



Indiana
Department
of
Health

CLINICIAN UPDATES

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11/22/2024

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 \(cmepassport.org\)](http://cmepassport.org) (This will allow you to monitor CME credits and find other available opportunities to gain CMEs.)

Mpox Clade I Update

- From Jan. 1 to Nov. 15, 2024, Central and East Africa has had approximately 12,000 *confirmed* Mpox Clade 1 cases
 - The Democratic Republic of the Congo has had approximately 47,000 *suspected* cases with over 1,000 *suspected* deaths
- The current outbreak is more widespread than any previous DRC outbreak, and clade I mpox has spread to some neighboring countries, including Burundi, Central African Republic, Republic of the Congo, Rwanda, and Uganda
- Travel cases have occurred in: Germany (1), India (1), Kenya (17), Sweden (1), Thailand (1), the United Kingdom (UK) (4), Zambia (1), and Zimbabwe (2)

First Case of Clade I Mpox Diagnosed in the United States

[Print](#)



Distributed via the CDC Health Alert Network

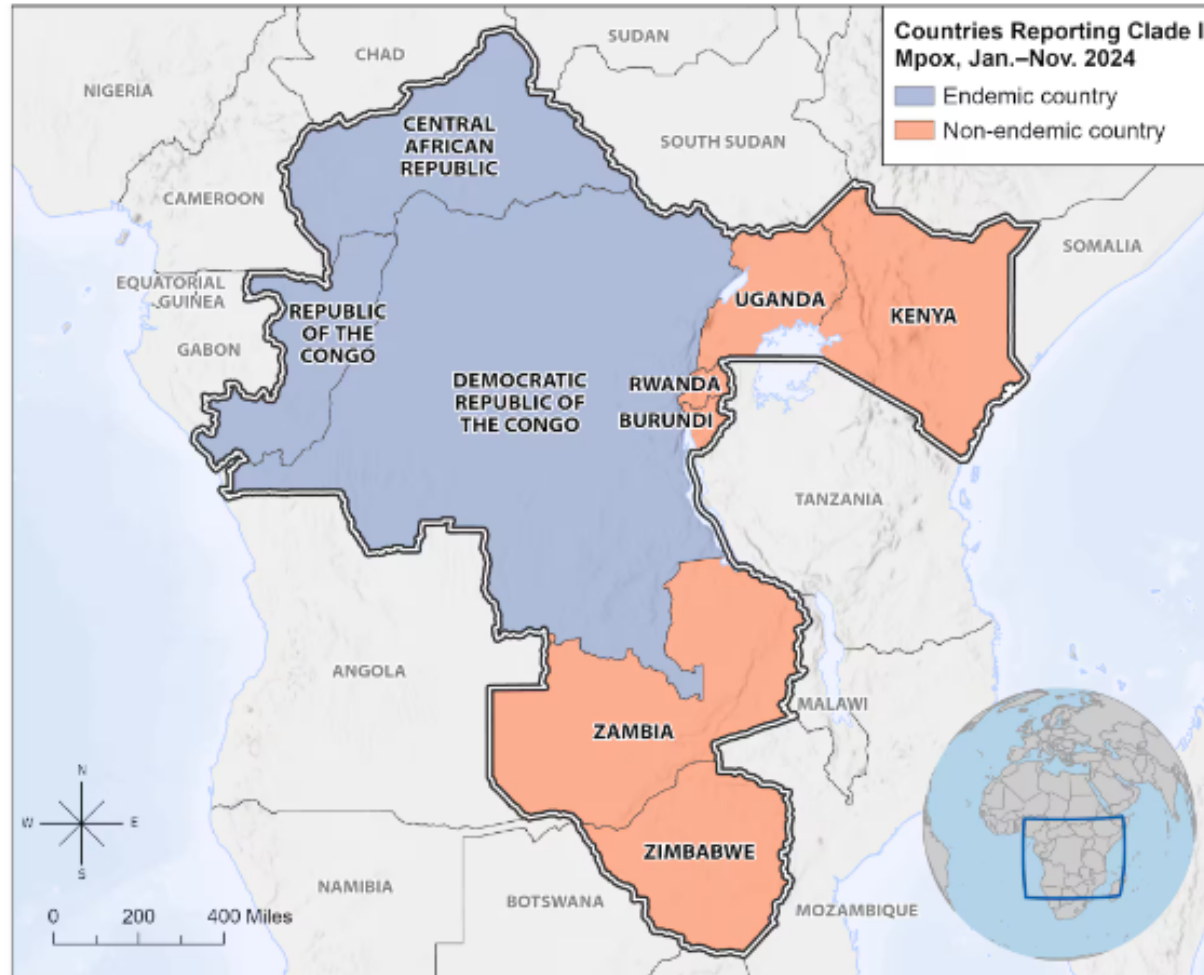
November 18, 2024, 5:30 PM ET

CDCHAN-00519

Case information

- On November 15, 2024, CDPH confirmed through laboratory testing the first reported case of clade I mpox in the United States.
- The patient had recently visited an area with a clade I mpox outbreak.
- Based on the patient's travel history and symptoms, clinical specimens were tested
 - PCR was positive for non-variola *orthopoxvirus* and negative by PCR for clade II.
 - Subsequent PCR testing for clade I mpox was positive.
 - Specimens have been sent to CDC for additional virus characterization.
- The individual received care in the United States and is isolating from others.
- The patient has no underlying health conditions, has not had any severe manifestations of disease, and symptoms are improving.
- As of Nov. 18, no additional clade I mpox cases have been reported in the United States.

