



Indiana
Department
of
Health

CLINICIAN UPDATES

GUY CROWDER, MD, MPHTM
CHIEF MEDICAL OFFICER

ERIC HAWKINS, MS
STATE EPIDEMIOLOGIST

1/24/2025

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Conflict of interest

We have no conflicts of interest to disclose

CMEs



CME credits are available for physicians participating in this webinar.

Once you complete the REDCap survey (link will be added to the chat during the Clinician Update), the IDOH enters your name into the Accreditation Council for Continuing Medical Education (ACCME) Program and Activity Reporting System (PARS). PARS is your entry point into the digitized world of CME.

To access the CME credit from this webinar, please go to [PARS - ACCME](#) (This will allow you to monitor CMEs awarded and entered into ACCME's PARS) and/or [Homepage \(cmepassport.org\)](#) (This will allow you to monitor CME credits and find other available opportunities to gain CMEs.)



H5N1



**Indiana
Department
of
Health**

Key Points

- **The risk of avian influenza to the general public is considered low**
 - People with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection
- **There is no concern for contamination of the food/milk supply**
 - Food products from sick animals are prevented from entering the food supply and beef cooked to the recommended cooking temperatures are effective in inactivating H5N1 virus
 - Pasteurization is required in Indiana for any milk entering interstate commerce for human consumption and this process is proven to inactivate H5N1 viruses in milk
- Although severe illness is possible, most patients who have had avian influenza have experienced a mild illness. Conjunctivitis can be the only symptom.

H5 Avian Flu Update

- 67 confirmed human cases in the United States (10 states)
 - 56% are from CA
 - 59% exposed to dairy herds
 - **No evidence of person-to-person transmission has been detected**
- CDC confirmed the first death associated with H5N1 in the U.S. in Louisiana
 - Patient had exposure to sick and dead birds in backyard flocks
- In the last 30 days - nationally
 - 89 confirmed HPAI detections in poultry flocks – 19 states
 - 49 confirmed cases in cattle from two states (CA, MI)

Accelerated Subtyping of Influenza A in Hospitalized Patients

[Print](#)

<https://www.cdc.gov/han/2025/han00520.html#print>



Distributed via the CDC Health Alert Network
January 16, 2025, 10:00 AM ET
CDCHAN-00520

Indiana Health Alert Network Notification Avian Influenza A(H5) Update



Jan. 22, 2025

Summary

The Centers for Disease Control and Prevention (CDC) recently published a [health advisory](#) that includes updates for clinicians, and the Indiana Board of Animal Health (BOAH) also recently released an advisory about Indiana flocks affected by highly pathogenic avian influenza (HPAI). The Indiana Department of Health (IDOH) is sending this alert to provide updated information to clinicians who may evaluate a patient with suspected avian flu A(H5) infection.

The risk of infection to the general public remains low.

<https://www.in.gov/health/emergency-preparedness/files/IHAN-HPAI-1.22.25.pdf>

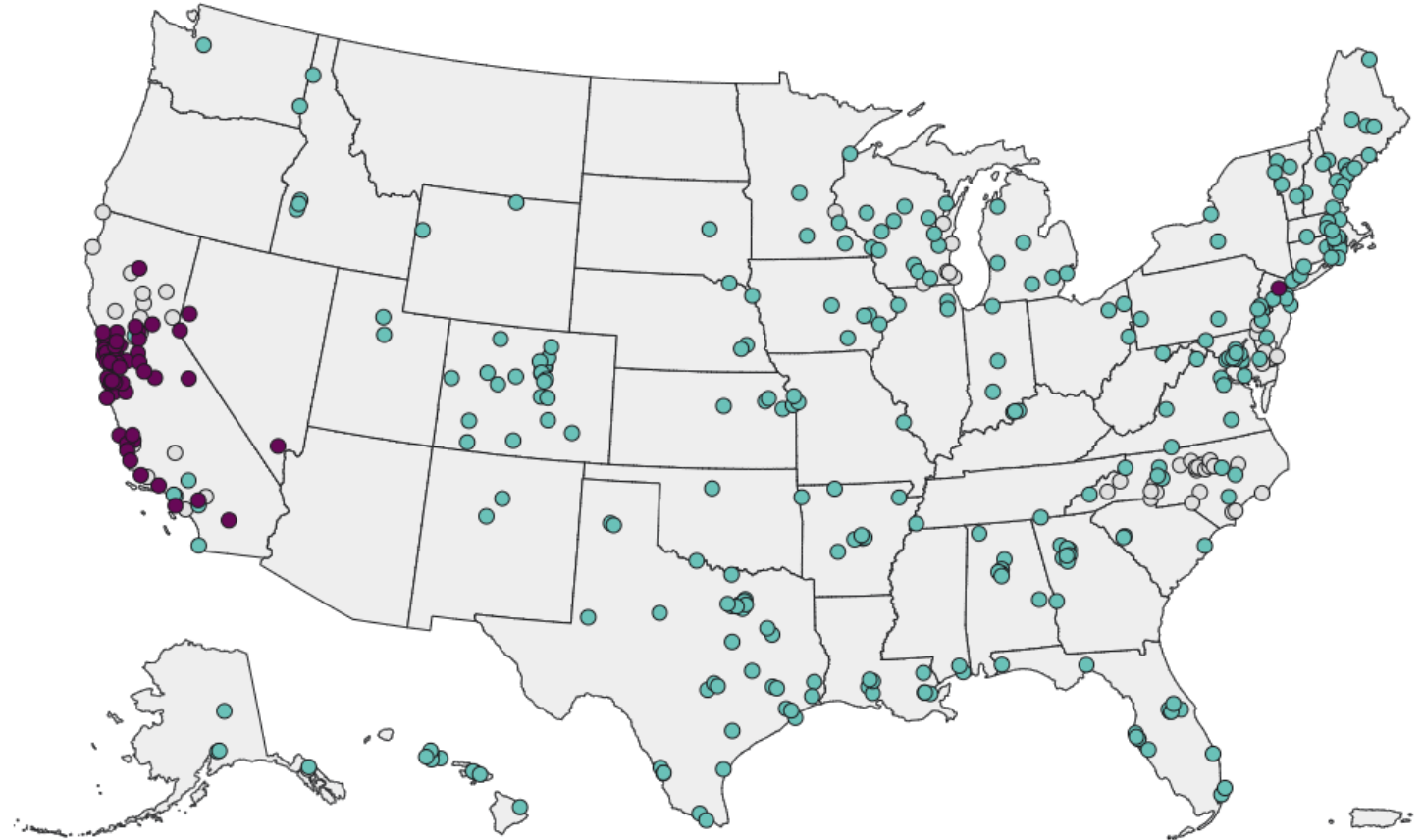


Accelerated Subtyping of Flu A

- Send respiratory specimens to IDOH that are positive for influenza A but negative for seasonal influenza A virus subtypes [A(H1) and A(H3)]
 - Asking providers and/or laboratories to send these within 24 hours of results
- If influenza A virus subtyping is not available through your hospital/clinic or clinical laboratory
 - Notify IDOH and we will help make arrangements for subtyping at the IDOH laboratory
 - Some commercial laboratories have capabilities to subtype influenza A

H5 National Wastewater

- Jan. 5 – Jan. 11
- H5 detections at 53 sites (↓ down from December) in three states
- Last month – 11 states



Clinical Considerations

- For hospitalized patients with suspected, probable, or confirmed H5 avian flu, CDC recommends an airborne isolation room with negative pressure and implementation of [standard, contact, and airborne precautions](#) with eye protection. See this [link](#) for full infection control guidance.
- CDC recommends treatment with oseltamivir. Dosing is BID x 5 days (for treatment or post-exposure prophylaxis ([PEP](#))) and most beneficial if started within the first 48 hours
 - Note the PEP dose for H5 avian flu is the same as the treatment dose instead of the daily prophylactic dose used for seasonal influenza
 - In certain situations, oseltamivir can be given for a longer duration, such as in severe illness or for up to 10 days for PEP if there is an ongoing exposure
- Hospitalized patients who are confirmed, probable, or suspected cases of human infection with H5 are recommended to [initiate antiviral treatment with oral or enterically administered oseltamivir](#) as soon as possible regardless of time since onset
 - Antiviral treatment should not be delayed while waiting for laboratory testing results
 - Consider combination antiviral treatment for those hospitalized with H5 avian flu

H5 Avian Flu Resources

- H:5 Bird Flu Current Situation - <https://www.cdc.gov/bird-flu/situation-summary/index.html>
- USDA Detections of Highly Pathogenic Avian Influenza - <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/livestock>
- CDC HAN – Accelerated Subtyping of Influenza A in Hospitalized Patients <https://www.cdc.gov/han/2025/han00520.html#print>
- CDC – Avian Influenza (Bird Flu) Website <https://www.cdc.gov/bird-flu/index.html>
- First H5 Bird Flu Death Reported in the United States <https://www.cdc.gov/media/releases/2025/m0106-h5-birdflu-death.html>
- [Highly Pathogenic Avian Influenza A\(H5N1\) Virus Infections in Humans | New England Journal of Medicine](#)

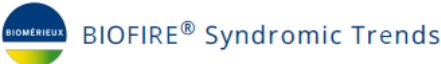


Respiratory Updates



Indiana
Department
of
Health

Midwest Biofire Respiratory Data 1/12 - 1/18



Midwest Region

Respiratory Report
RP2.1



Weekly Detection Rates (%)

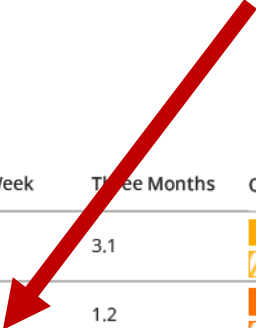
16% Region Co-Detection Rate*

High Activity (>3%)

	One Week	Three Months	One Week: <input type="checkbox"/> Three Months: <input checked="" type="checkbox"/>
Respiratory Syncytial Virus	8.9	7.3	
Human Rhinovirus/Enterovirus	7.6	16.9	
Influenza A H1-2009	7.5	2.6	
Influenza A H3	6.4	2.9	
SARS-CoV-2	6.0	4.9	

Medium Activity (1%-3%)

	One Week	Three Months	One Week: <input type="checkbox"/> Three Months: <input checked="" type="checkbox"/>
Coronavirus NL63	3.0	3.1	
Coronavirus OC43	3.0	1.2	
Human Metapneumovirus	2.0	1.2	
Mycoplasma pneumoniae	1.8	3.3	
Adenovirus	1.8	2.4	



Fact Check: Human metapneumovirus in China is not 'new,' no state of emergency declared

By Reuters Fact Check

January 9, 2025 8:49 AM EST · Updated 3 days ago



Human metapneumovirus

- Common respiratory virus in the same family as RSV
- So common and contagious that most people have immunity
 - Kids usually get it before 5 years old
 - Most adults only experience a mild cold
- Spreads through secretions from coughing and sneezing, close personal contact, touching objects or surfaces then touching mouth, nose, eyes
- Symptoms – similar to common cold or flu
 - Cough, fever, nasal congestion, shortness of breath
 - Can progress to bronchitis or pneumonia
- Diagnosis
 - Not routinely tested for at a doctor's office
 - Testing typically performed via biofire panel (aka respiratory viral panel) as shown on previous slide
- Treatment
 - Supportive, no specific treatment
- Prevention
 - General precautions for respiratory viruses can be helpful
 - Washing hands, covering cough, cleaning surfaces, and staying home when sick.

