand and update state and local ability to detect and respond to biological and chemical terrorist events. This will provide a public health response to bioterrorism in the U.S.

The Nevada State Health Division welcomes the opportunity to be part of a nationwide effort to enhance a program of early detection and response to bioterrorist events. Specifically, the funds have been earmarked for the creation of the Health Alert Network (HAN) in Nevada. The HAN will be part of a nationwide, integrated information and communication system that serves as a platform for national disease surveillance. The HAN will support an early warning and response system to address bioterrorism and other health threats at the local

and state level and provide rapid communication via the Internet. The HAN, through distance learning training, will also support bioterrorism preparedness.

It is estimated that the Las Vegas area receives between 30 and 40 million visitors each year. This tends to make Nevada's virtual population much larger and may serve to enhance the state's profile as a potential target for terrorist activities. Washoe County hosts a number of events throughout the summer and fall that attract a large number

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### Public Health

#### A Day In The Life

Today in the mail you receive a pink postcard. It reminds you that your toddler is due for his next immunization. You know that your local Community Health Nurse offers these services at low or no cost. You are happy to know that health care providers are concerned about your child's health and take time to send this reminder to you.

#### Mission Statement

"Promote and protect the well being of Nevadans and visitors to our state by preventing disease, injury, and disability."



**From the Desk of:**  
Dr. Mary Guinan, State Health Officer

**IMMUNIZATIONS  
PREVENT DISEASE, DISABILITY  
& DEATH**

Nevada has greatly improved immunization rates of children over the past 10 years. Currently, the State Health Division recommends immunizations for children for protection against 11 infectious diseases. The effectiveness of these immunizations is apparent when we look at the incidence of vaccine-preventable diseases in our state.

For immunizations that have been recommended for many years including diphtheria, tetanus, pertussis (whooping cough) and polio the data show that for the eleven-year period 1989 to 1999, Nevada has had **no reported cases of polio or tetanus and only one reported case of diphtheria in children under 19 years.**

In 1995 Nevada had an outbreak of pertussis which has gradually come under control in subsequent years. For measles, mumps and rubella which are relatively newer vaccines there has been a dramatic drop in these diseases reaching a low in 1999 of 1 case of measles, 3 cases of mumps and no reported cases of rubella in children. *Haemophilus influenzae* type 6 (Hib), hepatitis A and B and varicella (chickenpox) are the newest of recommended immunizations. The impact of the Hib vaccine which became available for children under 2 in

the early nineties has been dramatic in Nevada and across the nation. Prior to the availability of this vaccine *Haemophilus influenzae* type B was the most common cause of meningitis and sepsis in young children with a 5% mortality rate and a 14% long-term neurologic complication rate. The graph on page 13 shows the number of cases of this infection from 1989 to 1999.

What this graph or the above data do not show is that needless suffering, death and disability have been prevented in Nevada children because of effective immunizations. The rarity of these diseases as of the year 2000 makes us forget the widespread damage that results from each of these infections.

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**NEW INFLUENZA  
RECOMMENDATIONS FOR 2000/2001**

by Bob Salcido, Bureau of Disease Control and Intervention Services

Last October, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) made a new vaccination recommendation to be implemented beginning with the 2000/2001 influenza season. Influenza vaccination is now recommended for all individuals 50 years of age and older. Influenza vaccination recommendations for high-risk individuals six months and older have **not** changed.

Reasons to recommend influenza vaccination for all adults 50-64 years of age include:

- 1) The prevalence of high-risk conditions increases in this age group.
- 2) The age of 50 is a good time to emphasize and begin preventive care.
- 3) Age-based recommendations are effective.
- 4) Condition-targeted recommendations are less effective.
- 5) There are no new vaccine safety concerns.
- 6) The American Academy of Family Physicians and others have made this recommendation.

The ACIP discussions indicated that vaccination among persons six months to 64 years with chronic medical conditions is generally low. Risk-based targeted influenza vaccination programs will still be needed for the six-month to 49-year age group even after the new recommendation is implemented.

More information on this recommendation and on influenza and influenza vaccine recommendations is provided in the annual MMWR Recommendations and Reports, "Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices," April 14, 2000/Vol.491 No. RR-3.

The Nevada Immunization Program provides the above information to assist healthcare providers in their initial consideration of influenza vaccine needs for the 2000/2001 influenza season.

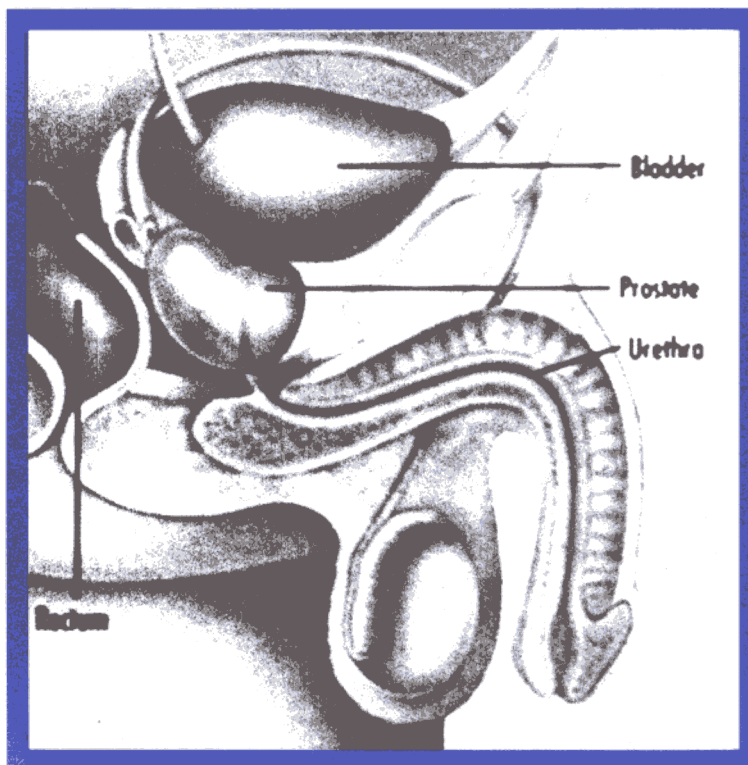
To learn more: or contact Nevada Immunization Program at 684-5900.