Countries with Confirmed or Presumed Clade I Mpox Cases, Central and Eastern Africa



CDC Clinical Recommendations

- 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
- Otherwise, treatment and other clinical recommendations are unchanged for now.
- 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



H5N1

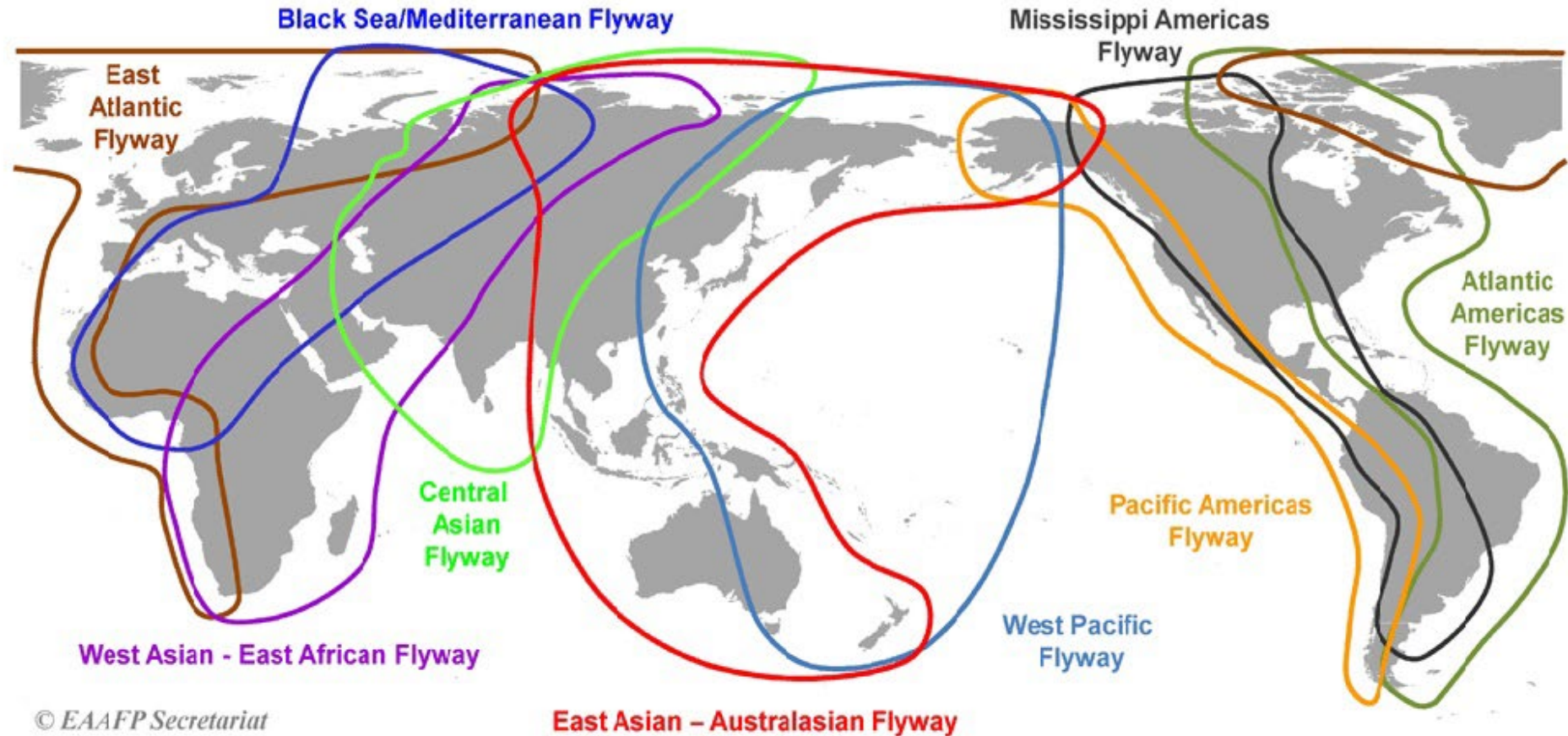


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H5 Bird Flu Update

- 53 confirmed human cases in the U.S.
- Public health risk is low
- First human case detected in Oregon
 - Related to infected poultry flock
- Hawaii- first detection in domestic birds
- British Columbia, Canada– first domestically acquired human H5N1
 - Teenage hospitalized in critical condition
 - Sequencing - related to poultry outbreaks

