

ALABAMA'S

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Billboards in Spanish and English promote influenza immunization

For the first time ever the Immunization Division, Bureau of Communicable Disease, sponsored billboard advertisements in both English and Spanish to promote the importance of influenza vaccination. Ninety billboards with several different themes are strategically located throughout the state. The outdoor advertising is simple and includes Alabama's toll-free Immunization line number.

"We have found the billboards to be very effective in getting our message out," said Mike Hudgens, Adult Immunization coordinator of the Immunization Division. "We track our calls, and quite a few come as a result of this method."

Even though the use of influenza vaccine has increased in Alabama as well as the United States in recent years, immunization rates for influenza remain low, and illness and death from the disease remain high. On average, 114,000 people are hospitalized and approximately 36,000 people die each year in the United States from complications associated with influenza. It is important to note that most people who die are 65 years old and older. However, children younger than 2 years old are as likely to be hospitalized as those 65 and above.

Although the current influenza vaccine can contain one or more of the antigens administered in previous years, annual vaccination with this vaccine is necessary because immunity declines in the year following vaccination. The components of the vaccine for the 2003-2004 influenza year are as follows: A/Panama, A New Caledonia and B/Hong Kong.

Influenza vaccine may be taken until the end of the influenza season in March, while supplies last. A schedule

of influenza clinics being held in county health departments can be accessed on the department's Web site at www.adph.org/immunization, or by calling the Immunization Division at (334) 206-5023 or toll free at 1-800-469-4599.

Interested persons may contact Mike Hudgens, at (334) 206-2045, e-mail mhudgens@adph.state.al.us, for more information.

Billboards are proving to be highly successful in reaching Alabama residents throughout the state about the need for influenza immunizations this season. Mike Hudgens, adult immunization coordinator, poses by a sign in Spanish which is near a day care center.



PACE shows the new face of arthritis

It's 9 a.m. and Billie Cannon, dressed in Auburn sweat pants and a black shirt swings her arms and hips to the sound of 60's music. This isn't the music played in your typical exercise class, but then there's nothing typical about this exercise class. As the instructor leads the class in high kicks it's hard to believe that this is a class for those age 55 to 85, and it's even harder to believe that it's a class for those with arthritis.

The class is called PACE (People with Arthritis Can Exercise) and it's one of many emerging all over the country, encouraging those with arthritis to move their bodies and ease their pain. Gone is the picture of an ailing person struggling to move because of arthritis; Cannon and her classmates are the new faces of arthritis.

"I've been taking the class for about three or four years now and it's great. I found out about it through some friends and started taking it. The more you move the better the aches are," says Cannon.

PACE classes were designed to use gentle exercises to help increase joint flexibility, range of motion and maintain muscle strength. Cannon's class, led by PACE instructor Susan Bray, is 45 minutes, with 15 minutes working in a chair and 30 minutes working in the standing position. Bray's use of stretch bands that help stretch the arms and hands, and kicking exercises sitting in a chair help accomplish the PACE goals.

"The PACE program does not give instructors a

specific exercise plan, but instead asks instructors to be creative, so long as they work on the designated muscles. I've used Spanish music and Motown music in my classes and sometimes they don't even realize they are exercising. My goal is to get them to have fun and take the focus off their pain," says Susan Bray.

Bray's method is working. Today the participants in her class do not wear faces of pain, but instead eagerly move from one exercise step to another.

"The class is willing to try anything. Some people can barely move, others can move a lot, but they all gradually improve as they take the class. And that's important. We try to train the muscles so that daily activities such as getting out of the car, walking up the stairs and opening jars are easier to accomplish," says Bray.

The class's simple techniques can create huge results in a participant's agility and physical condition.

"Some of the exercises I can't do, but I do what I can

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PACE instructor Susan Bray leads the class in a stretching exercise.

Alabama Department of Public Health

Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public's health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public's health and to provide caring quality services.

ALABAMA'S HEALTH

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Informational materials in alternative formats will be made available upon request.

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and I have improved from when I first started the class. I really like the hand stretching exercises since the arthritis in my hands is so bad,” Cannon states.