National Respiratory Outlook

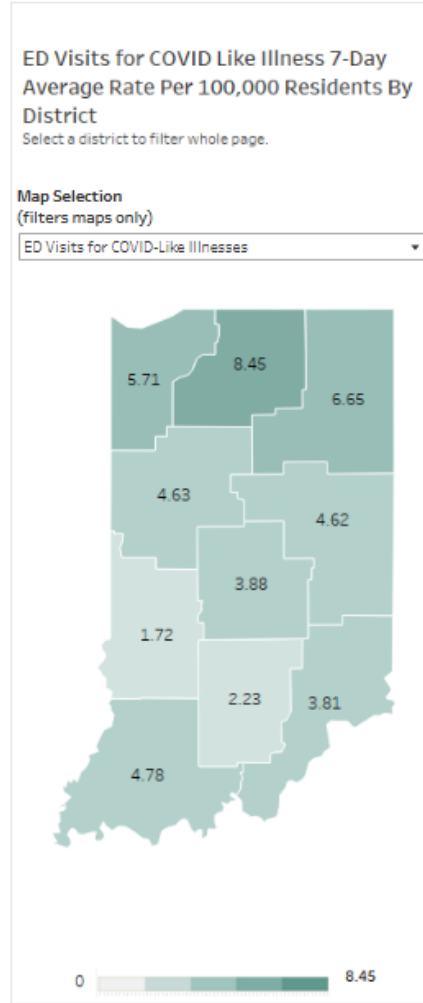
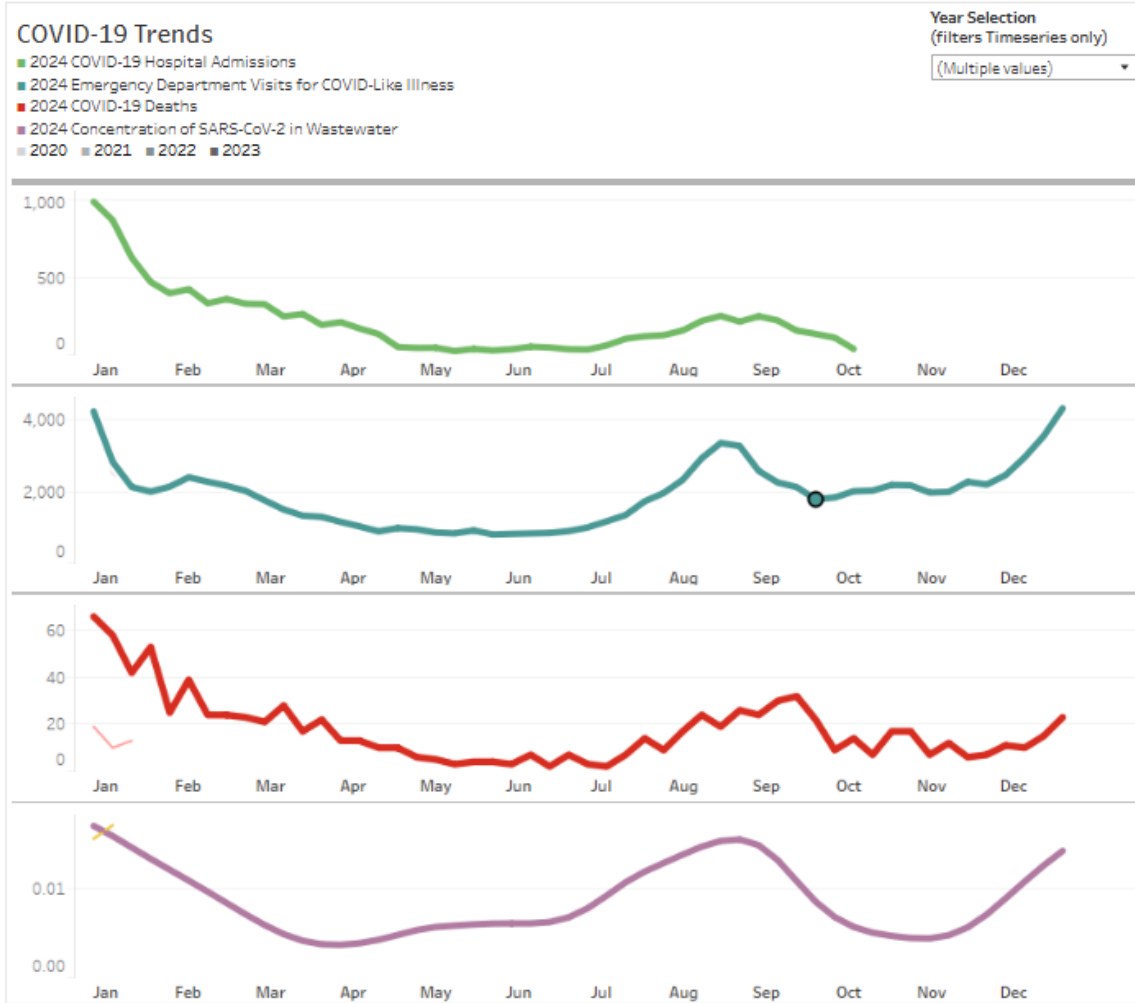
- Season outlook
 - Similar or lower peak hospitalizations as last year
- Peak hospitalizations from all respiratory viruses higher than pre-COVID-19
- US emergency department visits
 - COVID-19 – low; increasing
 - Flu – high; increasing
 - RSV – high; increasing





Indiana COVID-19 Home Dashboard

Data are updated as of 12/10/2024 and refreshed on a weekly basis every Wednesday by 5 p.m.



Indiana Department of Health

COVID-19 Update for the United States

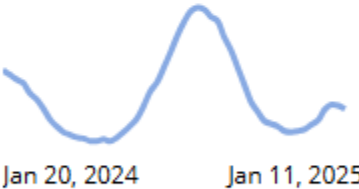
Early Indicators

Test Positivity >

% Test Positivity

6.6%

Week ending January 11, 2025
Previous week 7%

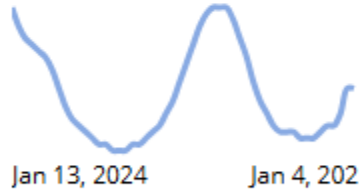


Emergency Department Visits >

% Diagnosed as COVID-19

1.3%

Week ending January 4, 2025
Previous week 1.3%



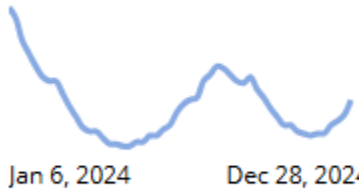
Severity Indicators

Hospitalizations >

Rate per 100,000 population

3.3

Week ending December 28, 2024
Previous week 2.6

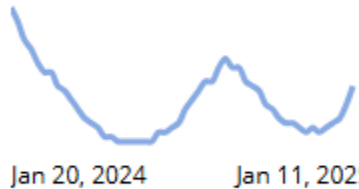


Deaths >

% of All Deaths in U.S. Due to COVID-19

1.8%

Week ending January 11, 2025
Previous week 1.4%



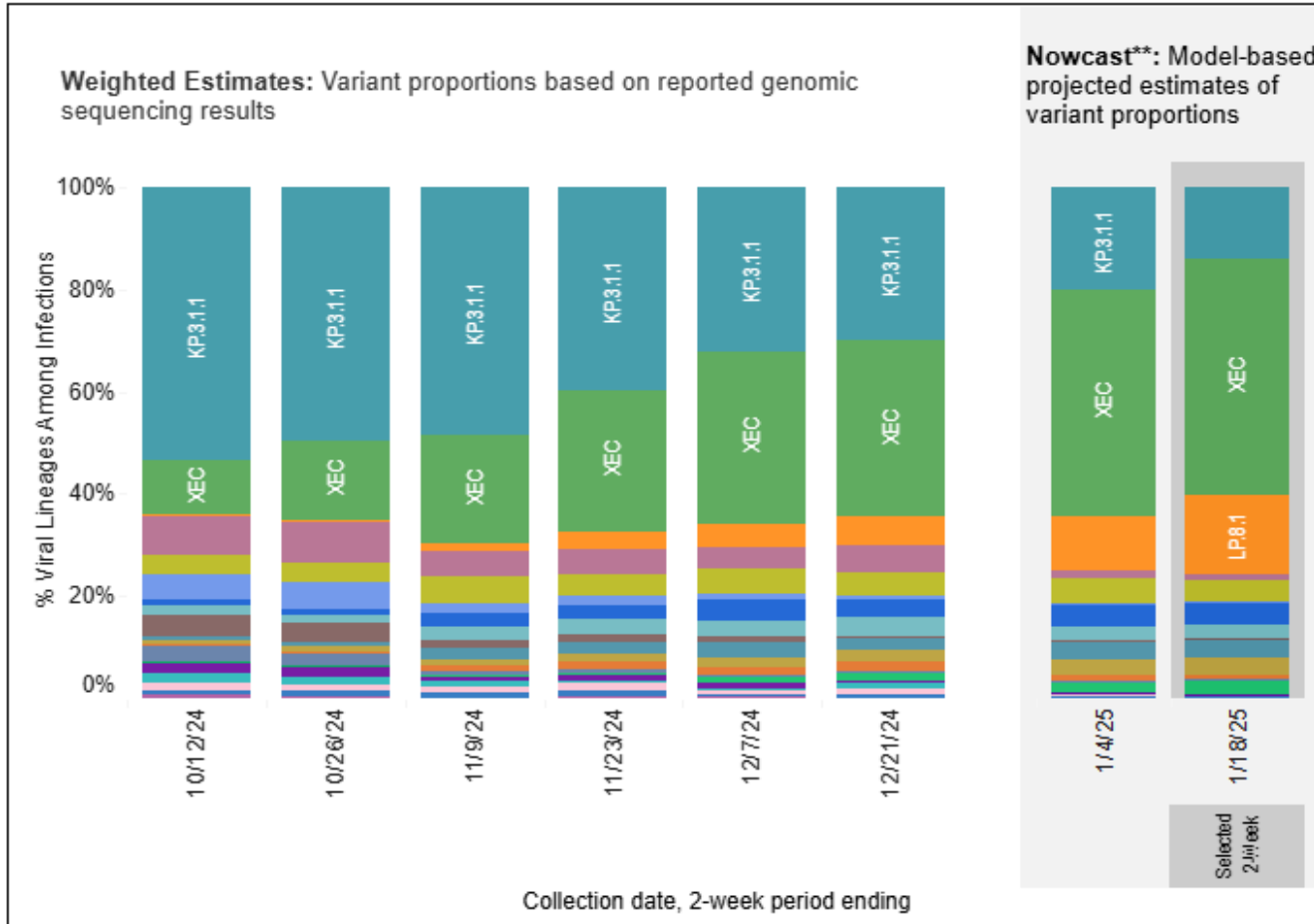
These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.