Migratory Bird Flyways



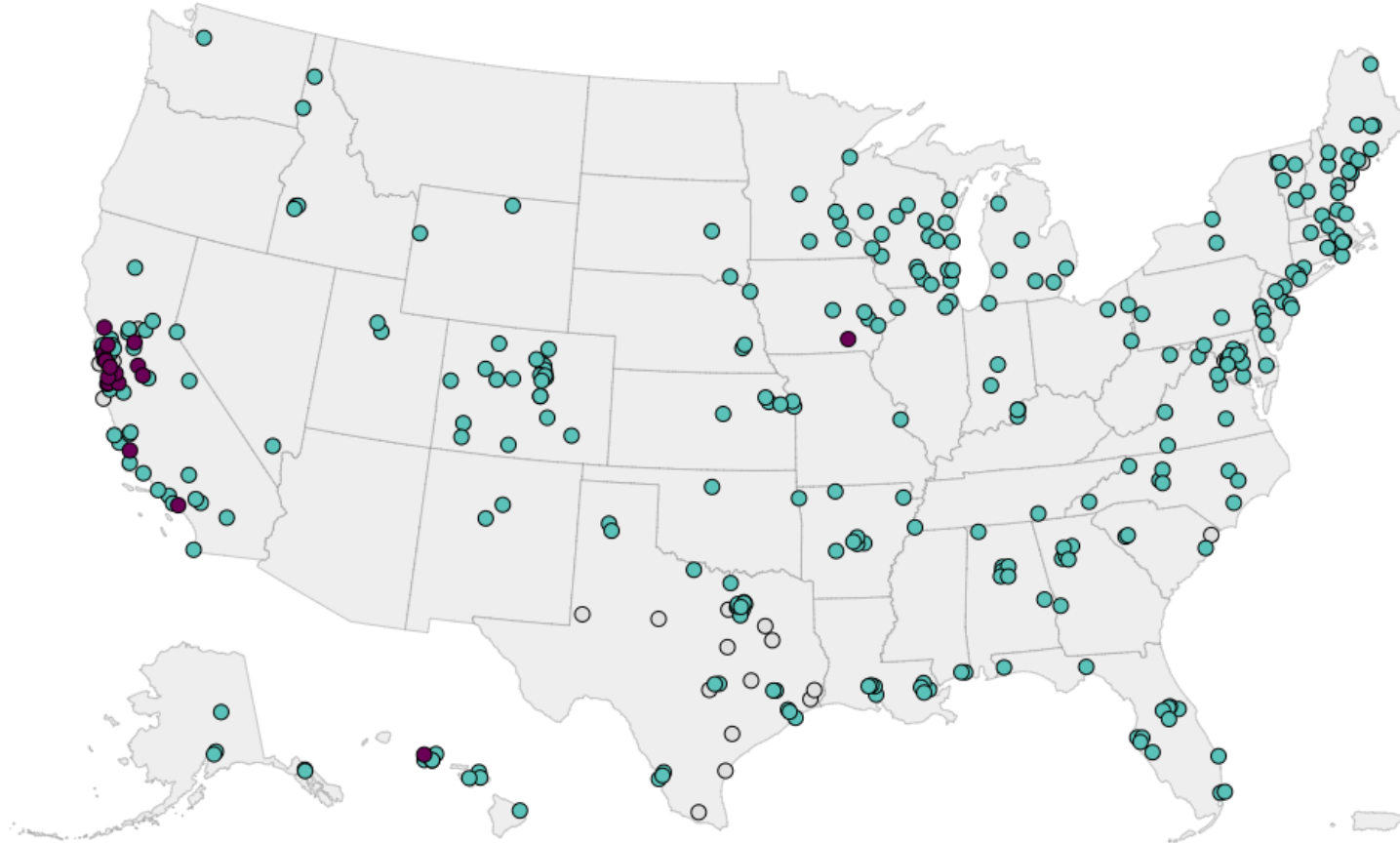


Serologic Evidence of Recent Infection with Highly Pathogenic Avian Influenza A(H5) Virus Among Dairy Workers – Michigan and Colorado, June–August 2024

Weekly / November 7, 2024 / 73(44);1004–1009

- Serologic Survey – Michigan and Colorado
 - 115 dairy workers
 - 7% (8) had serological evidence of A(H5)
 - 4 reported symptoms

H5 Wastewater Surveillance



H5 Bird Flu Resources

PPE use by dairy worker MMWR 11/7 -

https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a2.htm?s_cid=mm7344a2_w

Serologic evidence of recent infection with HPAI MI and CO MMWR 11/7 -

https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a3.htm?s_cid=mm7344a3_w