Cannon says she has had arthritis for many years so she was happy to find the class. A divorced mother of five and grandmother of five, she now lives alone with the exception of her poodle. The classes have become more than just a physical therapy.

“It’s a social thing to come here, and I try to come as often as I can,” says Cannon.

As the class starts its seated exercises, 74-year-old Cannon moves with the enthusiasm of a 24-year-old. The class jokes with the instructor and each other as they put their left leg out and stretch their opposite arm over to the end of that leg.

“People are more apt to exercise if they do it with the class. They can share their aches and pains and socialize. Often people with arthritis get depressed and this class helps that,” explains Karen Whatley, PACE instructor at the Crump Adult Center.

The Arthritis Foundation cites that the PACE program can decrease depression as well as decrease pain and increase functional ability.

“The PACE program allows people with arthritis to maintain a better quality of life by easing their pain and giving them better control of their bodies,” says Linda Austin, director of the Arthritis Prevention Branch at the Alabama Department of Public Health.

At the Crump Adult Center persons with any form of arthritis may participate in the PACE classes so long as

they have their doctor’s permission. And different levels of PACE classes are held in most centers, ranging from basic to advanced.

The class starts marching exercises to patriotic music and Bray

encourages them to keep moving as they near the end of the session. She

doesn’t need to

worry: Cannon and the rest of the class are

marching right along with Bray, participating to the end.

“I didn’t realize how helpful the exercises were until I had to miss them because of surgery for carpal tunnel syndrome,” says Cannon. “The exercises have helped me to recover from the surgery also. I would encourage anyone with arthritis to take the classes and I try to tell everyone I can about it.”

For more information about local PACE classes, please call the Arthritis Foundation, Alabama Chapter, at 1-800-879-7896.

By TAKENYA STOKES



The PACE class stretches and moves to 60’s music. (Cannon far right.)

County health departments to display domestic violence materials

A supply of domestic violence information will be made available for display in county health departments throughout the state. The posters are in both English and Spanish. The Injury Prevention Division and the Office of Women’s Health, Office of Minority Health, and the Nursing and Social Work units, working with the Alabama Domestic Violence Coalition, obtained the materials.

The packet of information, which contains posters with small pockets to hold a supply of reference cards, is being mailed to each county health department. The 3 1/2-inch by 2-inch reference cards contain resource information which can be easily concealed from view.

“We encourage you to display the poster information in all health department women’s restrooms,” said Dollie Hambrick, director of the Social Work Unit. “Research has shown that domestic violence resource information located in restrooms increases the potential of the shelter as a resource option. This is just one way the Alabama Department of Public Health can contribute to our mission of serving the people of Alabama, by assuring conditions in which they can be healthy.”

Please contact the Social Work Unit, RSA Tower, Suite 1010, P.O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-5226, jterrell@adph.state.al.us or dhambrick@adph.state.al.us if additional information is needed.

VERB™ opens door to world of physical activities for youth, national campaign promotes activities for tweens

Blading. Kicking. Climbing. Biking. Dancing. Skating. Jumping. Running. These VERBs, and thousand of others, will take on a new meaning for children this year as the U.S. Department of Health and Human Services announces the launch of a planned, five-year national, multicultural campaign to promote physical activities among 9-to 13-year-olds and the people who influence them.

Officially known as VERB.™ It's what you do., the campaign is designed to better the habits of tweens (boys and girls ages 9-13), many of whom now favor video



games, Internet surfing, and television over physical activity involvement that result in good health and a positive self image.

Currently, tweens spend an average of 4.5 hours each day in front of a screen, which is up 21 minutes from 1999, according to the 5th Annual Survey of Parents and Children conducted by the Annenberg Public Policy Center of the University of Pennsylvania.

Since lifestyle habits established at this young age can affect their health as adults, it is important these children have encouragement, support and enjoyable opportunities to be physically active as part of a healthy lifestyle. The campaign encourages tweens to find a VERB or several VERBs that fit their personalities and interests and gives concrete examples of how to get active in a fun, cool and meaningful way.

The campaign encourages tweens to find a VERB or several VERBs that fit their personalities and interests and to use them as a launching pad to better health and making regular physical activity a lifetime pursuit.