# PROSTATE CANCER: ESSENTIALS FOR DETECTION AND SURVIVAL

by John M. Flamm, Bureau of Community Health Services

## What is Prostate Cancer?

Prostate cancer develops from cells of the prostate gland. Eventually, cancer cells may spread outside the gland to other parts of the body. Fortunately, most prostate cancers grow very slowly. Autopsy studies show that many elderly men who died of other diseases also had undiagnosed prostate cancer. However, some prostate cancers can grow and spread quickly. The prostate gland is about the size of a walnut, located in front of the rectum, behind the base of the penis and under the bladder. It is found only in men and contains gland cells that produce some of the seminal fluid, which protects and nourishes sperm cells. The prostate surrounds the upper part of the urethra, the tube that carries urine and semen out of the penis.



## Statistics

Prostate cancer is the most common cancer, excluding non-melanoma skin cancers, in American men. The American Cancer Society (ACS) estimates during the year 2000 approximately 180,400 new cases of prostate cancer will be diagnosed in the U.S. Prostate cancer is the second leading cause of cancer death in men, exceeded only by lung cancer. It is estimated that 31,900 men in the U.S. will die of this disease during 2000. Prostate cancer accounts for about 11% of male cancer-related deaths.

## What Causes Prostate Cancer?

Researchers still do not know exactly what causes prostate cancer. Researchers have found some risk factors and continue to make progress toward understanding how these factors cause cells in the prostate gland to become cancerous.

## Risk Factors

**Age:** The chance of having prostate cancer increases rapidly after age 50.

**Race:** Prostate cancer is about twice as common among African-American men as it is among white American men.

~ **Genetics:** New research on genes linked to hereditary prostate cancer may help scientists better understand what percentage of prostate cancer cases each gene is responsible for and how changes in each gene increase prostate cancer risk. Continued research on these genes is expected to provide answers about the chemical changes that lead to prostate cancer. This could make it possible to design medications to reverse those changes.

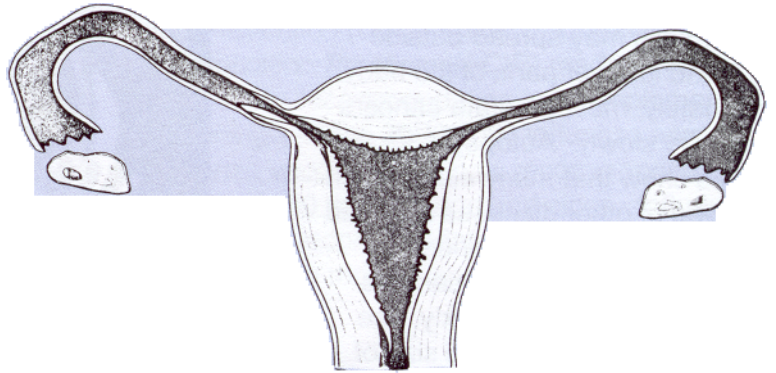
~ **Diet Studies** suggest that men who eat high fat diets have a greater chance of developing prostate cancer and also tend to eat fewer fruits and vegetables and more dairy products. These factors may be

(continued on page 14)

## OVARIAN CANCER RISK REDUCTION AND CONTROL

*by Ihsan A. Azzam, Bureau of Disease Control and Intervention Services*

The ovaries are a pair of almond-shaped glands that lie on each side of the uterus. They store egg cells and secrete the hormones that regulate menstruation and play an important role in pregnancy. While cancer can occur in any of the different types of ovarian cells, they usually arise in the epithelial cells that surround the ovary. Both ovaries are at equal risk to develop cancer. However, more than 35% of ovarian cancers are bilateral.



Ovarian cancer is the sixth most common cancer in women. In the U.S., approximately one woman in 70 develops ovarian cancer. This cancer continues to be the leading cause of death attributable to gynecological malignancies in the U.S. The American Cancer Society (ACS) estimates that more than 25,000 new cases of ovarian cancer will be diagnosed and about 14,500 women are expected to die from this disease during the year 2000. Deaths due to ovarian cancer are higher than deaths due to all other gynecological cancers (i.e. uterine, cervical, vaginal and vulvar) combined. In the past decade, cases of ovarian cancers have increased 30% and deaths have increased 18%.

Ovarian cancer is primarily a disease of older women. The average age at diagnosis is 59. Because of Nevada's increasing older population, this disease may constitute a heavy burden on the health care system.

While the chances for survival are excellent when discovered early, no reliable early detection methods exist. Ovarian cancer is difficult to diagnose at an early stage. Thus, more than 70% of ovarian cancers are discovered in more advanced stages after the patient has already begun to exhibit symptoms.

Other than age, the strongest risk factor for the development of ovarian cancer is family history. The average age of onset for ovarian cancers that are familial in origin is up to 10 years younger than that of ovarian cancer in the general population. It is very important that physicians and other allied health professionals who provide care for women be familiar with ovarian cancer.

Women who have not had children constitute an additional significant risk factor for ovarian cancer. Each pregnancy reduces the chance of developing ovarian cancer by 10%. Additionally, use of oral contraceptives for five years or more may decrease the risk of developing ovarian cancer by 50%. Each pregnancy and lactation reduces the risk of ovarian cancer.

Genetic testing is recommended for women in families with a total of five or more breast and/or ovarian cancers.

## BEAT THE HEAT

by *Trenna Smith-Montes, Bureau of Alcohol  
and Drug Abuse*

*The following suggestions can help combat heat-related illnesses during the warmest part of the year*

### *Heat Cramps*

Heat cramps are muscle spasms, usually in the muscles at the back of the calves. These contractions are forceful and painful. These cramps seem to be connected to heat, dehydration and poor conditioning, rather than to lack of salt or other mineral imbalances. The affected person usually improves with rest, drinking water and a cool environment.