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>

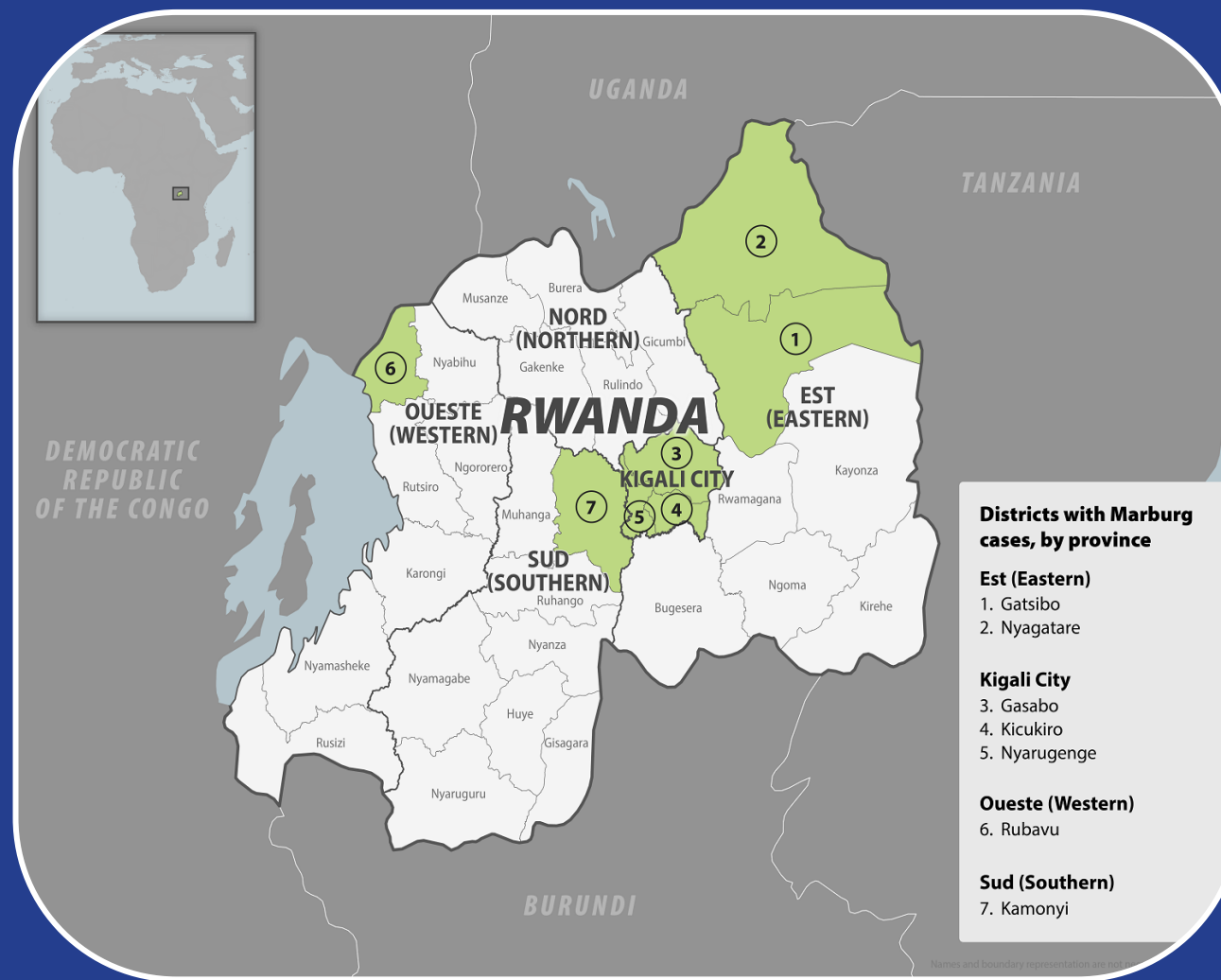
Marburg Update

On Sept. 30, Republic of Rwanda's Ministry of Health declared an outbreak of Marburg virus disease (MVD).

As of Nov. 15:

- 66 confirmed cases
- 0 patients in isolation and receiving treatment
- 15 deaths
- 51 patients recovered
- CFR 22.7%

Last case 11/8; waiting 42 days (2 incubation periods) before formally declared over



Updates from Rwanda available here: <https://rbc.gov.rw/marburg/>

Traveler Monitoring

- Risk for MVD in the United States is low.
- Monitoring still recommended for highest risk exposures, such as working at hospital with known case
- Now over halfway through first 21-day incubation from last known case.
- Again, awaiting 42 days before outbreak declared over.



Additional Information:

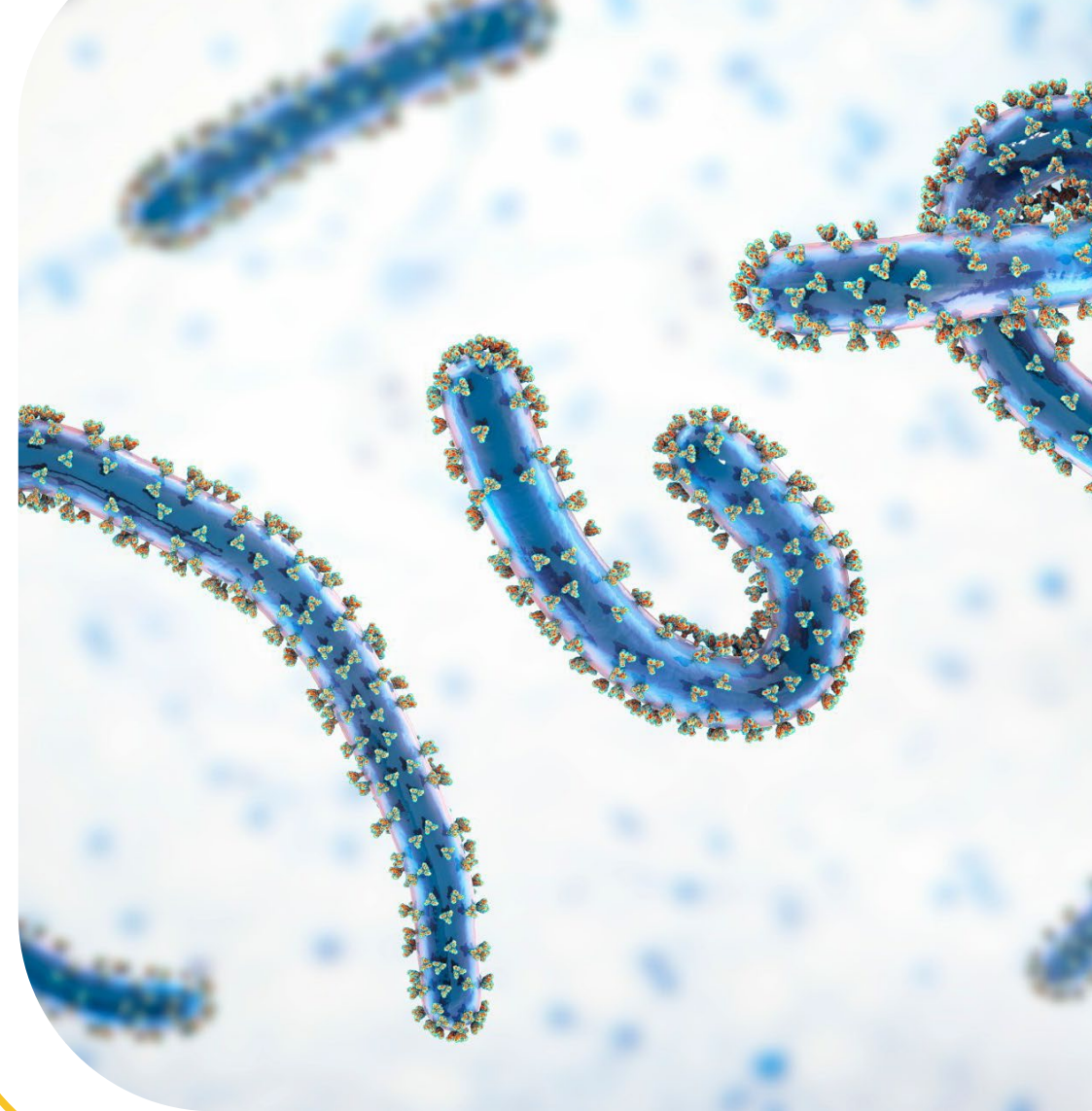
- [Interim Recommendations for Post-Arrival Public Health Management of Travelers from Rwanda](#)
- [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda](#)