Secretary of the Department of Health and Human Services Tommy G. Thompson says he finds the campaign has an impact because it speaks to children of all socio-economic and ethnic



backgrounds in a language that children understand.

“There is no doubt that America’s youth are at risk and need encouragement to increase physical activity,” said Thompson. “The percentage of young people who are overweight has doubled in the past 20 years. That’s why the VERB. It’s what you do. campaign is so crucial and such a great complement to the President’s fitness agenda. Americans need to become more active, and it’s so important for children to develop good habits in order to avoid the chronic diseases that are hurting the collective health of our country.

The integrated VERB. It’s what you do campaign uses advertising, marketing, events and partnership activities to ensure that campaign messages reach children

whenever they are looking for something positive to do. Through multicultural media partnerships, the campaign is designed to reach children in all socioeconomic and ethnic groups.

According to Anita Sanford, R.N., of the Nutrition and Physical Activity Unit, Office of Professional and Support Services, the VERB Web site,

www.VERBparents.com, is a resource for busy parents looking for ways to encourage physical activities among tweens and discourage unhealthy, risky behaviors. For more information about the campaign see www.cdc.gov/youthcampaign.com or visit the tween Web site at www.VERBnow.com.



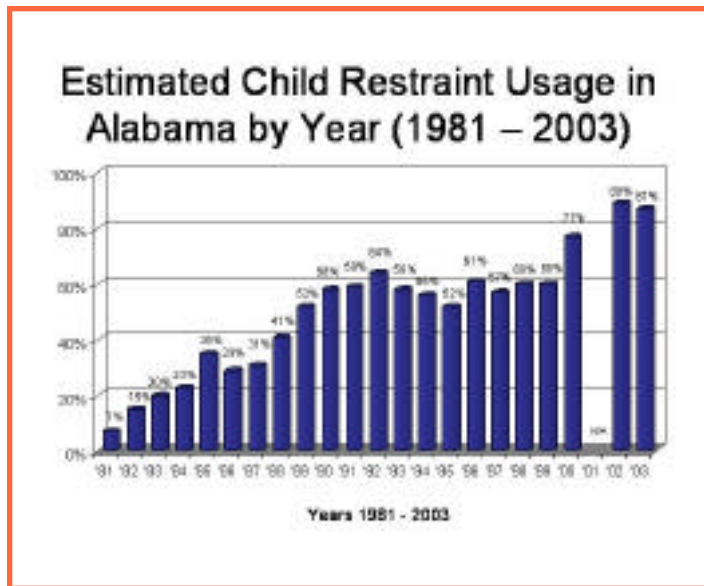
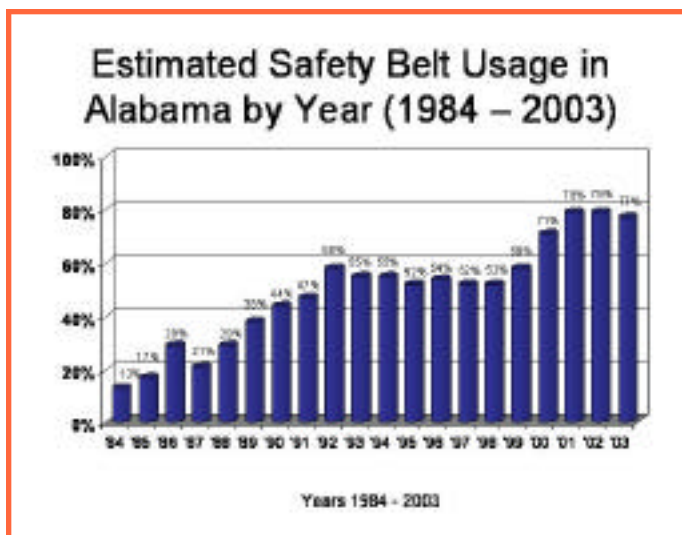
Child restraint and seat belt rates encouraging

Alabamians are continuing to buckle up and use child safety seats. According to 2003 observational surveys, child restraint use was 87 percent in the state, declining slightly from the unprecedented 89 percent recorded in 2002. Seat belt usage was 77 percent in 2003 as compared with 79 percent in 2002, a rate which exceeded the national average.