Weighted and Nowcast Estimates in United States for 2-Week Periods in 9/29/2024 – 1/18/2025

Nowcast Estimates in United States for 1/5/2025 – 1/18/2025

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



USA			
WHO label	Lineage #	%Total	95%PI
Omicron	XEC	47%	44–49%
	LP.8.1	15%	12–19%
	KP.3.1.1	14%	12–16%
	MC.10.1	5%	3–7%
	MC.1	4%	3–5%
	LF.7	4%	3–6%
	XEK	4%	3–5%
	XEC.4	3%	1–5%
	LB.1.3.1	2%	1–4%
	KP.3	1%	1–2%
	JN.1.18.6	1%	0–3%
	MC.19	1%	0–1%
	KP.1.1.3	0%	NA
	KP.2.3	0%	NA
	LB.1	0%	NA
	JN.1	0%	NA
	KP.2	0%	NA
	LP.1	0%	NA

Paxlovid Federal Patient Assistance Program

- Medicare patients will continue to have two ways to access this medication:
 - a 100% rebate program for plans that have entered into an agreement with Pfizer (determined at the pharmacy counter)
 - direct [enrollment](#) in the USG PAP. The rebate option will close at the end of February.
- Beginning March 1, 2025, Medicare patients who are ***under-insured*** may be eligible to receive no cost Paxlovid through the USG PAP if they have a high co-pay for Paxlovid and cannot afford the medication based on [income](#).
- Medicare beneficiaries who do not have prescription coverage and cannot afford the medication may also qualify for Paxlovid under the USG PAP as uninsured.
- Starting January 1, 2025, patients who are covered under Medicaid, Tricare, or Veterans Affairs Community Care Network should consult their plan for coverage.
 - If individuals under those plans are facing high co-pays and cannot afford the medication, they may be eligible for no cost Paxlovid through enrollment in the USG PAP. Federal entities including DoD health centers, Veterans Affairs health centers, Indian Health Service health centers, and HRSA-supported health centers will continue to receive free Paxlovid from the HHS supply until that supply is depleted or until December 31, 2028, whichever comes first. This government-purchased supply must remaining available to patients for free.



Indiana Influenza Dashboard

Data were last refreshed on January 20, 2025. Data are refreshed weekly.
Observed Current Week - January 5, 2025 - January 11, 2025

- WEEKLY OVERVIEW**
- SYNDROMIC
- SENTINEL
- VIROLOGIC
- MORTALITY
- ABOUT THE DATA

Indiana Influenza-Like Illness (ILI) Surveillance – Week ending January 11, 2025

This influenza “flu” dashboard is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospitals, healthcare professionals, and the community with the general burden of ILI activity. Flu season for the U.S. typically occurs from October – May, however, flu can and does circulate year-round.

ILI Definition = fever of 100° F or higher (measured) AND cough and/or sore throat.

ILI Activity Code

Moderate

Influenza-Associated Deaths

2

for current week

32 total for current season

Syndromic Percent ILI

3.29% ▼ 1.29%

reported by emergency department and urgent care chief complaints

Sentinel Percent ILI

3.40% ▼ 1.34%

reported by sentinel outpatient provider



**Indiana
Department
of
Health**



Indiana Influenza Dashboard

Data were last refreshed on January 20, 2025. Data are refreshed weekly.
Observed Current Week - January 5, 2025 - January 11, 2025

WEEKLY OVERVIEW

SYNDROMIC

SENTINEL

VIROLOGIC

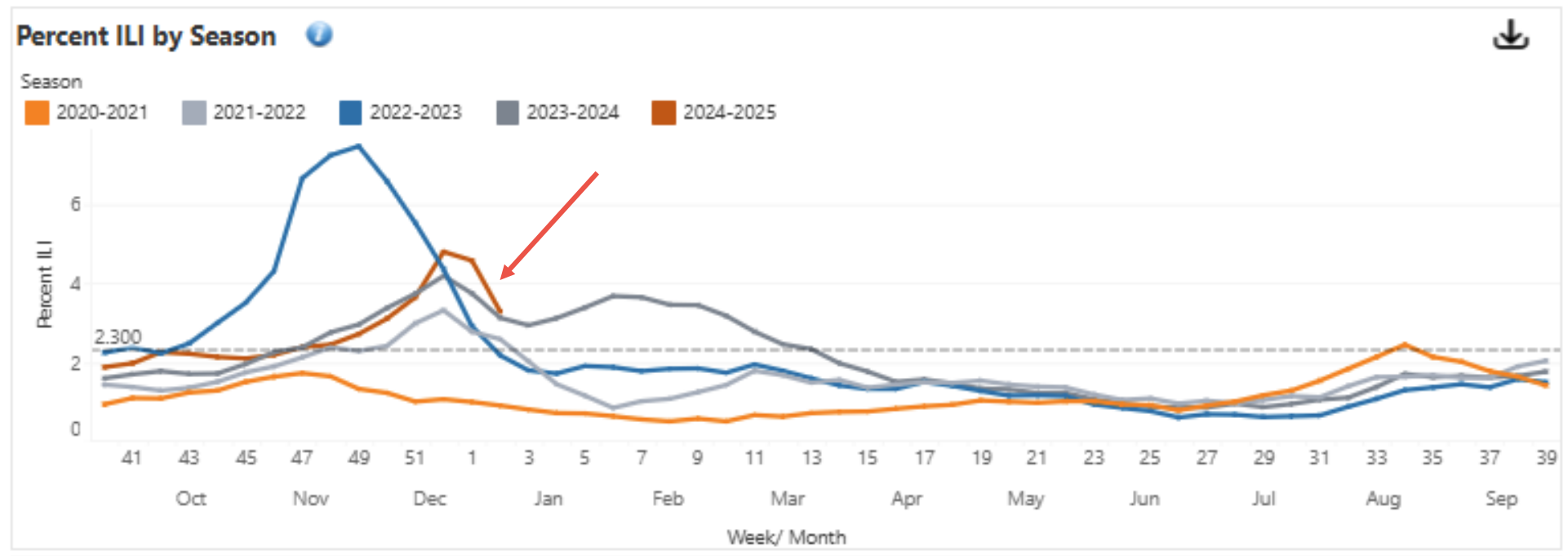
MORTALITY

ABOUT THE DATA

Emergency Department and Urgent Care Visits for ILI

The Indiana Department of Health (IDOH) uses a system called ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) to track and monitor syndromic surveillance for ILI. In ESSENCE, a visit is classified as ILI when a patient presents with a chief complaint of fever (greater than or equal to 100 °F) accompanied by a cough and/or sore throat, or complaining of "influenza". Epidemiologists at IDOH analyze data from 119 emergency departments and 23 urgent care facilities across the state.

[Download all seasons data here.](#)





Indiana Influenza Dashboard

Data were last refreshed on January 20, 2025. Data are refreshed weekly.
Observed Current Week - January 5, 2025 - January 11, 2025

- WEEKLY OVERVIEW
- SYNDROMIC
- SENTINEL
- VIROLOGIC**
- MORTALITY
- ABOUT THE DATA

Laboratory Surveillance

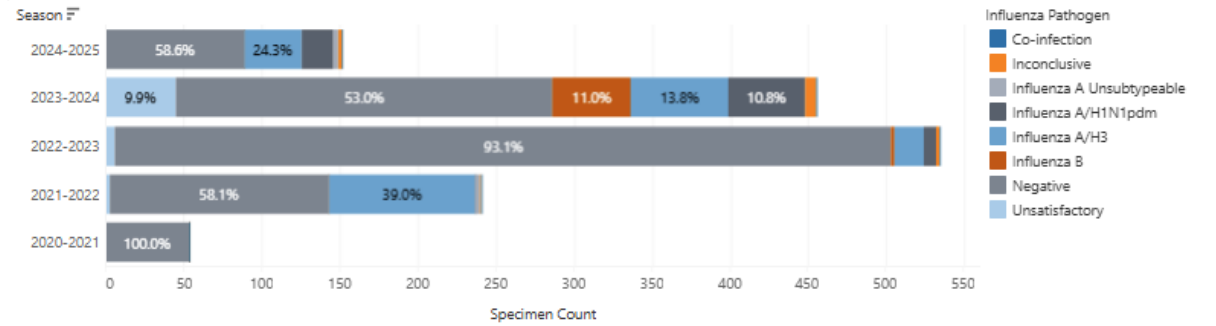
Many respiratory viruses commonly circulate during the same time as influenza, with similar symptoms. Analyzing trends in laboratory testing and test results allows assessment of whether the ILI activity being reported is due to influenza or another respiratory virus. The primary laboratories used to track influenza test results in Indiana include: hospital, commercial, and the Indiana Department of Health (IDOH) Laboratory. Virology data is reported during the influenza season (October—May) for past years, unlike the other surveillance data tabs that are reporting year-round.