Considerations for Health Care

Continue vigilance in obtaining travel history in the 21 days before illness onset for any patient presenting with symptoms consistent with Marburg virus disease (MVD).

Isolate patients with a travel history to Rwanda and who are exhibiting MVD symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions.

Contact the Infectious Disease Epidemiology & Prevention Division immediately at 317-233-7125 during normal business hours or at 317-233-1325 after hours or on holidays.





Respiratory Updates



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Biofire Respiratory Viral Panel



BIOFIRE® Syndromic Trends

Midwest Region

Respiratory Report
RP2.1



Weekly Detection Rates (%)

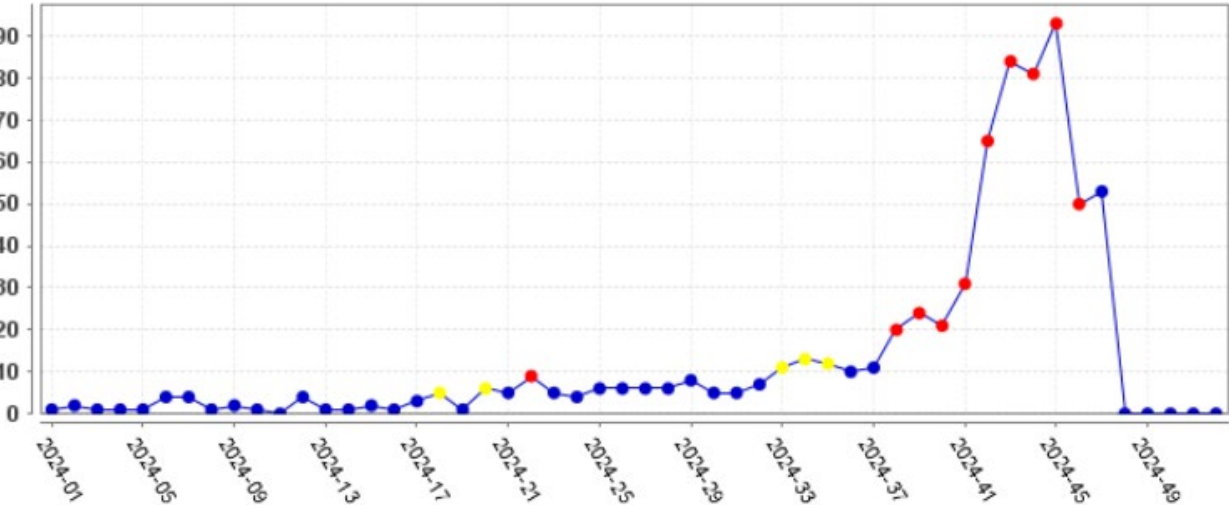
11% Region Co-Detection Rate*

High Activity (>3%)	One Week	Three Months	One Week: <input type="checkbox"/> Three Months: <input checked="" type="checkbox"/>
Human Rhinovirus/Enterovirus	23.6	22.7	
<i>Mycoplasma pneumoniae</i>	4.8	3.6	
SARS-CoV-2	3.3	6.1	
Medium Activity (1%-3%)	One Week	Three Months	One Week: <input type="checkbox"/> Three Months: <input checked="" type="checkbox"/>
Adenovirus	3.0	1.7	
Parainfluenza Virus 4	2.7	1.6	
Respiratory Syncytial Virus	2.5	0.7	