### *Heat Exhaustion*

Heat exhaustion is also a result of excessive heat and dehydration. Because of excessive fluid loss, symptoms may include: fatigue; dizziness; weakness; anxiety; nausea; vomiting; drenching sweats; cold, pale, clammy skin and disorientation or fainting. Get the victim out of the sun! Treatment is aimed at dehydration and electrolyte balance and, if the person fainted, shock. When they are responsive, small sips of sugar water should be given. Rest, water, ice packs and wet towels laid on the person with a fan blowing may also help. Keep the person in the shade or a cool place.

### *Heatstroke (Sunstroke)*

Heatstroke is the most severe form of heat illness. Persons suffering heatstroke need to have their temperature reduced immediately. Symptoms include warm, dry, flushed skin (red cheeks). The ability to sweat is reduced or the person does not sweat. Headache, vertigo, fatigue, angry behavior, confusion and tunnel vision sometimes precede the onset of unconsciousness and convulsions. Use ice packs in armpits, groin and neck areas or wrap in wet towels or clothing and get them to a hospital. If far from medical attention, immerse them in a lake or stream until the person is cool, but not cold. Hold onto the person because convulsions and seizures may occur. Organ damage and death can result. Get them to a hospital immediately!

### *Preventing Heat-Related Illnesses*

The important thing is to stay well hydrated with water, be sensible about exertion in hot, humid weather and wear light colored, loose, breathable clothing. Exposed skin bums and dehydrates quickly. A large straw hat keeps the sun off the head and provides shade.

## KNOW YOUR LOCAL FIREWORKS LAWS!

by *Julie Flanagan, Bureau of Health  
Protection Services*

The 4th of July is just around the corner and Independence Day celebrations are abounding! Before planning that exciting fireworks display at home, call your local fire department to check on the laws in your city or county. According to the State Fire Marshall, every local jurisdiction has its own laws that vary from city to city or county to county. Although some areas allow the purchase, possession and use of "safe and sane" fireworks such as sparklers and bottle rockets, many do not. Washoe and Clark Counties are especially strict. Nye County allows the purchase of some fireworks but does not allow their use. Indian reservations can sell fireworks but also do not allow their use on the reservations.

If you are in an area where fireworks are allowed, here are a few safety tips for handling fireworks at home from the Consumer Product Safety Commission and the National Council on Fireworks Safety:

- ~ Always read and follow label directions.
- Always have an adult present to supervise. Buy from reliable sellers.
- Always use fireworks outdoors away from homes, dry grass and trees.
- ~ Always have water handy (a garden hose and a bucket).
- 0 Never experiment or make your own fireworks. Light only one firework at a time. Alcohol and fireworks do not mix. Never re-light a "dud" firework (wait 20 minutes then soak it in a bucket).
- 0 Never give fireworks to small children. Store fireworks in a cool, dry place, preferably in a closed box, away from any source of accidental ignition.
- 0 Dispose of fireworks properly by soaking them in water and then disposing of them in your trash can.
- 0 Never throw or point fireworks at other people.
- 0 Never carry fireworks in your pocket.
- ~ Never shoot fireworks in metal or glass containers. *(continued on page 13)*

# BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY

by Mark Hemmings, Bureau of Health Planning and Statistics

The Bureau of Health Planning and Statistics is pleased to announce the completion of the *Behavioral Risk Factor Surveillance Survey*. The report is commonly referred to as BRFSS.

This is the fourth annual report based on Nevada's efforts to survey behavioral risk factors in the state. This year's BRFSS includes separate survey findings for Clark County, Washoe County and the balance of the state.

The report examines a number of behavioral risk factors which were surveyed during 1997 and 1998 including:

- |                             |                                 |
|-----------------------------|---------------------------------|
| & Smoking                   | -a Overweight                   |
| 9 Binge Drinking            | a Cholesterol Awareness         |
| o Chronic Drinking          | e Hypertension                  |
| a Drinking and Driving      | a Colorectal Cancer Screening a |
| 9 Diabetes                  | Flu Immunization                |
| e Breast Cancer Screening   | o Pneumonia Immunization        |
| 9 Cervical Cancer Screening | o Seat Belt Usage               |

The Bureau of Health Planning and Statistics prepares a variety of reports, most of which are updated annually. Reports include *Personal Health Choices*, *Nevada Vital Statistics Report*, *Nevada Health Catalog*, *Nevada Report on Cancer*, *Nevada HMO Industry Profile* and *Healthy People 2000--Nevada*.

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## NEVADA HEALTH CATALOG

by Mark Hemmings, Bureau of Health Planning and Statistics

The Bureau of Health Planning and Statistics recently released the annual update of the *Nevada Health Catalog-2000*. The *Nevada Health Catalog* contains a variety of information, which is useful to policymakers, health care providers and others interested in health care services.

The catalog is divided into four main sections. A brief preface to each section summarizes the section and identifies the major sources of data:

- o An inventory of State health programs includes expenditure information and a program summary for each of 38 major health programs provided by the State.
- o An inventory of licensed hospitals and long-term care facilities in the state includes utilization statistics and a breakdown of bed types.

Demographic data, most of which are at the county level, include information about population, age, sex, race/ethnicity, income, employment, and disabilities.

- ~ A compilation of licensed health care services by county throughout the state also contains a list of primary health care clinics and HMOs.

If you have any questions or would like a copy of the catalog, call Mark Hemmings at (775) 684-4180.

## NEVADA STATE HEALTH DIVISION MAKES A "HIT"

*by Steve Ingersoll, Bureau of Disease Control and Intervention Services Information Technology*

The Nevada State Health Division has taken on a new look to provide an informative and functional presence on the World Wide Web. Much of the improvements in both design and content are a cooperative effort of the Health Division functional web committee whose major focus centers on a quality site at [www.health2k.state.nv.us](http://www.health2k.state.nv.us).