“Motor-vehicle related deaths are the number one cause of death due to injury in our state,” said State Health Officer Dr. Donald Williamson. “Continued educational efforts, as well as continued law enforcement initiatives are needed.”

Injury and death due to motor-vehicle crashes can be prevented through the use of seat belts and child safety seats. In 2002, 1,038 people were killed and over 44,000 were injured in motor vehicle crashes in Alabama. Of those killed, 50 percent were not wearing safety restraints.

enforcement programs which inform the public of the



“The only way to prevent declining use of seat belts and child safety seats is through continued education and

importance of seat belts and child safety seats. They mean the difference between life and death,” said Nancy Wright, Director of the Injury Education Branch at the Alabama Department of Public Health.

It is also important to realize that although 87 percent of Alabamians are using car seats, 4 out of 5 seats are improperly installed.

Currently, there are 14 permanent fitting stations statewide with certified child passenger safety specialists and instructors to assist parents in the correct installation of car seats. Funding from the National Highway Safety Traffic Safety Administration and the Alabama Department of Economic and Community Affairs supports these efforts.

Other efforts throughout the state to improve restraint include law enforcement legislation such as Primary Seatbelt Law and the campaign “Click it or Ticket”, which were factors in the steady seat belt usage rate of 79 percent

Child restraint.....continued on page 11

Computer notes from Cheryl Perez

Information Security Officer Cheryl A. Perez of the Computer Systems Center has been getting her points across to RSA Tower e-mail users regularly in her always clever manner. With her permission we are putting some of her gems in print here in the hope that this information will be shared with all agency employees statewide and taken to heart by everyone. Summarized here are some of the previously e-mailed tips and reminders about our policies.

Chain letters

Come on folks. Rest assured that Bill Gates is NOT going to share his wealth with you for forwarding chain letters! I'm sure that you would have to do a little more for him, like produce his first born son, to inherit any of his fortune.

It's fall and we seem to have forgotten since the spring that you are not to forward any chain letters through our e-mail system. We do have a policy that states that these types of things are not to be forwarded and you signed a notice that says that you read and understood it. So, please think before you send stuff out.

For the record, you will not get a free McDonald's salad, free champagne, free Miller Beer, free trip to Disney with \$5,000, free \$50 gift certificate from Victoria's Secret, free dinner at Cracker Barrel or Applebee's or anywhere else, free cases of Coca-Cola, free airline tickets, or free good smelling stuff from Bath and Bodyworks for forwarding an e-mail to 5 billion of your closest friends. Face it. You ain't gettin' nothin' for free!

Any time you have a question about a "story" that you receive, you can check it out on the following web-sites or just call us, your security team, and we will be glad to look it up for you.

<http://www.symantec.com/avcenter/hoax.html>
<http://hoaxbusters.ciac.org/>
<http://vil.mcafee.com/hoax.asp>

Security

Just wanted to remind you that it is that time of year again when the pickpockets come out to play. I contacted the Capitol Police to confirm that there have been wallets stolen from desks in our building and other state office buildings as recently as last week.

This would be a good time to start thinking about some of the upcoming physical security requirements brought about by HIPAA. Please question people in your

area that you don't recognize. Check ID badges. Institute a visitor sign in. Escort visitors to the area they are visiting. Lock your valuables in your desk. Don't leave reports with PHI data in view. And most importantly, lock your computer each time you leave your cubicle/office.

Be safe and have a HIPAA-rific day!

Passwords

A user in a county health department posed the following question:

Not everyone in my office has e-mail. I was told I had to give out my password for e-mail so someone in the office could check it when I am out. Is this correct?

This is not correct. We will grant access to anyone who needs it and it is requested by their supervisor. To have someone else check your mail, you can delegate someone to access your mail when they are signed on to their own account.

Once again, never give your password to anyone! You never know when they might use it for evil instead of good.

Locking computers

I have had several folks ask how to lock your computer.

For Windows XP, there is a key on the bottom row with a flying window pictured on it. Press the flying window and the "L" key and this will lock your machine. You can also press CONTROL-ALT-DELETE, then select LOCK COMPUTER and get the same results.