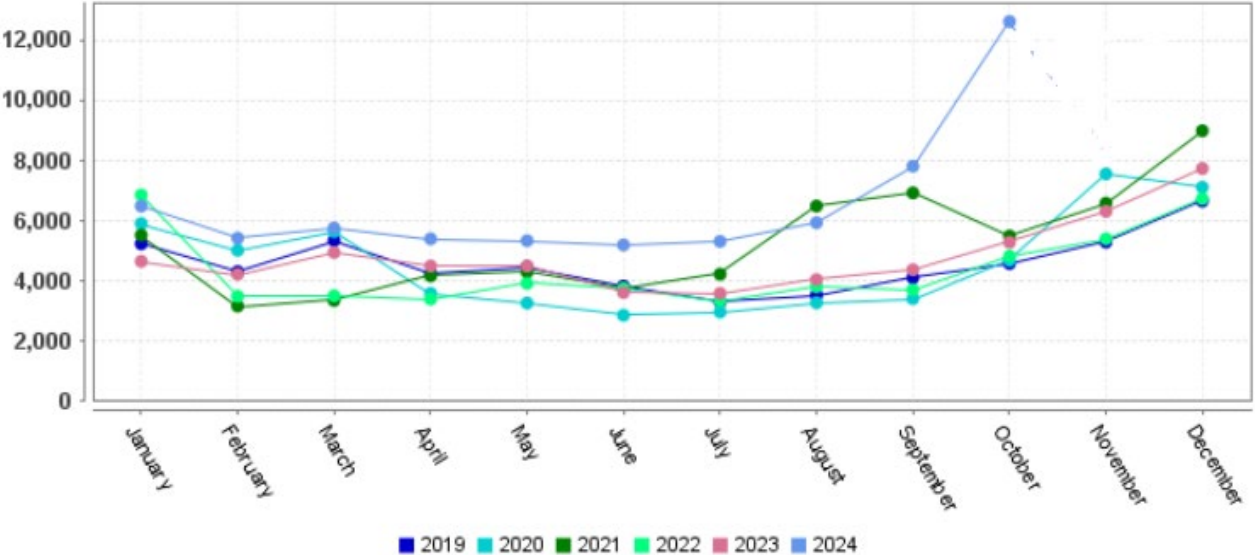


Increase in *Mycoplasma pneumoniae*

Mycoplasma Pneumonia (Stratification: All Ages)



Yearly Data



Mycoplasma Recommendations

- Healthcare providers should have increased suspicion of *M. pneumoniae* among patients presenting with compatible symptoms or clinical presentations, including pneumonia.
 - Children younger than 5 years of age may have a milder, subclinical illness that does not result in pneumonia
 - Complications can include asthma exacerbation, severe pneumonia, hemolytic anemia, renal dysfunction, mycoplasma induced rash and mucositis, and others.
- Diagnosis is often clinical. However, testing can be molecular (RVP), if available, or serology (IgM). Serologic testing for *M. pneumoniae* can have false positives but with the increase in cases, if pre-test probability is high, it is likely accurate.
- The preferred treatment is with macrolides, including azithromycin. Other treatment options include tetracyclines and fluoroquinolones. *Mycoplasma pneumoniae* does not respond to beta-lactams and should also be considered in the differential for a patient failing this therapy.
 - Macrolide resistance is expected to be low (<10%) in Indiana, despite higher rates in other geographic areas. Reported cases have been responsive.
- **Reporting:** Cases of *M. pneumoniae* are not reportable however outbreaks or unusual clusters of *M. pneumoniae* should be reported to your local health department or to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125.
- **Prevention:** Emphasize the importance of good respiratory hygiene and infection control practices to patients and their families to help prevent the spread of respiratory infections.

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

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



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

NOT AN ANNUAL VACCINE

Eligible adults can get any time, best time is in late summer and early fall

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



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



COVID-19 in Indiana



Indiana COVID-19 Home Dashboard

Below results are as of 11/12/2024, 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.

7-Day Average
COVID-19 Counts

COVID-19 Hospital Admissions
0 (No Change)

Emergency Department Visits for COVID-Like Illness
300 (↓2)