Our staffing for this project has taken on the title of Health Information Technology or "HIT." As administrators for the Nevada State Health Division's Internet presence, we have implemented procedures which ensure the process is seamless from inception to posting on our Internet server. The use of e-mail updates further enhances this integration between program managers and end users.

The HIT staff has also provided a Web site which includes those frequently asked questions which are intended to increase user awareness and productivity. Our content ranges from virus alerts to step-by-step guides in using the various software products that support our daily work. More importantly, we are starting to provide a heightened awareness on the "information time bomb" that is inherent in the new technological warfare.

This Web site will enhance our success in providing quality public health awareness to **all** Nevadans. For more information, visit **BDCIS** at [www.health2k.state.nv.us](http://www.health2k.state.nv.us).

## NEVADA STATE HEALTH DIVISION NEWSLETTER READER INFORMATION

Would you like to remain on the mailing list for our newsletter? **Yes**      **No**      -

Do we have your correct address? **Yes**  
No

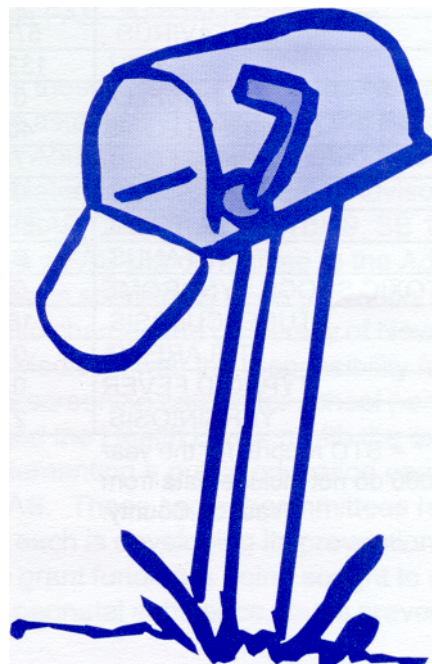
**New Address:**

**Old address:**

Would you like to receive our newsletter via e-mail instead of regular mail?  
Yes      No

**E-mail address:**

Please tear off this sheet and send to Nichole Jones-Shore, Health Division, 505 E. King St. Room 201, Carson City, NV 89701A797



	Jan-March 1999	Jan-March 2000*	% change	YTD 1999	YTD 2000*	% change
AIDS	71	63	-11%	71	63	-11%
AMEBIASIS	6	0	-100%	6	0	-100%
ASEPTIC MENINGITIS	13	14	8%	13	14	8%
INFANT BOTULISM	0	0	0%	0	0	0%
CAMPYLOBACTERIOSIS	27	27	0%	27	27	0%
CHLAMYDIA	742	724	-2%	742	724	-2%
CHOLERA	0	0	0%	0	0	0%
COCCIDIOIDOMYCOSIS	9	5	-44%	9	5	-44%
CRYPTOSPORIDIOSIS	0	1	100%	0	1	0%
DIPHTHERIA	0	0	0%	0	0	0%
E.COLI 015	2	1	-50%	2	1	-50%
ENCEPHALITIS	2	0	-100%	2	0	-100%
GIARDIASIS	46	36	-22%	46	36	-22%
GONORRHEA	316	287	-9%	316	217	-31%
HANTAVIRUS (HPS)	0	0	0%	0	0	0%
H.FLU INVASIVE	0	1	100%	0	1	100%
HEPATITIS A	40	16	-60%	40	16	-60%
HEPATITIS B	21	5	-76%	21	5	-76%
HEPATITIS C	4	1	-75%	4	1	-75%
HEPATITIS (UNSPECIFIED)	0	1	100%	0	1	100%
HIV INFECTION	87	89	2%	87	89	2%
LEGIONELLOSIS	5	0	-100%	5	0	-100%
LEPROSY	2	0	-100%	2	0	-100%
LYME DISEASE	0	0	0%	0	0	0%
MALARIA	0	1	100%	0	1	100%
MEASLES	0	0	0%	0	0	0%
MENINGOCOCCAL DISEASE	2	1	-50%	2	1	-50%
MUMPS	1	2	100%	1	2	100%
PERTUSSIS	2	3	50%	2	3	50%
PLAGUE	0	0	0%	0	0	0%
POLIO	0	0	0%	0	0	0%
PSITTACOSIS	0	0	0%	0	0	0%
RABIES, ANIMAL	0	0	0%	0	0	0%
ROTAVIRUS	579	301	-48%	579	301	-48%
RSV	1334	1190	-11%	1334	1190	-11%
RUBELLA	0	1	100%	0	1	100%
SALMONELLOSIS	40	39	-3%	40	39	-3%
SHIGELLOSIS	7	40	471%	7	40	471%
SYPHILIS, P&S	0	0	0%	0	0	0%
SYPHILIS, TOTAL	30	18	-40%	30	18	-40%
TETANUS	0	0	0%	0	0	0%
TOXIC SHOCK SYNDROME	0	0	0%	0	0	0%
TUBERCULOSIS	16	38	138%	16	38	138%
TULAREMIA	0	0	0%	0	0	1%
TYPHOID FEVER	0	0	0%	0	0	0%
YERSINIOSIS	2	2	0%	2	2	0%

\* = STD reports for the year 2000 do not include data from Washoe County.

## BABY SAFETY ISSUES

by Cynthia Huth, Bureau of Family Health Services

### *Reducing the risk of Sudden Infant Death Syndrome (SIDS)*

Sudden Infant Death Syndrome (SIDS) is the sudden and unexplained death of an infant under age one. SIDS, sometimes known as crib death, strikes nearly 5,000 babies in the U.S. every year. Health care providers don't know what causes SIDS, but they have found some things that can be done to make a baby safer.