For Windows 2000, CONTROL-ALT-DELETE then select LOCK COMPUTER.

For Windows NT, CONTROL-ALT-DELETE then select LOCK COMPUTER.

For Windows 98, set your screen saver for 5 minutes or less with password lock.

Commendations

Health department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama's Health*.

Britney Barnett

Center for Health Statistics

from Zilla and Chris Turner
West Palm Beach, Fla.
and from Lois Woods
Detroit, Mich.

William J. Callan, Ph.D.

Charles Crosby

Donna Mulcahy

Joe Orban

Pete Preston

Virginia Pruitt

Nancy Robinson

David Sherrod

Norma Vance

Staff of Bureau of Clinical Laboratories

from Michael Kimerling, MD, MPH
Joan Mangan, PhD, MST
Birmingham, Ala.

Marie Carastro

Health Provider Standards

from Robert R. McKinnell
Auburn, Ala.

Bill Duke and the Record Services staff

Center for Health Statistics

from Paul E. White
U.S. Agency for International Development

Jackie Esty

Center for Health Statistics

from Edward Powers
New York, N.Y.

Gwen Harris

Susan List

Evelyn Jackson

Earlisha Johnson

Sheila Martin

Coretta Sellers

Center for Health Statistics

from Billy Senn
Jacksonville, Fla.

Dorothy Harshbarger and Joann Robinson

Center for Health Statistics

from Gladys VanDyke
Albany, N.Y.

Tamika Lewis

Center for Health Statistics

from Sarah Jones
Ferndale, Mich.
and from Brenda Wingard Franklin
Chicago, Ill.

Wendy McLendon

Center for Health Statistics

from Grace Wolnski
Birmingham, Ala.

Betty Thomas

Center for Health Statistics

from Robert Rogers
Maryland
and Katherine Jennings
Nashville, Tenn.

Veronica Whitfield

Center for Health Statistics

from Pat White
Forest Park, Ga.

Retirees

The following employees have retired from health department service recently:

Dorothy Aldridge - Bureau of Information Services

Gary Jones - Community Environmental Protection

Doris Richardson - Bureau of Clinical Laboratories

SPEAKING OF RETIREMENT

RSA-1 Deferred Compensation Plan

Who is eligible to participate in the RSA-1 457 Deferred Compensation Plan?

Any public official or employee of the state of Alabama or any political subdivision thereof may participate regardless of age or participation in the Retirement Systems of Alabama (RSA). Participation in RSA-1 is strictly voluntary and you can enroll in RSA-1 at any time.

What are some of the benefits of participating in RSA-1?

- * Contributions are made automatically and conveniently through payroll deduction.
- * Federal and state income taxes are deferred on the income until withdrawal of your funds.
- * Earnings on investments are not taxed until withdrawal.
- * No fees of any kind are charged to your account.
- * You may transfer amounts from your RSA-1 account to purchase permissive service credit under a qualified plan.

What is the maximum amount I can defer to my RSA-1 account?

The maximum amount you may defer is 100 percent of your includable gross annual compensation reduced by other tax-deferred retirement contributions and pre-tax salary reductions, but not more than \$12,000 in 2003. This limit will increase to \$13,000 in 2004.

Three years prior to the year in which you become eligible to retire, you may use the "Catch-Up" provision if you did not defer the maximum deferral amount in the years (beginning with 1986) that you were eligible to participate. For 2003, this limit is \$24,000 and will increase to \$26,000 in 2004.

In 2003, participants age 50 or older may contribute an additional \$2,000 over their normal maximum limit. In 2004, this will increase to an additional \$3,000. This limit may not be used with the catch-up provision.

What investment choices do I have?

You may invest in fixed income such as corporate bonds, U.S. Agency obligations, governmental national mortgage association securities, and commercial paper or stocks in

an S&P 500 Index Fund or a combination of the two. Investment Option Election forms were mailed in late October for the 2004 calendar year investment elections. Be sure to mail this form to RSA-1 if you wish to make any changes to your current investment choice. Changes will take effect on Jan. 1, 2004.

How can I learn more about participating in RSA-1?