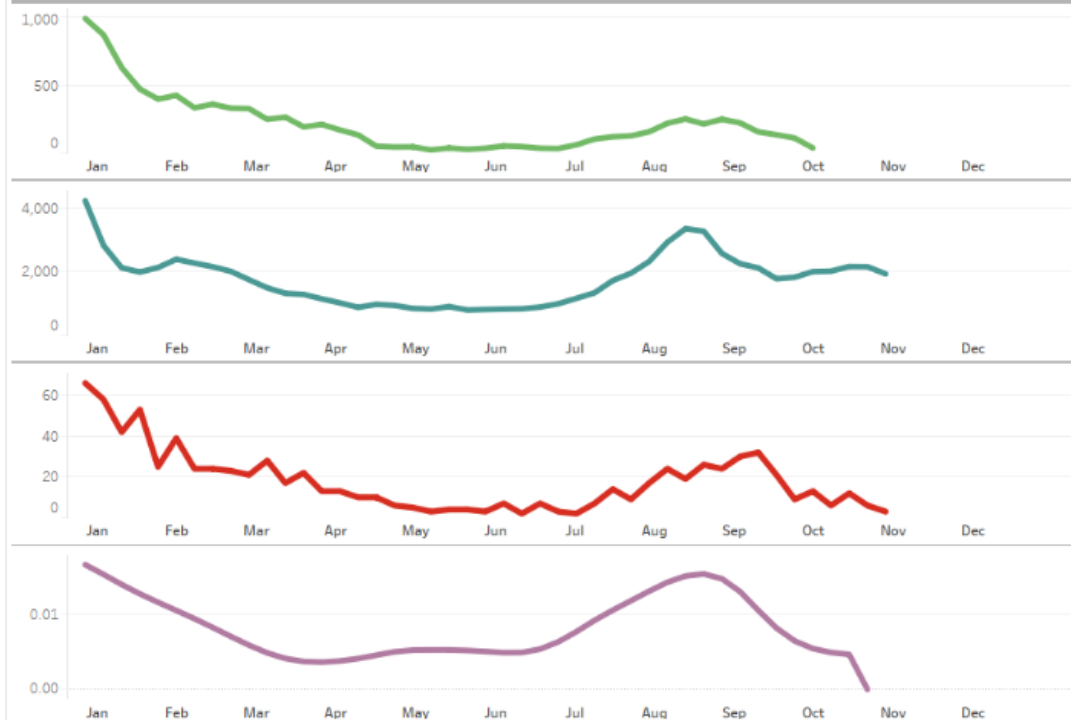
COVID-19 Deaths
0 (↓1)

SARS-CoV-2 Wastewater Concentration
0.0047 (↓0.0003)
1,444,710 Total Population Served

COVID-19 Trends

- 2024 COVID-19 Hospital Admissions
- 2024 Emergency Department Visits for COVID-Like Illness
- 2024 COVID-19 Deaths
- 2024 Concentration of SARS-CoV-2 in Wastewater
- 2020 2021 2022 2023

Year Selection
(filters Timeseries only)
2024



All numbers are provisional and reflect only those reported to IDOH. Numbers should not be characterized as a comprehensive total and may change as more data is reported.

COVID-19 Update for the United States

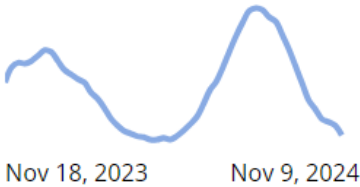
Early Indicators

Test Positivity >

% Test Positivity

3.6%

Week ending November 9, 2024
Previous week 4.7%

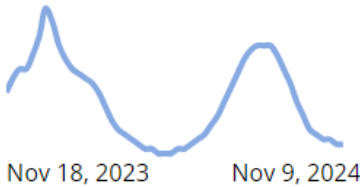


Emergency Department Visits >

% Diagnosed as COVID-19

0.5%

Week ending November 9, 2024
Previous week 0.5%



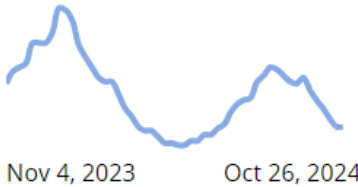
Severity Indicators

Hospitalizations >

Rate per 100,000 population

2.0

Week ending October 26, 2024
Previous week 2.0

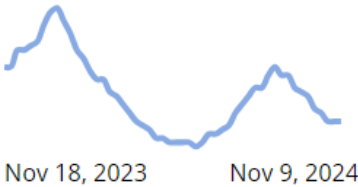


Deaths >

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

1.1%

Week ending November 9, 2024
Previous week 1.1%



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

CDC | Test Positivity data through: November 9, 2024; Emergency Department Visit data through: November 9, 2024; Hospitalization data through: October 26, 2024; Death data through: November 9, 2024. Posted: November 18, 2024 3:07 PM ET