[Download all seasons influenza and circulating non-influenza IDOH lab data.](#)

Circulating Influenza Viruses Detected by IDOH Laboratory for Current Week

Specimen	Count
Co-infection	0
Inconclusive	1
Influenza A Unsubtypeable	2
Influenza A/H1N1pdm	1
Influenza A/H3	1
Influenza B	0
Negative	10
Unsatisfactory	0
Total	15

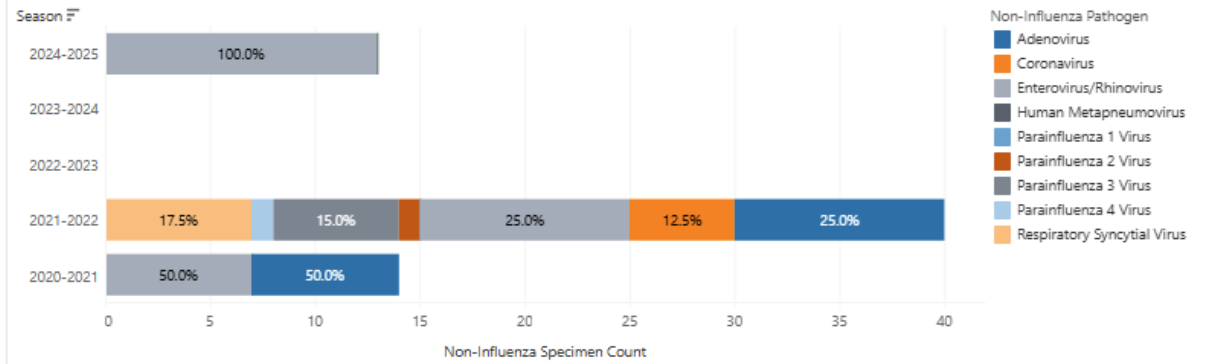
Circulating Influenza Viruses Detected by IDOH Laboratory for All Seasons



Circulating Non-Influenza Viruses Detected by IDOH Laboratory for Current Week

Non-Influenza Specimen	Count
Adenovirus	0
Coronavirus	0
Enterovirus/Rhinovirus	1
Human Metapneumovirus	0
Parainfluenza 1 Virus	0
Parainfluenza 2 Virus	0
Parainfluenza 3 Virus	0
Parainfluenza 4 Virus	0
Respiratory Syncytial Virus	0
Total	1

Circulating Non-Influenza Viruses Detected by IDOH Laboratory for All Seasons



Influenza Vaccine Reminder

- CDC recommends everyone 6 months and older get a flu vaccine every year with rare exceptions
- **Vaccination should continue as long as flu is circulating**
- The ACIP recommends that adults aged 65 and older receive any of the following vaccines for the 2024-2025 season:
 - High-dose inactivated influenza vaccine
 - Recombinant influenza vaccine
 - Adjuvanted inactivated influenza vaccine
- Per CDC, it is important that healthcare providers, caregivers, and contacts get vaccinated especially when caring for those who are high risk for more severe outcomes.

All U.S. 2024-2025 influenza vaccines will be trivalent protecting against influenza A/H1N1pdm09, influenza A/H3N2, and influenza B/Victoria.

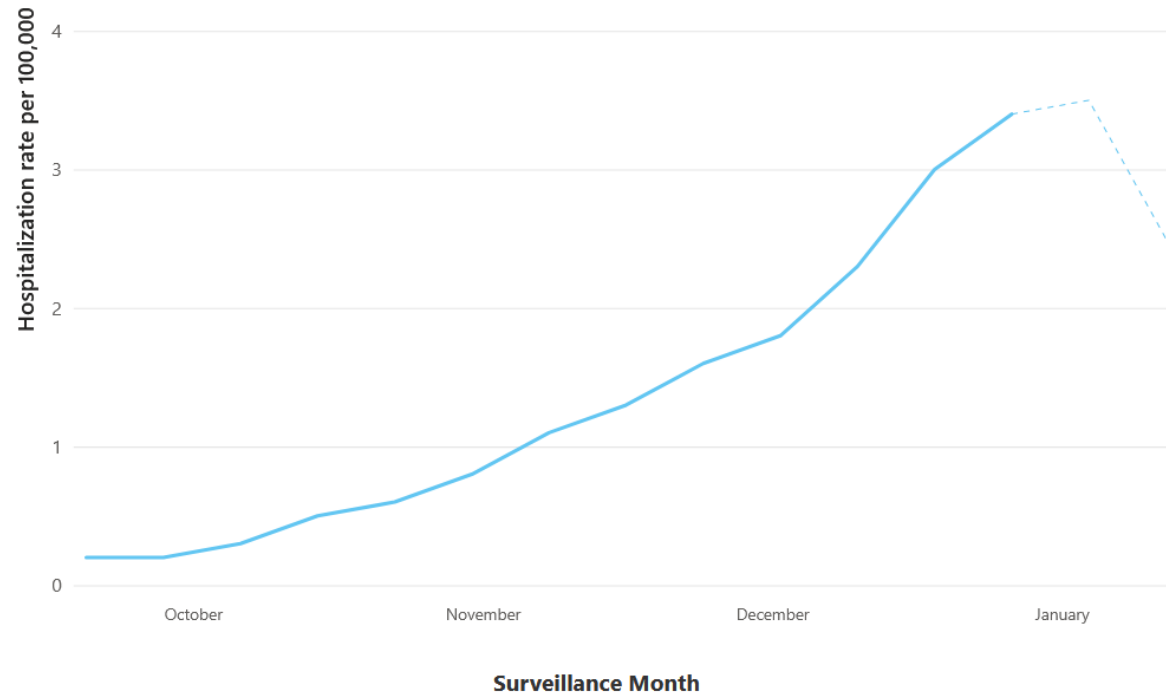
FLU PREVENTION TIPS



RSV-NET

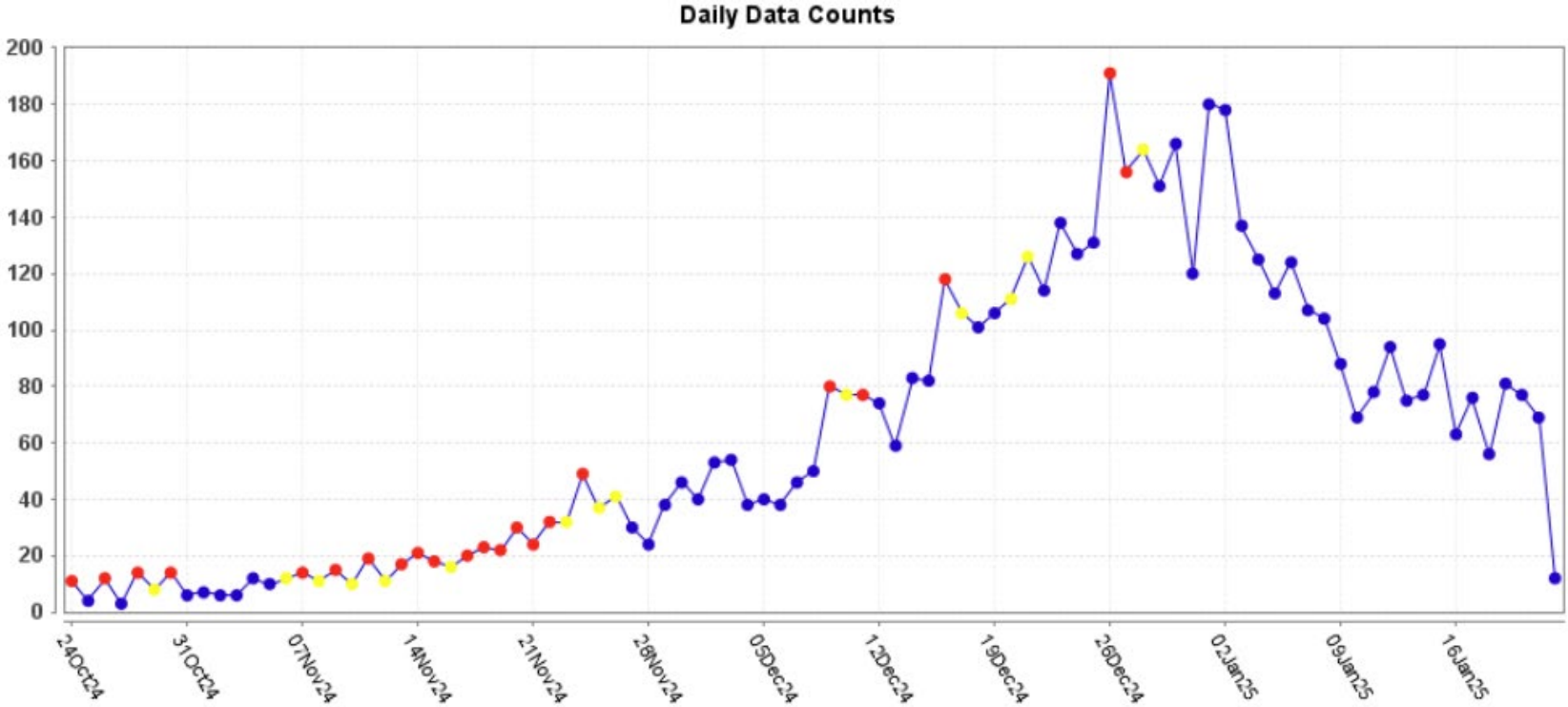
RSV Hospitalization Surveillance Network: A Respiratory Virus Hospitalization Surveillance Network (RESP-NET) Platform

In the 2024-25 season, the overall rate of RSV-associated hospitalizations was 23.0 per 100,000 people.



Data last updated: 1/16/2025 7:07:19 PM | **Accessibility:** Select (Enter) the graph area and press Alt + Shift + F11 to view the data as a table. Press ? to view more keyboard shortcuts.

RSV Surveillance



Jan. 5 - 11

Respiratory Syncytial Virus

11.6

6.0



Jan. 12 - 18

Respiratory Syncytial Virus

8.9

7.3



WHAT YOU NEED TO KNOW ABOUT FALL VACCINES 2024

Immunizations have been shown to lower risk of severe disease. Speak to your health care provider about the best timing for you.

WHAT YOU NEED TO KNOW ABOUT FALL VACCINES 2024

Immunizations have been shown to lower risk of severe disease. Speak to your health care provider about the best timing for you.

Vaccine

Who

What

When



People 6 months of age and older

Updated 2024–2025 flu vaccine

During flu season. September and October remain the best times for most people to get vaccinated



Everyone aged 6 months and older should get 1 updated Moderna, Novavax, or Pfizer COVID-19 vaccine to be up to date.