Speak to an RSA-1 representative at 1-800-214-2158, extension 299, visit our Web site (www.rsa.state.al.us), or e-mail us at rsa1info@rsa.state.al.us. To check current monthly yields on investments, select menu #2, extension 585.

Start securing a better future with the RSA-1 Deferred Compensation Plan today.

****Special Announcement****

The RSA along with SEIB and State Personnel will be conducting an information seminar for those affected by layoffs due to the current budget problems. The seminar will be held on Thursday, November 20 at the RSA Alabama Activities Center, 201 Dexter Ave. in Montgomery. The ERS will make presentations at 8:30 a.m., 12 noon and 4 p.m.; SEIB will present at 9:45 a.m. and 1:15 p.m.; State Personnel at 10:45 a.m. and 2:15 p.m.; and RSA-1 at 3 p.m. For more information contact the Communications Division at 800-214-2158, extension 695 or 334-241-0695. Agency personnel and payroll staff are also encouraged to attend.

Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Speaking of Retirement", please address them to Mike Pegues, Communications, Retirement Systems of Alabama, 135 South Union St., P. O. Box 302150, Montgomery, Ala. 36130-2150.

SARS: THE DISEASE

What is SARS?

Severe acute respiratory syndrome (SARS) is a viral respiratory illness that was first reported in Asia in February 2003. In early March, the World Health Organization (WHO) issued a global alert about SARS. Over the next few months, the illness spread to more than two dozen countries in North America, South America, Europe and Asia. By late July, however, no new cases were being reported and the illness was considered contained. According to WHO, 8,098 people worldwide became sick with SARS during this outbreak; of these, 774 died. For more information, check the WHO SARS Web site or visit other pages on CDC's SARS Web site.

What are the symptoms and signs of SARS?

The illness usually begins with a high fever (measured temperature greater than 100.4°F [greater than 38.0°C]). The fever is sometimes associated with chills or other symptoms, including headache, general feeling of discomfort, and body aches. Some people also experience mild respiratory symptoms at the outset. Diarrhea is seen in approximately 10 percent to 20 percent of patients.

After 2 to 7 days, SARS patients may develop a dry, nonproductive cough that might be accompanied by or progress to a condition (hypoxia) in which insufficient oxygen is getting to the blood. In 10 percent to 20 percent of cases, patients require mechanical ventilation. Most patients develop pneumonia. For more information, see the MMWR dispatch that describes the clinical features of SARS.

What is the cause of SARS?

SARS is caused by a previously unrecognized coronavirus, called SARS-associated coronavirus (SARS-CoV). It is possible that other infectious agents might have a role in some cases of SARS.

How is SARS spread?

The primary way that SARS appears to spread is by close person-to-person contact. The virus that causes SARS is thought to be transmitted most readily by respiratory droplets (droplet spread) produced when an infected person coughs or sneezes. Droplet spread can happen when droplets from the cough or sneeze of an infected person are propelled a short distance (generally up to 3 feet) through the air and deposited on the mucous membranes of the mouth, nose, or eyes of persons who are nearby. The virus also can spread when a person touches a surface or object contaminated with infectious droplets and then touches his or her mouth, nose, or eye(s). In addition, it is

possible that SARS-CoV might be spread more broadly through the air (airborne spread) or by other ways that are not now known.

What does "close contact" mean in the context of the SARS outbreak?

Close contact is defined in the CDC SARS case definition as having cared for or lived with a person known to have SARS or having a high likelihood of direct contact with respiratory secretions and/or body fluids of a patient known to have SARS. Examples include kissing or embracing, sharing eating or drinking utensils, close conversation (within 3 feet), physical examination, and any other direct physical contact between people. Close contact does not include activities such as walking by a person or sitting across a waiting room or office for a brief time.

If I were exposed to SARS, how long would it take for me to become sick?

The time between exposure to the SARS virus and onset of symptoms is called the "incubation period." The incubation period for SARS is typically 2 to 7 days, although in some cases it may be as long as 10 days.

