Dear Members,

Welcome to the latest issue of the Iowa Communiqué! It seems like it was only yesterday when we had our fall issue. Hope everyone is having a great 2016 so far!

We just concluded our Spring Board/Business meeting in Ankeny on April 28. The year 2015 was great for our State Society, and we are looking at 2016 to be the same, if not greater. There are several important dates to remember in 2016, including the National Meeting in Memphis, Tennessee on July 17-21, 2016, and the Great Lakes District Conference in Frankenmuth, Michigan, on October 6-8, 2016. Hope to see you in these meetings!

We also just celebrated Medical Laboratory Professionals Week. Thank you, fellow laboratory professionals, for all the great work you do day after day! Hope everyone in laboratory medicine took time to celebrate. In our lab, we celebrated the week with food and fun games.

Our State Society membership has grown more in the past year, and with everyone’s involvement we hope to grow even more this year and the coming years. Feel free to contact the board members if you need any assistance.

Jemm Fos, MT, Co-Editor, Iowa State Society of AMT

From the District Councillor

Greetings! I truly hope that 2016 is going great so far. Great news to share regarding our National Meeting that will be in Memphis, Tennessee, July 17–21, 2016, at The Peabody Hotel. You can register online at www.americanmedtech.org/BeInvolved/AMTAnnualMeeting.aspx. There will be workshops held on Sunday, July 17.

The location for the 2017 convention will be in Kansas City, Missouri, July 9–13, 2017, at the Intercontinental Hotel. There will be a new program format in 2017. More information to follow.

Remember the CCP cycle and also AMTRAX. Please keep accurate records of your continuing education in the event that you are audited. We are told that about 10% of the membership gets audited. A member was recently decertified because they were unable to prove their continuing education

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This year our spring season brought with us the Business/Board meeting for Iowa. It was held April 28 in Ankeny. It was a nice chance to catch up with everyone and be informed of the American Medical Technologists’ progression in the health field. There are many opportunities within American Medical Technologists (www.americanmedtech.org) for continuing education and to meet people in your own profession. We do have several disciplines in our association. You are welcome to get involved with the Iowa Society, which may lead to the Great Lakes Conference and the AMT National Meeting. You can meet professionals in your area and use these resources as you may in your own work or home. In Iowa, we have two meetings about six months apart. The Business/Board meeting is held in the spring and we try to locate the fall meeting every other year where it would be centrally located for easy attendance for Continuing Education. We are a part of the Great Lakes District, which includes eight states surrounding Iowa. We will be having our State Fall Meeting this year in Frankenmuth, Michigan, with the Great Lakes Conference in October. Please see the information in this newsletter about the conference. If there is enough interest in setting up a Fall Meeting prior to the Michigan meeting, we will be happy to accommodate this. With the New Certification of CMS Regulations for Medical Assistants, we have increased our membership this year! If you know of someone who would like to be certified or registered through AMT, please help them out in any way to become a member. Any of our board members and officers and myself will be happy to talk with you or someone who has a question. AMT National Meeting is set for July 17–21. The format will be a little different this year. They are including leadership workshops with the 15 CEUs this year. Check out www.americanmedtech.org for meeting information or email me at bevchristiansenrma@gmail.com.

Yours in good health,
Bev Christiansen, RMA, President, Iowa AMT

Iowa Communicqué

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District Councillor’s Message

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that they had taken. Please stay on top of this important matter.

Please support your state officers and attend the spring meetings that some of you will be having soon. Mark your calendars for the Great Lake Conference, October 6-8, 2016, in Frankenmuth, Michigan. We will have a social event on Thursday evening and our educational classes will start on Friday all day and continue for a half day Saturday. Please join us.
Looking for fun activities to enjoy in Frankenmuth? Frankenmuth definitely delivers! Frankenmuth is the home of Bronner’s, the world’s largest Christmas store, and two of the largest independently owned restaurants in the country—the Bavarian Inn and Zehnder’s—that serve world-famous chicken dinners. The fun continues with the best indoor waterparks in Michigan, arcades, riverboat cruises, zip-line adventures, aqua cycles, petting farms, and so much more. While you are there you will experience the sights while all the foliage is in bright yellow and orange hues.

A beautiful place to earn continuing education credits! View registration forms, pricing, and details on continuing education via the AMT website www.americanmedtech.org. Select “About Us” on the left-hand side and then select "State Societies." You then can select any state website in the Great Lakes District (i.e Illinois, Ohio, Michigan, Minnesota, Wisconsin, Iowa, and Indiana). There will be top-notch speakers with current and up-to-date information!

All convention sessions will be held at the Bavarian Inn in Frankenmuth. Area hotels can be booked directly using the information below.

Hotel Reservations
Rooms can be booked at any of the following hotels... They are all within walking distance of the meeting location. Please BOOK YOUR HOTEL ROOM EARLY! We will not have any rooms blocked off at any of the hotels!

Drury Inn & Suites Frankenmuth
260 South Main
Frankenmuth, MI 48734
(989) 652-2800

Fairfield Inn & Suites by Marriott
430 South Main
Frankenmuth, MI 48734
(989) 652-5000

Marriott Madison West
530 South Main
Frankenmuth, MI 48734
(989) 652-7500

For additional information contact:
Sieglinde Wilde at (810) 662-4277 or www.americanmedtech.org
Zika Virus Disease: Symptoms and Prevention

Zika virus disease (Zika) is caused by the Zika virus, which is spread to people primarily through the bite of an infected Aedes species mosquito. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don’t get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. However, Zika virus infection during pregnancy can cause a serious birth defect called microcephaly, as well as other severe fetal brain defects. Once a person has been infected, he or she is likely to be protected from future infections.