Updated 2024–2025 COVID-19 vaccine

During fall and winter respiratory disease season

Vaccine

Who

What

When



Adults over 75 and older and adults 60-74 at increased risk of severe RSV

NOT AN ANNUAL VACCINE

In late summer or early fall



Pregnant women at 32-36 weeks

Pfizer Abrysvo is the only RSV vaccine approved for pregnant women

September through January



Infants 19 months and younger

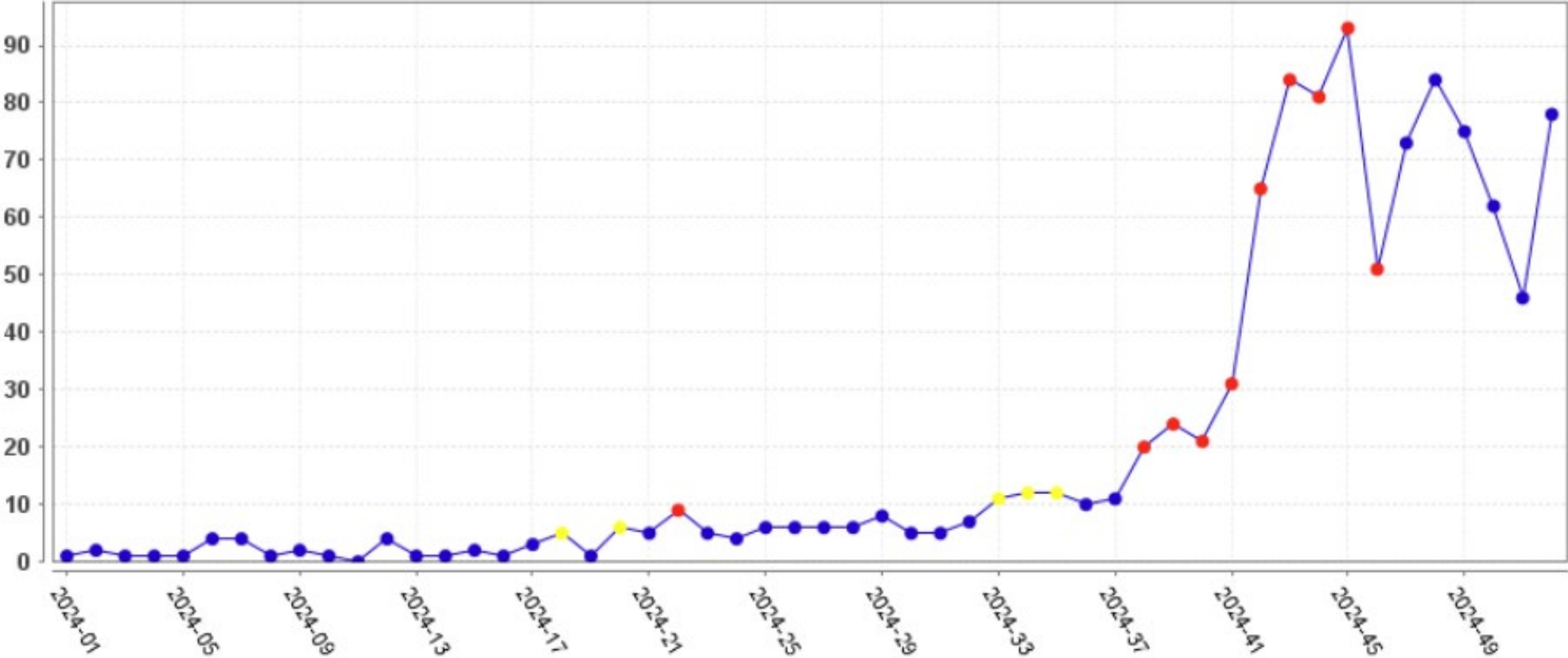
Monoclonal antibody shot

October through the end of March



Increase in *Mycoplasma pneumoniae*

Mycoplasma Pneumonia (Stratification: All Ages)



Mp Resources

1. CDC *Mycoplasma pneumoniae* Infection Surveillance and Trends - <https://www.cdc.gov/mycoplasma/php/surveillance/index.html>
2. Clinical Care of *Mycoplasma pneumoniae* Infection - <https://www.cdc.gov/mycoplasma/hcp/clinical-care/index.html>
3. Laboratory Testing for *Mycoplasma pneumoniae* - <https://www.cdc.gov/mycoplasma/php/laboratories/index.html>
4. Submitting Specimens for *Mycoplasma pneumoniae* Testing - <https://www.cdc.gov/mycoplasma/php/laboratories/specimen-packing.html>
5. MMWR (Notes from the Field): Reemergence of *Mycoplasma pneumoniae* Infections in Children and Adolescents After the COVID-19 Pandemic, United States, 2018-2024 - https://www.cdc.gov/mmwr/volumes/73/wr/mm7307a3.htm?s_cid=mm7307a3_w



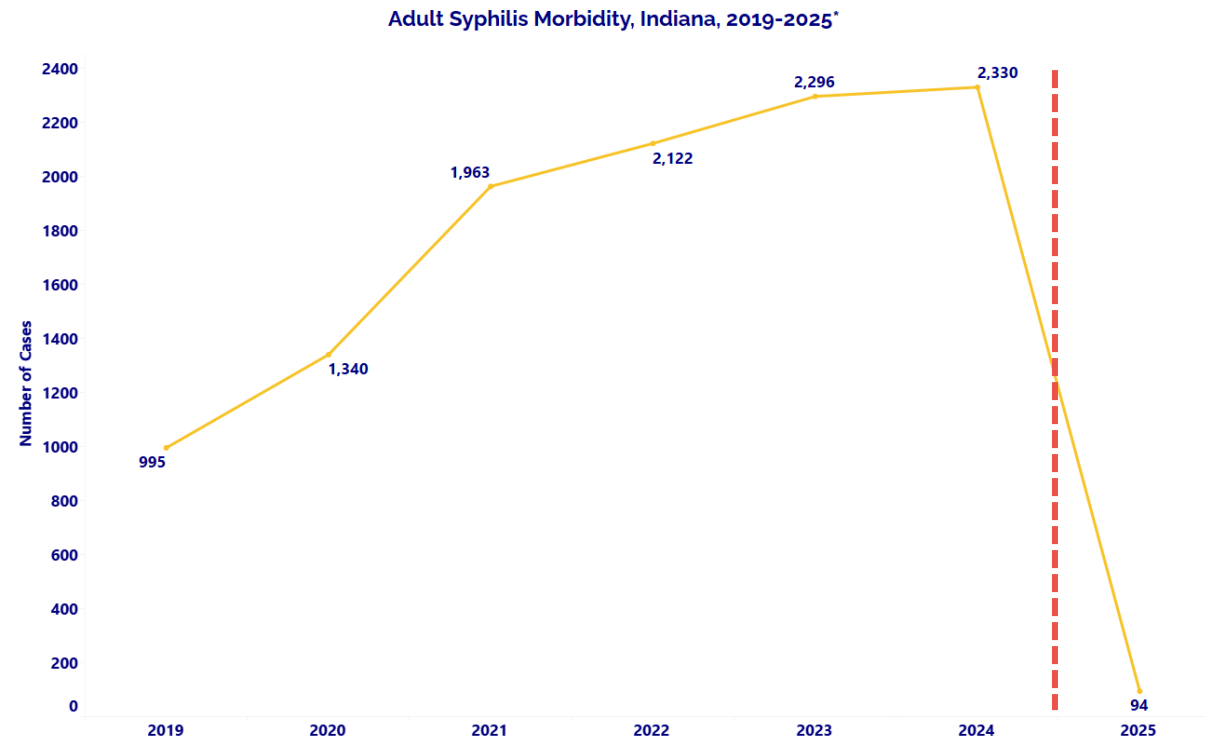
Syphilis



Indiana
Department
of
Health

Adult Syphilis Morbidity

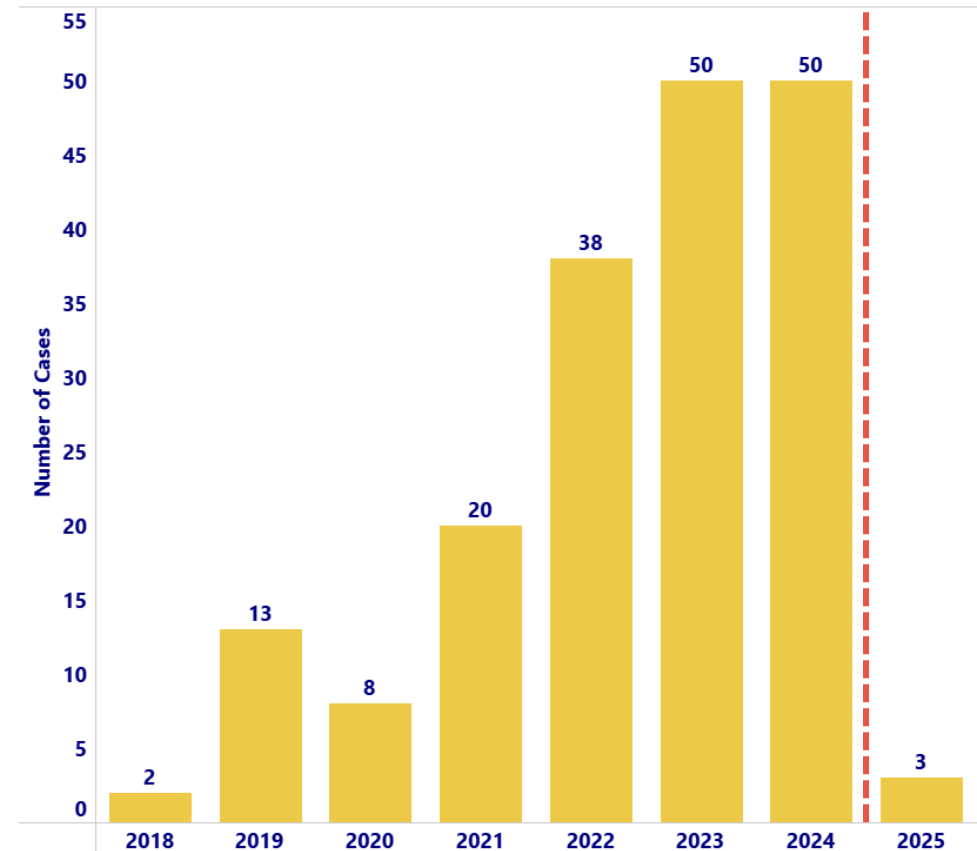
- Rates of adult syphilis have been on the rise since 2014 in Indiana, reaching 33.9 (per 100,000) in 2023.
- **There were 2,330 cases of adult syphilis reported in 2024*, up 1.5% compared to 2023.**
 - **There have been 94 cases reported in 2025*.**
- From 2019-2023 there was a 283% increase in syphilis cases among females of childbearing age (15-44 years old).
- **There were 691 cases of adult syphilis among females of childbearing age in 2024*, up 11.8% compared to 2023.**
 - **There have been 25 cases among females of childbearing age reported in 2025*.**



Congenital Syphilis Morbidity

- From 2018-2023 there was a 2,400% increase in congenital syphilis (CS) cases reported.
- **There were 50 cases of CS reported in 2024*, matching the number of cases reported in 2023**
 - **There have been 3 cases of CS reported in 2025***
- Of the 50 CS cases reported in 2024*, 2 were stillbirths.