How long is a person with SARS infectious to others? Available information suggests that people with SARS are most likely to be infectious only when they have symptoms, such as fever or cough. However, as a precaution against spreading the disease, CDC recommends that people with SARS limit their interactions outside the home (for example, by not going to work or to school) until 10 days after their symptoms have gone away. Patients are most infectious during the second week of illness.

Do some people who recover from SARS become sick again or relapse?

At this time we do not have a full understanding of the natural course of illness in persons infected with SARS-CoV. It will be important to learn what factors might influence illness progression and recovery. Such factors could be related to the virus itself, how the body's immune system reacts to the virus, how infection with the virus is treated, or other possibilities. CDC and other scientists are trying to learn the answers to these important questions.

What medical treatment is recommended for patients with SARS?

CDC recommends that patients with SARS receive the same treatment that would be used for any patient with serious SARS.....continued on page 10

community-acquired atypical pneumonia. SARS-CoV is being tested against various antiviral drugs to see if an effective treatment can be found.

THE SARS OUTBREAK

What is the status of the SARS outbreak?

SARS was first reported in Asia in February 2003, and over the next few months the illness spread to more than two dozen countries in North America, South America, Europe and Asia. By late July, no new cases were being reported and the global outbreak was declared over by WHO. For more information, check the WHO [SARS Web site](#) or visit other pages on CDC's SARS Web site.

How many people contracted SARS worldwide during the outbreak? How many people died of SARS?

According to WHO, 8,098 people worldwide became sick with SARS during the course of this outbreak; of these, 774 died. Visit [WHO's SARS page](#) for more information on the numbers of SARS cases and deaths.

How widespread was the SARS outbreak in the United States?

Through July 2003, a total of 192 SARS cases had been reported in the United States, including 159 suspect and 33 probable cases; of the 33 probable cases, only 8 had laboratory evidence of SARS-CoV infection. No SARS-related deaths occurred in the United States. SARS cases reported in the United States occurred primarily among people who traveled to SARS-affected areas; a small number of other people became ill after being in close contact with (that is, having cared for or lived with) a SARS patient while in the United States. There was no evidence that SARS spread more widely in the community in the United States. For information about the number of cases reported in each state, see CDC's summary of SARS cases.

What is the difference between a "probable" SARS case and a "suspect" SARS case?

As defined in CDC's SARS case definition, suspect SARS cases have fever, respiratory illness, and recent travel to an affected area with community transmission of SARS and/or contact with a suspect SARS patient. Probable cases meet the criteria for a suspect case and also have evidence (e.g., chest X-ray) of pneumonia or respiratory distress syndrome.

What was done to contain the SARS outbreak in the United States?

To minimize the risk for SARS among U.S. residents, the public health system took careful and thorough precautions to prevent the spread of SARS. People who were suspected of

having SARS were isolated from others and received care. People arriving from affected parts of the world (who might have been exposed to SARS) received information about SARS and instructions on what they should do if they became ill. SARS patients and their contacts were monitored to help prevent spread of the disease. For more information, see the various guidance documents on CDC's SARS Web site.

What did CDC do to combat this health threat?

CDC worked closely with WHO and other partners in a global effort to address the SARS outbreak. For its part, CDC took the following actions:

- * Activated its Emergency Operations Center to provide round-the-clock coordination and response.
- * Committed more than 800 medical experts and support staff to work on the SARS response.
- * Deployed medical officers, epidemiologists, and other specialists to assist with on-site investigations around the world.
- * Provided assistance to state and local health departments in investigating possible cases of SARS in the United States.
- * Conducted extensive laboratory testing of clinical specimens from SARS patients to identify the cause of the disease.
- * Initiated a system for distributing health alert notices to travelers who may have been exposed to cases of SARS.

In addition, CDC is continuing to work with federal, state, and local health departments and other professional organizations to plan for a rapid recognition and response should SARS re-emerge.

If there is another outbreak of SARS, how can I protect myself?

If SARS were to re-emerge, there are some common-sense precautions that you can take that apply to many infectious diseases. The most important is frequent hand washing with soap and water or use of alcohol-based hand rubs. You also should avoid touching your eyes, nose, and mouth with unclean hands and encourage people around you to cover their nose and mouth with a tissue when coughing or sneezing.