### *Healthy Babies Should Sleep on Their Back*

One of the most important things parents can do to help reduce the risk of SIDS is to put their healthy baby on his or her back to sleep. This should be done when the baby is being put down for a nap or to bed for the night. In the past, babies were put to sleep on their tummies. Now, doctors and nurses believe that fewer babies will die of SIDS if most infants sleep on their back.

Most babies should sleep on their backs. However, a few babies have health conditions that may require them to sleep on their tummies. If a baby was born with a birth defect, often spits up after eating, or has a breathing, lung or heart problem, parents should consult their health care provider about which sleep position to use.

Some mothers worry that babies sleeping on their back may choke on spit-up or vomit during sleep. There is no evidence that sleeping on the back causes choking. Millions of babies around the world now sleep on their back and doctors have not found an increase in choking or other problems.

Although back sleeping is the best sleep position, a baby can be placed on his or her side. Side position does not provide as much protection against SIDS as back sleeping, but it is much better than placing the baby on his or her tummy. A baby can be placed on his or her abdomen when awake.

### *Other Things That Can Be Done to Help Reduce the Risk of SIDS*

- 0 The baby should sleep on a firm mattress or other firm surface. Don't let the baby sleep on a

(continued on page 13)

## PERINATAL SUBSTANCE ABUSE PREVENTION

by Larry Lovgren, Bureau of Family Health Services

Substance abuse-dangerous use of alcohol, tobacco, and other drugs-takes on new meaning in the context of drug use from the onset of pregnancy to the end of lactation. During this perinatal period, the list of dangerous drugs expands well beyond illicit drugs such as cocaine. Especially during pregnancy, alcohol, tobacco, over-the-counter drugs such as aspirin, prescription medications such as Dilantin and many illicit drugs each have been found to have harmful effects upon the fetus. About half of all pregnancies are unintended, with the result that a woman may continue drinking or using for some time before she discovers that she is pregnant. The most severe effects upon the fetus are associated with drug use early in pregnancy.

No safe level of alcohol use during pregnancy has been established. Alcohol can cause damage to the fetus at any time during pregnancy. Heavy use early in pregnancy can lead to Fetal Alcohol Syndrome (FAS). Children with FAS are quite small, have distinct craniofacial abnormalities and have neurological deficits. These neurological deficits can be very severe with the result that FAS is the most common cause of preventable mental retardation. More commonly, the child will not have all three of these signs but will have at least one, a disorder variously called Fetal Alcohol Effect (FAE), Alcohol-Related Birth Defects (ARBD) or Alcohol-Related Neurodevelopmental Disorder (ARND). By whatever name, these disorders can be every bit as disabling as FAS. And there is no cure.

To address these issues, in 1995 the Nevada State Legislature established funding for the Perinatal Substance Abuse Prevention (PSAP) Subcommittee to the Maternal and Child Health Advisory Board and for a PSAP Coordinator. In 1999, SB 197 established a FAS Subcommittee to the Advisory Board to focus specifically upon prevention of FAS. That bill also charged the University of Nevada School of Medicine with the responsibility for developing FAS screening criteria for school personnel and charged the Health Division with the responsibility for implementing a public education campaign to prevent FAS. These two subcommittees have met twice and each is developing its prevention strategies while grant funding is being sought to expand Nevada's perinatal substance abuse prevention initiative.

## TRUST FUND FOR PUBLIC HEALTH

*by Heidi Sakelarios, Administration*

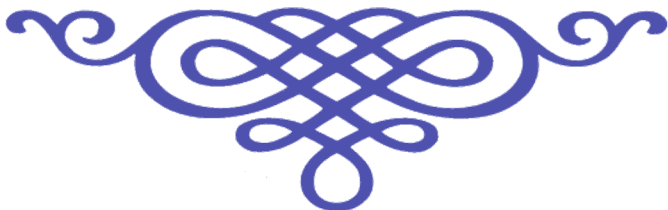
The Trust Fund for Public Health was created during the 1999 Legislative Session by Assembly Bill 474. Accordingly, 10% of all tobacco settlement proceeds will be allocated to the Trust Fund, which is to be administered and managed by the Office of the State Treasurer. Assembly Bill 474 limits Trust Fund expenditures to the interest and income generated by the Trust Fund for grants to promote public health programs for disease or illness prevention, research issues related to public health and provide direct health care services to children and senior citizens.

An 11-member Board of Trustees was created by the legislation to provide strategic direction for expenditure of the funds. The members represent the Nevada State Health Division, State Board of Health, Maternal and Child Health Advisory Board, Commission on Aging, University of Nevada School of Medicine, Nevada Association of Counties, Clark County School District, Washoe and Clark County Health Departments and a Governor appointee with experience in providing health care services.

The Nevada State Health Division serves as administrative staff to the board.

During the **first** Board meeting held in Carson City on April 21, 2000, Bernard Feldman, M.D. was elected chairman. The group also discussed the role of the Board and the funds anticipated to be available for grants in the future.

The next Board of Trustees meeting will be held on July 7, 2000 at the Washoe County Complex. For more information on the Board of Trustees or to be added to the mailing list, please contact the Health Division at (775) 684-4200. More information can be found on the Nevada State Health Division web site: [health2k.state.nv.us](http://health2k.state.nv.us)



## SUMMER HEALTH AND SAFETY TIPS

*by Julie Flanagan, Bureau of Health Protection Services*

Whether you're traveling around the world or relaxing at home, a safe, healthy summer will make outdoor activities much more enjoyable. The American Council on Science and Health offers a number of helpful health and safety tips to keep in mind this summer:

- 6 Contrary to popular wisdom, mayonnaise in your summer chicken salad is usually not the cause of food poisoning; it is more likely that the source of the problem is improperly handled chicken (i.e. undercooked, unrefrigerated, or both).
- 0 To avoid bacterial food poisoning, always keep your hot foods HOT (at least 140°F) and your cold foods COLD (below 40°F).
- 0 Prevent premature aging and reduce your risk of skin cancer **by** using a good "broad spectrum" sunscreen.
- ~ Choose sunglasses that block 99-100% percent of both UVA and UVB radiation.
- 0 Avoid overheating in the summer sun by drinking plenty of liquids and taking breaks in cool places.
- 0 To stay safe while swimming or boating, know your limitations. Never swim alone! Most of the 7,000 yearly deaths by drowning are preventable.
- 0 Always wear a protective helmet when biking or rollerblading. The American Medical Association reports that 75% of cyclist deaths are from head injuries.
- 0 Be aware of the tiny deer ticks that carry Lyme disease. Take precautions (wear long-sleeved shirts, long pants and apply insect repellent) to avoid being bitten. **If** you do get bitten, know which symptoms to watch out for as early treatment is important.
- 0 To avoid or lessen the unpleasant itching rash that poison ivy, poison oak and poison sumac can cause, wash the contact area with soap and water.
- 0 On vacation, bring along a first-aid kit, ample

*(continued on page 13)*

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*by Heidi Sakelarios, Administration*

The Trust Fund for Public Health was created during the 1999 Legislative Session by Assembly Bill 474. Accordingly, 1 0% of all tobacco settlement proceeds will be allocated to the Trust Fund, which is to be administered and managed by the Office of the State Treasurer. Assembly Bill 474 limits Trust Fund expenditures to the interest and income generated by the Trust Fund for grants to promote public health programs for disease or illness prevention, research issues related to public health and provide direct health care services to children and senior citizens.

An 11-member Board. of Trustees was created by the legislation to provide strategic direction for expenditure of the funds. The members represent the Nevada State Health Division, State Board of Health, Maternal and Child Health Advisory Board, Commission on Aging, University of Nevada School of Medicine, Nevada Association of Counties, Clark County School District, Washoe and Clark County Health Departments and a Governor appointee with experience in providing health care services.

The Nevada State Health Division serves as administrative staff to the board.

During the first Board meeting held in Carson City on April 21, 2000, Bernard Feldman, M.D. was elected chairman. The group also discussed the role of the Board and the funds anticipated to be available for grants in the future.

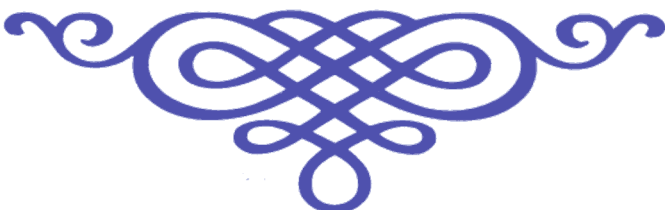
The next Board of Trustees meeting will be held on July 7, 2000 at the Washoe County Complex. For more information on the Board of Trustees or to be added to the mailing list, please contact the Health Division at (775) 684-4200. More information can be found on the Nevada State Health Division web site: [health2k.state.nv.us](http://health2k.state.nv.us)

## SUMMER HEALTH AND SAFETY TIPS

*by Julie Flanagan, Bureau of Health Protection Services*

Whether you're traveling around the world or relaxing at home, a safe, healthy summer will make outdoor activities much more enjoyable. The American Council on Science and Health offers a number of helpful health and safety tips to keep in mind this summer:

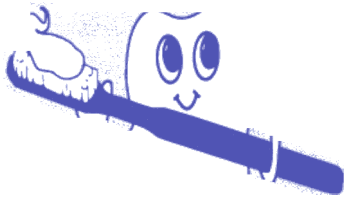
- 46 Contrary to popular wisdom, mayonnaise in your summer chicken salad is usually not the cause of food poisoning; it is more likely that the source of the problem is improperly handled chicken (i.e. undercooked, unrefrigerated, or both).
- 0 To avoid bacterial food poisoning, always keep your hot foods HOT (at least 1400F) and your cold foods COLD (below 400F).
- 0 Prevent premature aging and reduce your risk of skin cancer **by** using a good "broad spectrum" sunscreen.
- 0 Choose sunglasses that block 99-100% percent of both UVA and UVB radiation.
- 0 Avoid overheating in the summer sun by drinking plenty of liquids and taking breaks in cool places.
- 0 To stay safe while swimming or boating, know your limitations. Never swim alone! Most of the 7,000 yearly deaths by drowning are preventable.
- 0 Always wear a protective helmet when biking or rollerblading. The American Medical Association reports that 75% of cyclist deaths are from head injuries.
- ~ Be aware of the tiny deer ticks that carry Lyme disease. Take precautions (wear long-sleeved shirts, long pants and apply insect repellent) to avoid being bitten. If you do get bitten, know which symptoms to watch out for as early treatment is important.
- 0 To avoid or lessen the unpleasant itching rash that poison ivy, poison oak and poison sumac can cause, wash the contact area with soap and water.
- ~ On vacation, bring along a first-aid kit, ample



*(continued on page 13)*

## NEVADA ORAL HEALTH INITIATIVE

by Chris Forsch, Contractor, Bureau of Family Health Services



The Nevada State Health Division is pleased to announce the formation of the State of Nevada Oral Health Initiative. In 1999, the Legislature approved a two-year redirection of Federal Maternal and Child Health Block Grant funds for a statewide dental health initiative. The focus of the Initiative is health education and prevention.

The Initiative is working to educate and inform the public about oral health care problems and solutions by developing a statewide multi-media public information and education campaign. During National Children's Dental

Health Month in February, oral health messages were aired on radio stations throughout the state. In addition, *Baby Your Baby* has aired segments focusing on oral health issues for infants. The *Las Vegas Review Journal* and the *Reno Gazette Journal* have published articles on oral health issues in Nevada.