Congenital Syphilis Morbidity, 2018-2025*



Congenital Syphilis is Preventable

Toolkit can be found here:

<https://www.in.gov/health/audiences/clinicians/clinical-guidelines-and-references/congenital-syphilis-clinician-toolkit/>

Includes:

- Dashboards (adult and congenital syphilis)
- Case definitions
- Treatment algorithm
- Clinical staging
- Treatment information



Recommendations

- Perform syphilis testing on all patients upon finding a positive pregnancy test
- Test all pregnant women three times during pregnancy (at initial prenatal visit, again at 28-32 weeks of gestation, and then at delivery)
- Meet people where they are with syphilis testing and treatment outside of settings in which pregnant patients are typically encountered.
 - This could include emergency departments, urgent cares, primary care visits, jail/prison intake, local health departments, community programs, and other addiction services.
- Perform screening and treatment of all sexually active women and their partners for syphilis in counties with high syphilis rates
- Perform screening and appropriate treatment for those with other risk factors for syphilis (have unprotected sex and do not use condoms or do not use them correctly, have multiple sex partners, have a sex partner who has syphilis and have sex with a partner who has multiple sex partners)
- Treat all pregnant women who are infected with syphilis immediately upon diagnosis, according to their clinical stage of infection. Treatment must be with penicillin G benzathine (Bicillin LA).

Learning Resource about STIs, including syphilis

- NYC STI/HIV Prevention Training Center
- Through the Columbia University Mailman School of Public Health
- Several online resources available
- Education intended for healthcare professionals
- Follow link: <https://www.publichealth.columbia.edu/research/centers/new-york-city-sti-hiv-prevention-training-center>

For Them: Syphilis Awareness Campaign

FOR THEM

Get **Excited** for Them.
Get **Prepared** for Them.
Get **Tested** for Them.

You can give your baby syphilis before they're even born.
Protect yourself and baby and get tested today.

GET TESTED



<https://testforthem.org/for-them/>



Infectious Diseases of Public Health Importance



Indiana
Department
of
Health

Midwest Biofire GI Data 1/12 - 1/18



BIOFIRE® Syndromic Trends

Midwest Region

Gastrointestinal Report



Weekly Detection Rates (%)

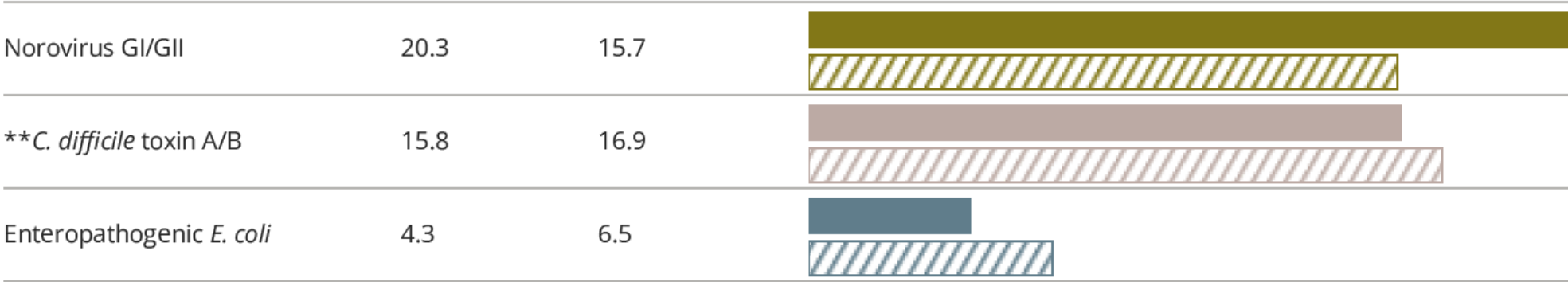
22% Region Co-Detection Rate*

High Activity (>3%)

One Week

Three Months

One Week: ■ Three Months: ▨



Norovirus

- Leading cause of vomiting and diarrhea, and foodborne illness in the United States
 - Symptoms also can include fever, headache, myalgias
- People of all ages can get infected and sick with norovirus
- Proper handwashing and other simple steps can help prevent getting and spreading norovirus
- Testing primarily molecular although antibody testing is possible in some settings
- Treatment – Supportive
- Not reportable unless an outbreak



Updated FDA Strategy to Prevent Enteric Infections from Fresh and Frozen Berries, 1/17/25

FDA mentions that these efforts are to limit diseases like hep A and norovirus from *imported* berries (none in domestic berries for 35 years)

Key Strategies include:

- Promote high rates of compliance with FDA food safety requirements
- Encourage the berry industry to identify and ensure consistent application of processes, or a combination of processes, which describe adequate berry pre- and post-harvest sanitary practices for domestic and global berry operations, including promoting the use of root cause analysis when failures are observed in food safety systems.
- Broaden scientific knowledge about the viability, persistence, detection, and mitigation of viruses in fresh and frozen berries, pre- and post-harvest environments, and agricultural water sources
- Incentivize industry and governments to embrace the use of public health prevention measures through immunization programs to promote worker health



Mpox Clade I Update

Two Cases in USA

- November 2024 - first case of Mpox Clade 1b in California following travel to affected areas of Eastern Africa.
 - Information about the case can be found in the [CDC HAN](#)
- January 15, 2025 – confirmed 2nd case in Georgia following travel to affected country. The patient is in isolation and recovering.
- No additional cases have been reported.

Overall risk in U.S. is still considered to be **low**

Confirmed Clade I and Clade II Mpox

Confirmed Clade I and Clade II Mpox Cases

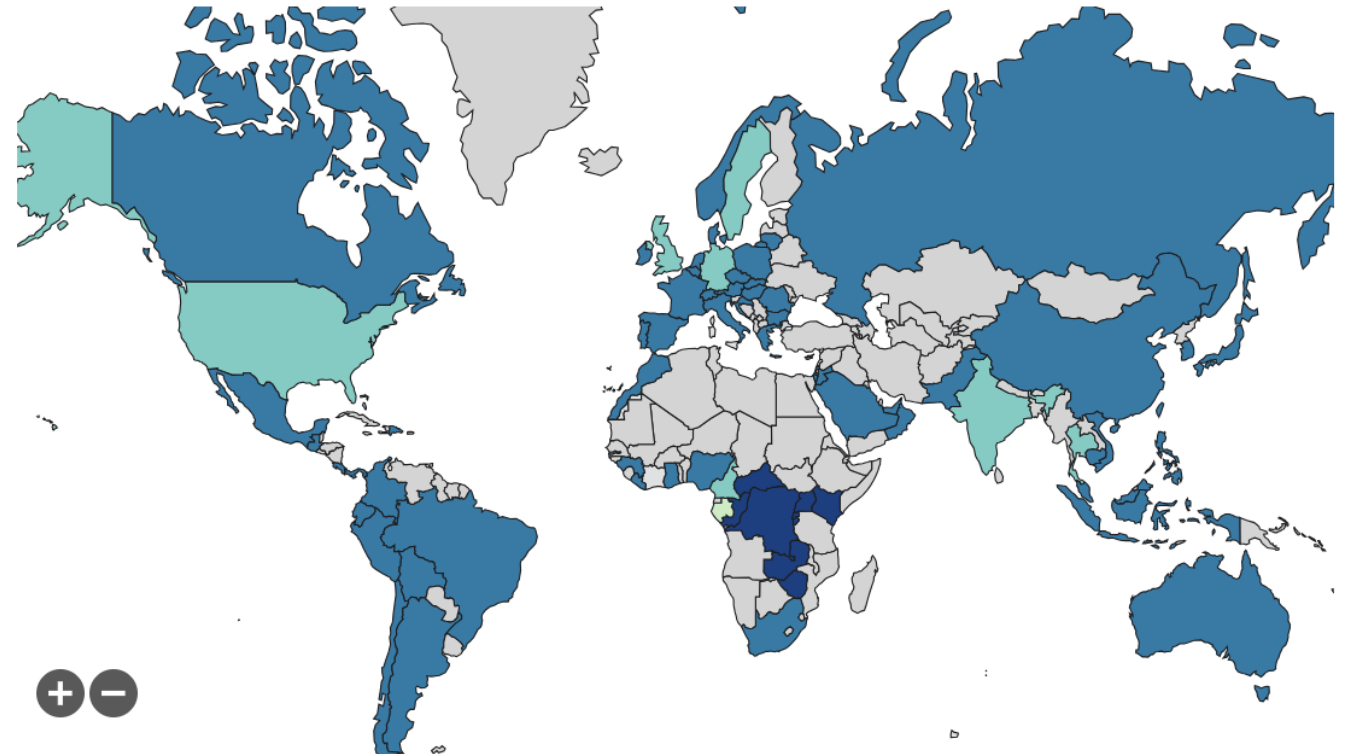
Locations*** with mpox cases since January 1, 2024

81
Total locations

9
Locations with only clade I mpox

62
Locations with only clade II mpox

7
Locations with both clade I and clade II mpox



Countries reporting mpox by clade since January 1, 2024

● Clade I ● Clade II ● Clade I and Clade II ● Clade Unknown ● Not reported

CDC Clinical Recommendations

- Extensive information in recent [Dear Colleague letter](#) from CDC, 12/3/24
- Consider the diagnosis of clade I in a patient who develops symptoms suggestive of Mpox with a history of [travel to countries in Africa with Clade 1 cases](#) within 21 days:
 - **Consult with IDOH to coordinate testing – 317-508-8490 during business hours (8:15am-4:45pm M-F) or 317-233-1325 after hours or on the weekend**
 - Our lab will send to the CDC for confirmatory genotyping
- Recommend adding screening questions about travel history if not already included
- Vaccination continues to be recommended by the CDC for adults who meet the [eligibility criteria](#):

¹Persons at risk:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
 - A new diagnosis of ≥ 1 sexually transmitted disease
 - More than one sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where mpox transmission is occurring
- Sexual partners of persons with the risks described in above
- Persons who anticipate experiencing any of the above



Reference the [IDOH mpox website](#), [clinical guide for mpox](#), and the [CDC HAN](#) for more information

Mpox Testing at the IDOH Laboratory

- The IDOH Laboratory performs non-variola orthopoxvirus (NVO) PCR testing. We only perform this testing on the following specimen types
- Acceptable specimen types
 - Dry synthetic swab placed into a sterile container with **NO** media
 - Refrigerated at 2-8C
 - Received at the IDOH Laboratory within 7 days of collection
- Specific guidance can be found on the IDOH Laboratory website

Mpox Clade I/Clade II Subtyping

- IDOH Laboratory forwards all non-variola orthopoxvirus (NVO) positive specimens to the CDC for Clade I/Clade II subtyping. This includes
 - NVO positive specimens tested at IDOH
 - NVO positive specimens tested at outside laboratories
- The CDC accepts the following specimen types for Clade I/Clade II subtyping
 - Dry synthetic swab, such as listed for NVO testing at IDOH on the previous slide
 - Swabs in Viral Transport Media (VTM). Please note that Universal Transport Media (UTM) or M4 transport media will not be able to be tested
 - Must be received by IDOH Laboratory within 25 days. Specimens in VTM can be refrigerated or frozen, however, frozen specimens must be shipped on dry ice.
 - Crusts from lesions without transport media in a sterile container. Specimens must be received within seven days and refrigerated at 2-8C.