Information from the Centers for Disease Control and Prevention Web site at www.cdc.gov/ncidod/sars/

Child restraint.....continued from page 5

in 2001 and 2002.

“There is a correlation in adult seat belt usage and child restraint usage. So we must continue to inform adults about restraining themselves in addition to restraining their children,” said Wright.

PROTECT CHILDREN AS THEY GROW

- * Rear-facing infant seats- birth to at least age 1 **and** less than 20 pounds.
- * Forward-facing child safety seats- age 1 to about age 4 and 20 to 40 pounds.
- * Booster seat- about ages 4 to 8 and under 4-feet-9-inches tall and 40 to 80 pounds.
- * Lap and shoulder belts- at least age 8 or over 4-feet-9-inches tall.
- * Check with an expert and always read a car owner’s manual for advice on installing safety seats properly.

For more information on child restraint and seat belt facts, please visit the Alabama Department of Public Health’s Web site at www.adph.org/injuryprevention.

Injury News

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Carol F. Mysinger, M.Ed., M.P.A.....Director

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and Community Affairs

Creating a Custom “Plain Document Template”

Open Word Pro or choose “New Document.” When the dialog box pops up, select “Create a Plain Document.” Change the desired settings. Font, font size, font attribute, and font color can all be set to user preference.

Make sure there is no unwanted text showing on the blank document. Then select File - Save As... When the “Save As” dialog box pops up, locate the SmartMaster file. It is usually in “Local Disk (C)” – “Lotus” – “smasters” – “wordpro.” Be sure to change “Save as type” to “Lotus Word Pro SmartMaster (*.MWP),” then name the file.

For example, name the file “mydfldr.mwp,” which is an abbreviation for “My Default Letter.”

To change the “Plain Document” default to this custom style, go to User Setup - Word Pro Preferences. The “Word Pro Preferences” dialog box will pop up. Go to “Browse” and locate your custom SmartMaster and select it. This file will replace the system default in the preferences dialog box. Click “OK.” Now whenever you select “Create a Plain Document” it will have the user’s custom attributes.

By TRACEY CANNON



The year 2003 has been the busiest on record in providing influenza immunizations for employees of state and education agencies. More than 35,000 flu shots have been administered throughout the state, according to Laurie Eldridge-Auffant, Worksite Wellness Division director. Pictured here is nurse Mary Hill giving a shot to Dr. Charles Woernle.



November is Diabetic Eye Disease Month, National Alzheimer’s Disease Awareness Month, American Diabetes Month, National Epilepsy Month, National Marrow Awareness Month, National Healthy Skin Month, Pancreatic Cancer Awareness Month, Lung Cancer Awareness Month and National Hospice Month.

Calendar of Events



November 12

ALL Kids/Medicaid Automated Injury Screen Training, 9-10:30 a.m. For more information contact Marcia Teel, (334) 242-4924.



November 12

Ethics in Public Health Nursing, Public Health Staff Development, 2-4 p.m. For more information contact Michele Jones, (334) 206-5655 (1 of 2).



November 14

Medicaid Eligibility Training for Plan First, Medically at Risk and Maternity Programs, 10-11:30 a.m. For more information contact Carolyn Griggs, (334) 206-2943.



November 19

American Public Health Association (APHA), For more information contact Video Communications Division, 334-206-5618.

November 20

Great American Smokeout



December 2

The Mental Health Effects of Terrorism Events, South Central Center for Public Health Preparedness, 12 noon - 1:30 p.m. Monthly series concerning new and emerging public health preparedness topics For more information contact Video Communications Division, (334) 206-5618.



December 3

Reproductive Health Issues for Women Over 40, Public Health Staff Development. For more information contact Annie Vosel, (334) 206-2959.



December 10

Reproductive Health Issues for Women Over 40, Public Health Staff Development, 2-4 p.m., For more information contact Debbie Thomasson, (334) 206-5648.



December 15

ADPH Family Planning Services Update, 2-4 p.m. For more information contact Annie Vosel, (334) 206-2959.

April 21 - 23

Alabama Public Health Association Educational Conference, Bryant Conference Center, Tuscaloosa. For more information contact Tony Thompson, (251) 479-8379.