Zika virus was first discovered in 1947 and is named after the Zika Forest in Uganda. In 1952, the first human cases of Zika were detected and since then, outbreaks of Zika have been reported in tropical Africa, Southeast Asia, and the Pacific Islands. Before 2007, at least 14 cases of Zika had been documented, although other cases were likely to have occurred and were not reported. Because the symptoms of Zika are similar to those of other diseases, many cases may not have been recognized.

In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infection in Brazil. On February 1, 2016, the World Health Organization (WHO) declared Zika virus a Public Health Emergency of International Concern (PHEIC). Local transmission has been reported in many other countries and territories. Zika virus will likely continue to spread to new areas. Specific areas where Zika is spreading are often difficult to determine and are likely to change over time.

If traveling, please visit the CDC Traveler’s Health site (http://wwwnc.cdc.gov/travel/page/zika-travel-information) for up to date travel information.

Source: Centers for Disease Control and Prevention (http://www.cdc.gov/); submitted by Jemm Fos, MT

Macular Degeneration

Age-Related Macular Degeneration (AMD) is a common eye condition which causes vision loss that gets worse over time (progressive). The disorder causes damage to the macula, which is the center of the back of the eye (retina). This area helps a person see fine details and perform tasks, such as reading and driving (sharp central vision). AMD is the leading cause of vision loss in adults.

Vision loss caused by AMD usually only affects the center of the eye, allowing affected people to recognize objects on the edges of their vision (peripheral vision). Some cases of AMD cause total blindness. The progression of the disease is painless, making it difficult for affected people to notice that their vision is getting worse until the vision loss is severe. There are two major types of AMD: wet AMD and dry AMD. Ninety percent of all cases of AMD are dry, resulting in slow and gradual vision loss, while the wet form can cause severe and rapid vision loss.

The cause of AMD is still unclear. Age and genetics are the two most significant risk factors. AMD is usually found in adults over 55 and the risk increases with age. Females are more likely to develop the condition. Smoking also significantly increases the chances of developing the disorder. AMD is usually diagnosed by an eye doctor (ophthalmologist) who uses both a routine eye exam and special eye tests, such as optical coherence tomography (OCT), to look at images of the retina. There is no cure for AMD, but good nutrition and protecting from UV rays can help slow or prevent symptoms. If you or a loved one has been diagnosed with AMD, talk with a doctor about current treatment options. Support groups can provide additional information and connect you with other families affected by AMD.

Source: http://www.diseaseinfosearch.org; submitted by Tammy Santee, RMA
Management of Lumbar Spinal Stenosis

Lumbar spinal stenosis (LSS) affects more than 200,000 adults in the United States, resulting in substantial pain and disability. It is the most common reason for spinal surgery in patients over 65 years. Lumbar spinal stenosis is a clinical syndrome of pain in the buttocks or lower extremities, with or without back pain. It is associated with reduced space available for the neural and vascular elements of the lumbar spine. The condition is often exacerbated by standing, walking, or lumbar extension and relieved by forward flexion, sitting, or recumbency.

Clinical care and research into lumbar spinal stenosis is complicated by the heterogeneity of the condition, the lack of standard criteria for diagnosis and inclusion in studies, and high rates of anatomic stenosis on imaging studies in older people who are completely asymptomatic. The options for non-surgical management include drugs, physiotherapy, spinal injections, lifestyle modification, and multidisciplinary rehabilitation. However, few high-quality randomized trials have looked at conservative management. A systematic review concluded that there is insufficient evidence to recommend any specific type of non-surgical treatment. Several different surgical procedures are used to treat patients who do not improve with non-operative therapies. Given that rapid deterioration is rare and that symptoms often wax and wane or gradually improve, surgery is almost always elective and considered only if sufficiently bothersome symptoms persist despite trials of less invasive interventions. Outcomes (leg pain and disability) seem to be better for surgery than for non-operative treatment, but the evidence is heterogeneous and often of limited quality.

Source: The BMJ (http://www.bmj.com/content/352/bmj.h6234.long); submitted by Tammy Santee, RMA
ISSAMT officers (left to right) at the April Board/Business Meeting: Bev Christiansen, Cheryl Kocour, Fred Witt, Pat Hite, Tammy Santee, and Marlyce Schrodt.

Above: Mercy Hospital Iowa City lab staff celebrates Laboratory Week in April. (Left to right) Derek Desotel, Yanghong Wu, Grace Nyoma, Paula Pauly, and Emily Wachutka.

Left (2 pictures): WCHC Laboratory Staff culminated their Laboratory Week Celebration with a dinner.

Above: WCHC display during Lab Week Celebration.

Left: Washington County Hospital and Clinics Lab Staff celebrating Lab Week (L to R): Sharlene Soper, Esbeidi Tafolla, Joecy Ajewole, Benice Yudelmo, Michelle Sheetz, Kaitlyn Mendenhall, Michelle Green.

Photos submitted by Benice Yudelmo, MT, and Fred Witt, MT