Blastomycosis Outbreak in Paper Mill Workers

- As a reminder, per CDC, blastomycosis is a rare infectious disease caused by inhalation of *Blastomyces* fungal spores from the environment. Pulmonary illness is most common, ranging from mild, self-limited respiratory symptoms to severe, potentially fatal pneumonia; approximately 25% of cases include extrapulmonary disease, often involving skin lesions. As many as one half of people infected with *Blastomyces* remain asymptomatic.
- Michigan 2022-23, largest ever U.S. outbreak of blastomycosis
- 162 cases identified out of 645 workers evaluated
- 12% of workers required hospitalization (some studies previously have shown up to 65%)
- Blastomyces was detected via PCR testing of indoor air samples
 - Suspected that spores were introduced from outdoor environment and contaminated indoors
 - Mill is located among a riverway in a forested area, but exact source remains unknown
- Consider the condition in patients with occupational exposures such as disturbing soil in areas with the fungus



Other Public Health Updates



Indiana
Department
of
Health

Flumist

The CDC notified IDOH that all distribution centers are out of publicly-funded Flumist.

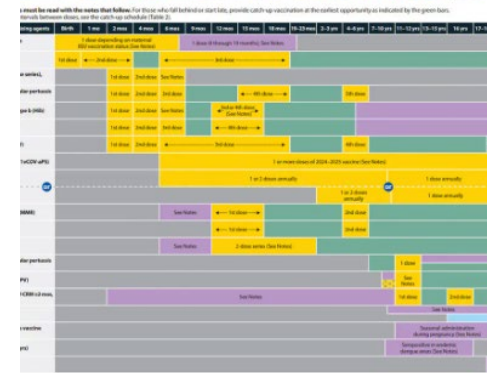
- Manufacturer (AstraZeneca) is working to rectify the situation
- No date has been given when this will be resolved
- All other brands still available to order

We appreciate your patience as we navigate through this obstacle.

CDC MMWRs with 2025 immunization schedules

- ACIP schedule for children and adolescents aged 18 or younger
- ACIP schedule for adults aged 19 years or older

Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

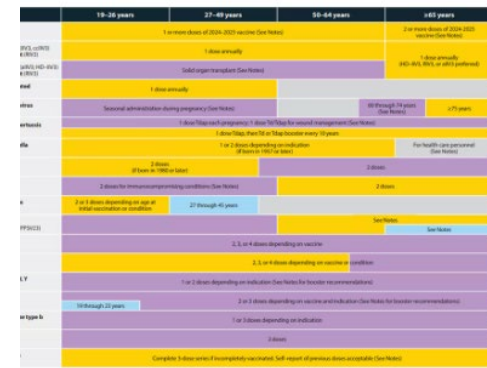


Child and Adolescent Immunization Schedule by Age

Guide health care providers in determining recommended vaccines for each age group.

NOV. 21, 2024

Recommended Adult Immunization Schedule by Age Group, United States, 2025



Adult Immunization Schedule by Age

Stay up-to-date on getting recommended vaccines. View and print CDC immunization schedules for adult...

NOV. 21, 2024



[Link to CDC page with immunization schedules](#)

Gaps in Mental Health Care Seeking for Health Care Providers during Pandemic

- September 2022–May 2023
- 2,603 primary care physicians, pediatricians, nurse practitioners, and physician assistants participated in a national Internet panel survey.
- Approximately one half (45.4%) of participants reported that they did not need mental health care, and only one in five (20.3%) had sought care.
- **One quarter (25.6%) of providers reported mental distress severe enough to meet diagnostic criteria for psychopathology.**
- Among these providers, **only 38% reported seeking care**; 20.1% indicated that they did not need care, despite severe symptoms.
- The most frequently reported barriers to care-seeking included difficulty getting time off from work, cost of care, and concerns about confidentiality.
 - Increased pandemic-related work stressors were associated with increased symptom severity, but support from work supervisors mitigated these effects.
 - CDC recommended considering things such as organizational human resources practices and supervisor training on managing employee stress to address gaps in provider care-seeking and improve patient outcomes.

FDA Revokes Authorization of Red No. 3

Can no longer be used in foods and ingested drugs

- Based on two studies that showed cancer in male laboratory rats exposed to high levels of the additive
- Cancers in the rats is believed to be related to rat-specific hormonal mechanism
- Per FDA: Studies in other animals and in humans **did not** show these effects

Manufacturers to re-formulate their products by:

- Food – January 15, 2027
- Drugs – January 18, 2028

Revocation based on Delaney Clause

- Enacted in 1960 as a part of the Color Additives Amendment to the Food, Drug, and Cosmetics Act
- Prohibits FDA authorization of a food or color additive if shown to cause cancer in humans or animals

FDA Proposed Rule for Front of Package Nutrition Labeling in Public Comment Period

- The FDA is proposing to require a front-of-package (FOP) nutrition label on most packaged foods to provide accessible, at-a-glance information to help consumers quickly and easily identify how foods can be part of a healthy diet.
- The FDA's proposed FOP nutrition label, referred to as the Nutrition Info box, would complement the Nutrition Facts label that is required on most food packages.
- Displaying simplified, at-a-glance, nutrition information that details and interprets the saturated fat, sodium, and added sugar content of a food as "Low," "Med," or "High" on the front of food packages would provide consumers with an accessible description of the numerical information found in the Nutrition Facts label.
- Current federal dietary recommendations advise U.S. consumers to limit these three nutrients to achieve a nutrient-dense diet within calorie limits.
- Calories not included but manufacturer could declare on FOP label

Nutrition Info		
Per serving 1 container		% Daily Value
Saturated Fat	18%	Med
Sodium	37%	High
Added Sugars	5%	Low
FDA.gov		

AIM Simulation Scenarios for Emergency Departments

- Released December 2024
- Alliance for Innovation on Maternal Health (AIM) created this training for EDs to increase the quality of care for pregnant and postpartum women with an obstetric emergency

Per the intro:

- ***Improving access to high-quality health care is critical to addressing the leading causes of preventable severe maternal morbidity (SMM) and mortality in the United States. The Alliance for Innovation on Maternal Health (AIM) at the American College of Obstetricians and Gynecologists (ACOG), which is funded through a cooperative agreement with the Health Resources Services Administration (HRSA), developed this Obstetric Simulation Scenarios for the Emergency Department resource to support response to this need.***

Letter to editor in JAMA: Vaping

A recent letter to the editor written by authors from the CDC and CDC Foundation in the Journal of American Medical Association highlighted,

- Multiple e-cigarette brands with smart vape features are illegally marketed in the US. without U.S. Food and Drug Administration (FDA) authorization.
- The smart vape brands Geek Bar Pulse and Raz, which debuted in October 2023, emerged as the third and sixth top-selling e-cigarettes as of June 2024.
- **These inexpensive, appealingly flavored products intersect nicotine addiction with two potentially addicting behaviors—screen use and gaming.**
- The authors of the editorial call for action including things such as public education, messaging, enforcement of existing regulations, retail and distributor compliance



SMART Vapes

SMART vapes are e-cigarettes or vapes equipped with technology, nicotine, and harmful flavors that provides users with features like smartphone connectivity, real – time usage monitoring when puffing and reward systems for vaping.

S - Social integration, young users are using tobacco products as a social trend.

M – Mobile connectivity, smart vapes have mobile integration to provide users a personalized experience like adding wallpapers, track puffing, and touchscreen lighting effects.

A – Affordable, In June, e-cigarette dollar sale totaled \$488.9 million with the 10-top selling brands were Vuse, JUUL, Geek bar pulse, Breeze.

R – Rewards, some devices also have video games, animations, and rewards systems for vaping such as points and rankings. *“Geek bar encourages collection of their devices via an ongoing “Pulse Collection Award!” promotion via their social media platforms.”*

T – Toxic, Nicotine is highly addictive and can harm brain development, which continues until about age 25. Most e-cigarettes contain nicotine along with heavy metals, chemicals, and youth appealing flavors.



Geek Bar Pulse X

Source: Product purchased by underage buyer in NJ, July 2024.