An Early Childhood Caries Prevention Program has been developed. Early Childhood Caries is a specific form of dental decay found in very young children. The prevalence of Early Childhood Caries is estimated to be as high as 90% in some Head Start populations. Classes are being presented throughout the state. The classes are directed at health and childcare providers who come into regular contact with young children and their families, such as the staff of Early Head Start, WIC and Public Health Nurses. Each participant receives an Early Childhood Caries Prevention Manual which provides specific prevention objectives based on the age of the child. Resource information is available in both English and Spanish for clients seeking dental services.

The Initiative is also working to mobilize community partnerships among policy makers, professionals, organizations and the public to promote good oral health and identify and implement solutions to oral health problems. Contracts have been approved with St. Mary's Take-A-Van in Reno and Miles for Smiles in Las Vegas to do assessments of dental sealant placement on 3rd graders. Contracts to expand or implement prevention and education programs are being developed and/or have been approved with the Clark County Health District, Huntridge Teen Clinic in Las Vegas, Community College of Southern Nevada and St. Mary's Foundation and Community Benefit in Reno. The Initiative is participating in Citizens for Healthy Smiles in Las Vegas, Northern Nevada Dental Coalition for Underserved Populations and Rural Children's Dental Access Group in Northern Nevada. The Initiative has also been used as a resource for information on oral health by various state and private organizations. In addition, establishment of a PANDA (Prevent Abuse and Neglect through Dental Awareness) program is planned.

The Oral Health Initiative looks forward to working with other state agencies and welcomes input. Please contact Chris Forsch (775) 684-5953 with questions or comments.



(Grant, continued from cover)

of visitors. Because of Nevada's tourist-based economy, a bioterrorist event could have a major impact on the rest of the nation as well as other countries.

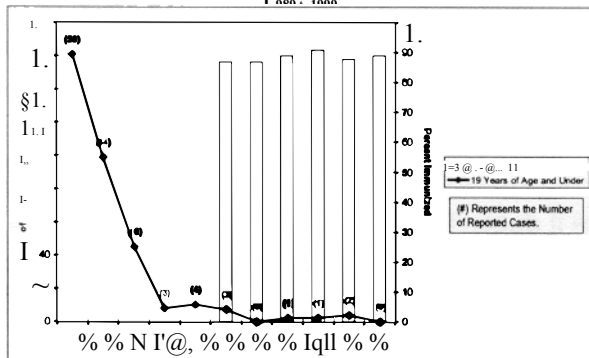
Both Washoe and Clark Counties are not immune to biological and chemical threats. The threat of anthrax bacteria being distributed in Washoe and Clark Counties took place in 1998. Fortunately, these events were hoaxes which were handled immediately by local law enforcement and emergency response agencies. However, these events have served to highlight the need for public health entities to become more involved with emergency response systems and become more knowledgeable about the role of public health in identifying outbreaks that may be related to acts of biological and chemical terrorism.

If you have questions or would like further information on the Health Alert Network, please call the Nevada State Health Division at (775) 684-5900.

(Guinan, continued from page 2)

Investment in prevention is a wise investment. Immunizations are one of the most effective and cost-effective prevention strategies available. This success does not mean we can rest. We must continue our investment in children. Each year over 28,000 children will be born in Nevada and countless others migrate into our state. We must renew our efforts to fully immunize each child to maximize their quality of life and hope for the future. A heartfelt thank you to the physicians, nurses and other health care providers who have worked tirelessly to achieve the high immunization rates we now have in Nevada. Nevada children are healthier because of your good work.

*Haemophilus influenzae* type b Incidence for Children 0 to 19 Years of Age and Hib Coverage Levels for Children 19 to 35 Months of Age 1999-2000



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(Fireworks, continued from page 4)

- \* The shooter should always wear eye and ear protection and never have any part of the body over the firework.
- 0 Stay away from illegal explosives.

REMEMBER: Pets are frightened by loud noises and bright flashes. Keep your pets indoors while enjoying your fireworks.

Thousands of people each year lose eyes, fingers, hands, etc., through the careless use of fireworks. Don't let it be you or your child! Practice these safe-handling tips and enjoy your 4th of July celebration.

(A fun website to visit with your kids is: [www.geocities.com/-5geok\\*ds/4th-oulybiml](http://www.geocities.com/-5geok*ds/4th-oulybiml). They'll enjoy the music, games, quizzes, U.S. history, fireworks information, recipes, online greeting cards and jokes.)

(Perinatal, continued from page 9)

waterbed, sheepskin, pillow or other soft material.

- 0 Room temperature should be comfortable, neither too hot nor too cold.
- 0 No one should smoke around a baby. Babies and young children exposed to smoke have more colds and other diseases, as well as an increased risk of SIDS.

(Comfort, continued from page 10)

The conference closed on Sunday with an awards luncheon. Speakers during the luncheon were Steve Tognoli, Chairman of the statewide Committee on Emergency Medical Services and Fergus Laughridge, EMS Supervisor for the Nevada State Health Division. The topic of their joint presentation was "Agenda for the Future and State Update".

(Summer, continued from page 10)

supplies of prescription medicines and copies of your prescriptions.

- 0 Take steps to prevent travelers' maladies such as motion sickness and diarrhea. If they should occur, know how to treat them.

Knowing how to prevent or treat any emergency situation that may occur will ensure a much more enjoyable summer.

(continued from page 3)

responsible for increasing risk rather than the amount of fat itself. New information also suggests that a diet high in calcium and low in fructose increases the risk of prostate cancer. Lycopenes, found in especially high levels in some fruits and vegetables (such as cooked or raw tomatoes, grapefruit and watermelon), also seem to lower prostate cancer risk, as does the mineral selenium.

- 0 Physical Activity Regular physical activity and maintaining a healthy weight may help reduce prostate cancer risk.
- 0 Family History Prostate cancer seems to run in some families, suggesting an inherited or genetic factor. Having a father or brother with prostate cancer doubles a man's risk of developing this disease. The risk is even higher for men with several affected relatives, particularly if their relatives were young at time of diagnosis.
- 0 Vasectomy Some studies have suggested that men who have had a vasectomy may have a slightly increased risk for prostate cancer, but this link has not been consistently found. Among the studies that noticed an increase in risk, some found that risk is highest in men who were younger than 35 when they had a vasectomy. Research to resolve this issue is still in progress.