Source: <https://x.com/geekbarvape/status/1795287331454509399>

Sources: [National Center for Chronic Disease Prevention and Health Promotion](#); [Office on Smoking and Health](#)

E-Cigarette Use Among Youth and Young Adults: A Report of the Surgeon General

Monitoring Tobacco Sales: National Trends

Notes from the Field: E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024 | MMWR

A state investment in local public health



Your Community Info

Health First Indiana



Indiana
Department
of
Health

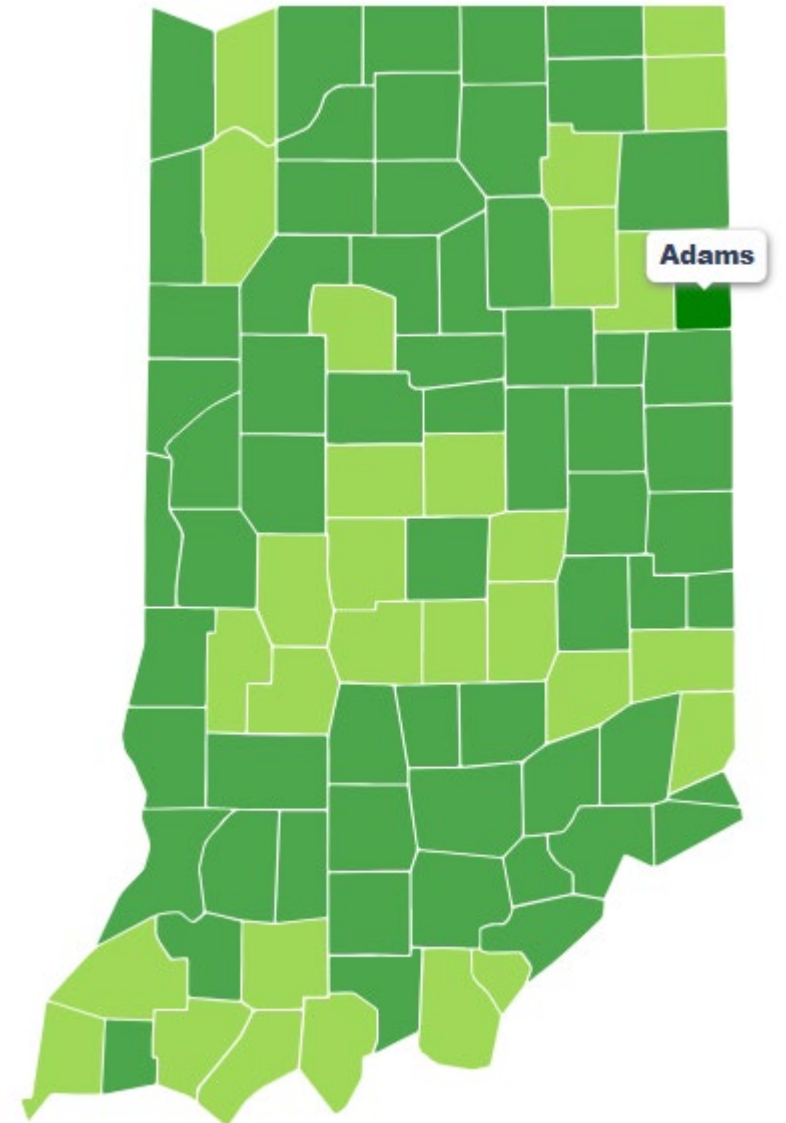
County Level Information

Adams County

OPTED IN FOR 2025: \$781,245.18
 Funding Per Capita: \$21.82




2023:	\$54,115.70 (Legacy amount from Local Health Maintenance Fund/Trust)	
2024:	\$404,232.55	2024 Adams County Budget
County Match:	Average of county tax levy-related funds distributed to the LHD in the preceding three years (2021, 2022, 2023).	
2025 (Opt In):	\$781,245.18	2025 Adams County Budget
County Match:	Minimum: \$174,568.88	

■ These counties received enhanced funding due to small population or lower life expectancy and/or higher needs, such as housing, transportation and income.



County Level Information

Activities	County-Level KPIs	Partnerships
<ul style="list-style-type: none"> • ACHD provided 48 lead related services including testing, home services, and education • ACHD served 541 people with adult and child vaccines • ACHD provided 158 prenatal services including vitamins, immunization and my Healthy Baby referrals • ACHD provided 1730 vision and oral screenings to students through their school health program • ACHD provided 18 chronic disease prevention services including a nutrition and physical activity program <p>Activity Report</p>		

Activities	County-Level KPIs	Partnerships
 <p>Maternal and child health</p> <p>Improve the infant mortality rate in Adams County from 9.0 (2022) to 8.5 (2027).</p>	 <p>Child and adult immunizations</p> <p>Increase the number of children in Adams County completing the DTaP immunization series from 37.9% (2022) to 38.9% (2027).</p>	 <p>Trauma and injury prevention and education</p> <p>Reduce the rate of falls-related hospitalizations from 224.6 (2022) to 220 (2028).</p>

Activities	County-Level KPIs	Partnerships
<p>Crossroads Adams County</p> <p>SAFE</p>	<p>Unfailing Love</p> <p>Adams Memorial Hospital</p>	<p>Firefly Children and Family Alliance</p>

Public Health Day at the Statehouse

Wednesday, March 12
10 a.m.-Noon

- North rotunda of the Statehouse
- A celebration of an investment in public health
- Featuring LHD success stories
- LHD awards
- Show support for public health by wearing blue and gold



Ways to connect with us

- Access our [webpage](#) with resources for clinicians
- Please let us know what topics you'd like us to cover:
Email Gcrowder@health.in.gov or
Ehawkins@health.in.gov
- Sign up for IHAN– Indiana Health Alert Network
<https://ihan-in.org>

Questions?

CONTACT:

Guy Crowder, MD, MPHTM

Chief Medical Officer

GCrowder@health.in.gov

Eric Hawkins, MS

State Epidemiologist

ehawkins@health.in.gov

Next call: Noon, Feb. 28





Supplemental information



Indiana
Department
of
Health

MMWRs that may be of interest

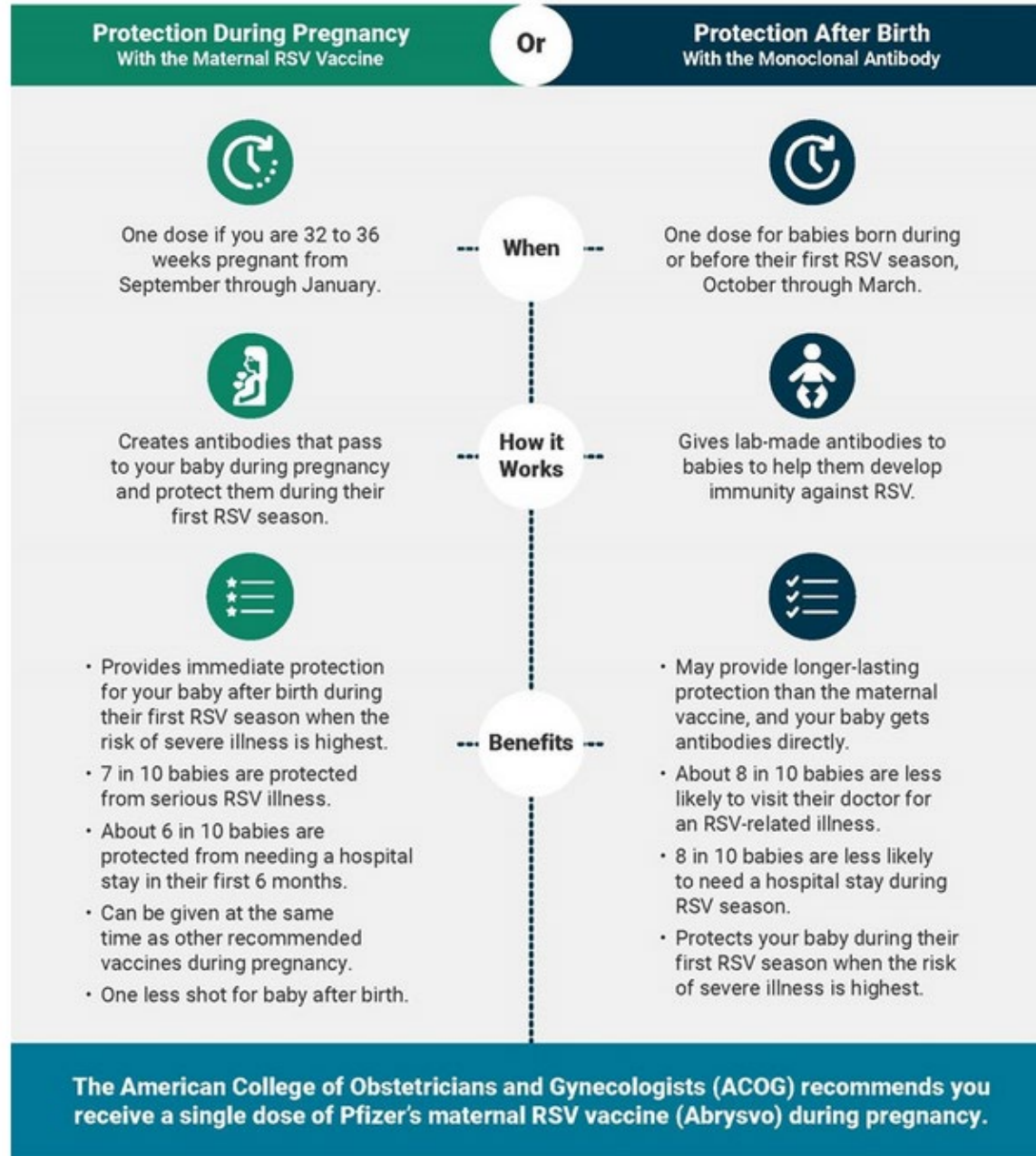
- [Tularemia](#), increased incidence 2011-2022
- [Adenovirus](#), virus subtypes and pandemic impact on reporting

ACOG RSV infographic for moms/babies

<https://www.acog.org/programs/immunization-for-women/physician-tools/infographic-respiratory-syncytial-virus>



Protecting Your Baby from RSV



The American College of Obstetricians and Gynecologists (ACOG) recommends you receive a single dose of Pfizer's maternal RSV vaccine (Abrysvo) during pregnancy.

CDC RSV factsheet for older adults

Accessible Link: <https://www.cdc.gov/rsv/older-adults/index.html>

Older Adults Are at High Risk for Severe RSV Illness

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs and breathing passages

- ✓ **RSV vaccine is recommended for:**
 - Everyone 75 and older
 - People 60-74 who are at increased risk of severe RSV
- ✓ **It can PROTECT against severe illness**
- ✓ **The best time to get vaccinated is in late summer and early fall**



CDC MMWRs on nirsevimab effectiveness



Nirsevimab was 90% effective at protecting infants from RSV-associated hospitalization*

Clinicians, talk to parents about nirsevimab, a preventive antibody

* Early estimates from the New Vaccine Surveillance Network, October 2023-February 2024

bit.ly/mm7309a4
MARCH 7, 2024

CDC **MMWR**

March 2024



Nirsevimab was 89% effective at protecting Alaska Native infants from RSV-associated hospitalization*

Talk to your health care provider about protecting your child from RSV[†]

* Among infants in Alaska's Yukon-Kuskokwim Delta region during their first RSV season, October 16, 2023-April 30, 2024.
[†] RSV = respiratory syncytial virus.

bit.ly/mm7345a1
NOVEMBER 14, 2024

CDC **MMWR**

November 2024