### **Can Prostate Cancer Be Detected Early?**

There are still many uncertainties around the early detection of prostate cancer. Cancers found early by detection test such as the Prostate Specific Antigen (PSA), a simple blood test and/or the digital rectal examination (DRE) are, on average, smaller and have spread less than cancers discovered because of symptoms they cause. Since 1990, when testing for early detection of prostate cancer became relatively common, the prostate cancer death rate has dropped. Currently, the ACS recommends that health care providers offer the PSA blood test and DRE yearly, beginning at age 50 years. Men in high-risk groups, such as those with two or more affected first-degree relatives, may begin screening at age 45. Current philosophy continues to support early detection as the best defense.

### **Possible Symptoms**

- 0 Straining: The need to push hard in order to urinate
- \* Nocturia: Getting up during the night to urinate
- 0 Frequency: More frequent urination in the daytime
- \* Decreased force of stream: A weak or dribbling stream of urine
- 0 Hesitancy: Difficulty starting the urine stream
- 0 Post-void dribbling: Trouble stopping the urine stream
- 0 Urgency: Feeling the sudden need to urinate

Growth of the prostate is a normal part of aging and does not mean you have cancer. Two out of three men by the time they are age 65 will develop an enlarged prostate, Benign Prostatic Hyperplasia (BPH). The prostate can cause a variety of health problems ranging from mild to serious. About age 40, the prostate enlarges normally as benign (non-cancerous) tumors develop inside it. Infections by bacteria or other organisms cause prostatic inflammation in 50%-70% of men. These bacteria may come from a bladder infection or from sexual contact with a partner who is infected with a sexually transmitted disease. Use of condoms during sexual intercourse can often prevent exposure. Another cause of prostatitis is inflammation caused by a "chemical reaction" due to an enlarged prostate. As a result of an enlarged prostate, urine flow is slowed down or cut off, allowing urine to remain in the urethra after urination which backs up into the prostate gland. This condition irritates the prostate and can cause inflammation.

### **Myths;**

I can't have prostate cancer if I don't have symptoms.

FACT- Early-stage cancer usually develops in an area where it doesn't produce symptoms. Prostate cancer isn't curable.

FACT. With early detection, prostate cancer can usually be treated successfully.

Sources: American Cancer Society ([www.cancer.org](http://www.cancer.org))

Illustrations/Info: Stay Well, 1100 Grundy Ln., San Bruno, CA 94066 (650) 742-0400 1;



## ETCETERA

Mark Your Calendar! Upcoming Meetings, Seminars and Conferences

### JULY/ AUGUST

18th	Governor's Youth Advisory Council Contact: Wade Greenlee, 684-4285
<b>July 31 -Aug 4</b>	BADA Summer Institute for Addiction and Prevention Studies Orleans Hotel & Casino in Las Vegas Contact: Center for the Application of Substance Abuse Technologies at the University of Reno, (775) 784-4707

### SEPTEMBER

12th	Children of Children Display opens in Reno through October 7th. Educators' reception 3-5 p.m.; artist's reception 5:30-7:30 p.m. For information, call: Nevada Public Health Foundation, (775) 323-3325
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## National Health Observances

### **AUGUST**

National Night Out (August 1st)

### **SEPTEMBER**

Baby Safety Month

National Alcohol and Drug Addiction Recovery Month

Ovarian Cancer Month

Fetal Alcohol Awareness Day (September 9th)

Five-A-Day Week (September 10- 16)

Food Safety Education Month

Healthy Aging Month

Cold and Flu Campaign Month

## Governor

*Kenny C. Guinn*

## State Board of Health

*Bernard Feldman, M.D., M.P.H., Chairman*  
*Brian Allman, D.D.S.*  
*William Quinn IV*  
*Joey Villafior, M.D.*  
*Brent Glaser, D.V.M*  
*Robert Jones*  
*Dee Hicks, RN.*

## Department of Human Resources

*Charlotte Crawford, Director*

## Health Division

*Yvonne Sylva, Administrator*  
*Mary E. Guinan, M.D., Ph.D., State Health Officer*

## Frequently Called Health Division Numbers

Nevada State Switch Board - North	(775) 684-1000
- South	(702) 687-5000
Health Division Administration	(775) 684-4200
Health Planning & Statistics	(775) 684-4218
Office of Vital Records	(775) 684-4242
Health Protection Services	(775) 687-6353
Drinking Water State Revolving Fund	(775) 687-4750
Environmental Health	(775) 687-4750
Milk Sanitation	(775) 687-3787
Public Health Engineering	(775) 687-4754
Radiological Health	(775) 687-5394
Water (SDWA)	(775) 687-6615
Licensure & Certification	(775) 687-4475
Emergency Medical Services	(775) 687-4475
Family Health Services	(775) 684-4285
Women, Infants, and Children (WIC)	1-800-8NEWWIC
Baby Your Baby	1-800-4BYBNOW
SCC, Reno	(775) 688-1341
SCC, Las Vegas	(702) 486-7670
Community Health Nursing	(775) 687-6944
Community Health Promotion	(775) 684-8014
Disease Control & Intervention Services	(775) 684-5900
Women's Health Connection	1-888-463-8942
AIDS Hotline	1-800-842-AIDS
Immunization Program for VFC Providers	(775) 684-5913
Sexually Transmitted Diseases (STDs)	(775) 687-4800
Diabetes Control Project	(775) 684-5949
TB	(775) 684-5938
Tobacco	(775) 684-5914
Bureau of Alcohol and Drug Abuse	(775) 684-4190



### **Department of Human Resources**

Nevada Health Division  
505 East King Street, Room 201 Carson  
City, Nevada 89701 [www.state.nv.us](http://www.state.nv.us)