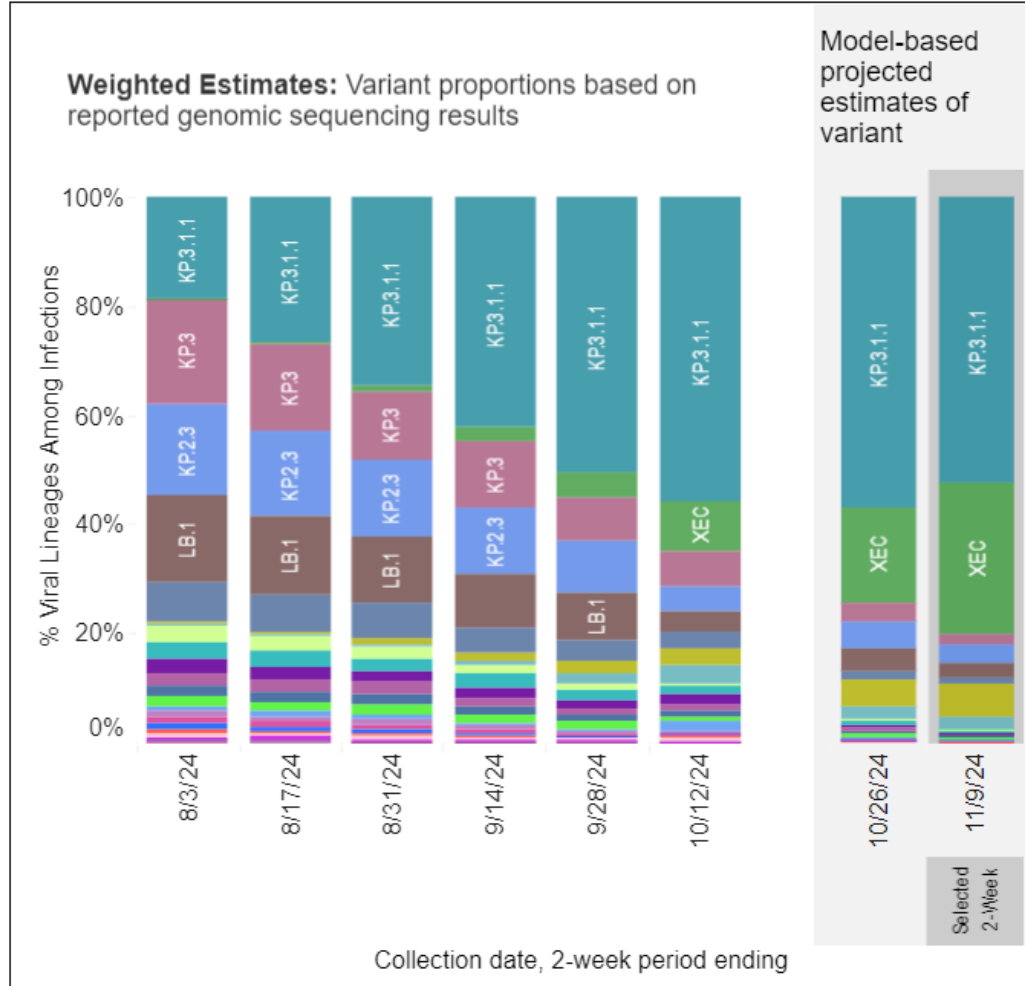


Weighted and Nowcast Estimates in United States for 2-Week Periods in 7/21/2024 – 11/9/2024

Nowcast Estimates in United States for 10/27/2024 – 11/9/2024



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	KP.3.1.1	52%	47–57%
	XEC	28%	21–36%
	MC.1	6%	3–10%
	KP.2.3	3%	3–4%
	LB.1	3%	2–4%
	LB.1.3.1	2%	1–7%
	KP.3	2%	1–2%
	KP.2	1%	1–2%
	KP.1.1.3	1%	0–1%
	JN.1.18	1%	0–1%
	LP.1	0%	0–1%
	JN.1.16.1	0%	NA
	KP.1.1	0%	NA
	JN.1	0%	NA
	KS.1	0%	NA
	KP.2.15	0%	NA
	JN.1.11.1	0%	NA
	LF.3.1	0%	NA
	KP.4.1	0%	NA

CDC COVID-19 Vaccine Recommendations

- The CDC recommends vaccination against COVID for individuals 6 months and older.
- Recent updates to CDC guidance:
 - People 65 years and older are recommended by the CDC to receive 2 doses of any COVID-19 vaccine separated by 6 months (minimum interval 2 months) regardless of vaccination history.
 - Exception: Previously unvaccinated individuals who receive Novavax are recommended by the CDC to receive 2 doses followed by a third dose of any COVID-19 vaccine 6 months (minimum interval 2 months) later.
 - CDC recs for immunocompromised people:
 - If previously unvaccinated: A multidose initial series with an age-appropriate COVID-19 vaccine and 1 dose 6 months (minimum interval 2 months) after completion of the initial series; may receive additional doses under shared clinical decision making.
 - Previously completed the multidose initial series: 2 age-appropriate doses of 2024–2025 COVID-19 vaccine 6 months (minimum interval 2 months) apart; may receive additional doses under shared clinical decision making

Free COVID-19 Tests



COVID-19 Testing

Order Your 4 Free At-home COVID-19 Tests

Every U.S. household is eligible to order 4 free at-home tests.

Need help placing an order for your at-home tests?
Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).

FDA approval Flu/COVID home test

FDA NEWS RELEASE

FDA Authorizes Marketing of First Home Flu and COVID-19 Combination Test Outside of Emergency Use Authorities

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- The U.S. Food and Drug Administration granted marketing authorization for the Healgen Rapid Check COVID-19/Flu A&B Antigen Test.
- This is the first over-the-counter (OTC) test that can detect influenza to be granted marketing authorization using a traditional premarket review pathway instead of EUA.
 - *Several other options available through EUA approval as well.*
 - *Most ~\$10-15/test*
- The test is a nasal swab for people 2 years and older, results in 15 minutes
- Indicated for use in symptomatic individuals.
- The test correctly identified **99% of negative and 92% of positive SARS-CoV-2 samples, 99.9% of negative Flu A and B samples, and 92.5% and 90.5% of positive Flu A and Flu B samples, respectively.**





Indiana Influenza Dashboard

Data were last refreshed on November 15, 2024. Data are refreshed weekly.

Observed Current Week - November 3, 2024 - November 9, 2024

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

Indiana Influenza-Like Illness (ILI) Surveillance – Week ending November 9, 2024

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 professional 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

Minimal

Influenza-Associated Deaths

0

for current week

0 total for current season

Syndromic Percent ILI

2.10% ▼ 0.05%

reported by emergency department and urgent care chief complaints

Sentinel Percent ILI

2.23% ▼ 0.06%

reported by sentinel outpatient provider





Indiana Influenza Dashboard

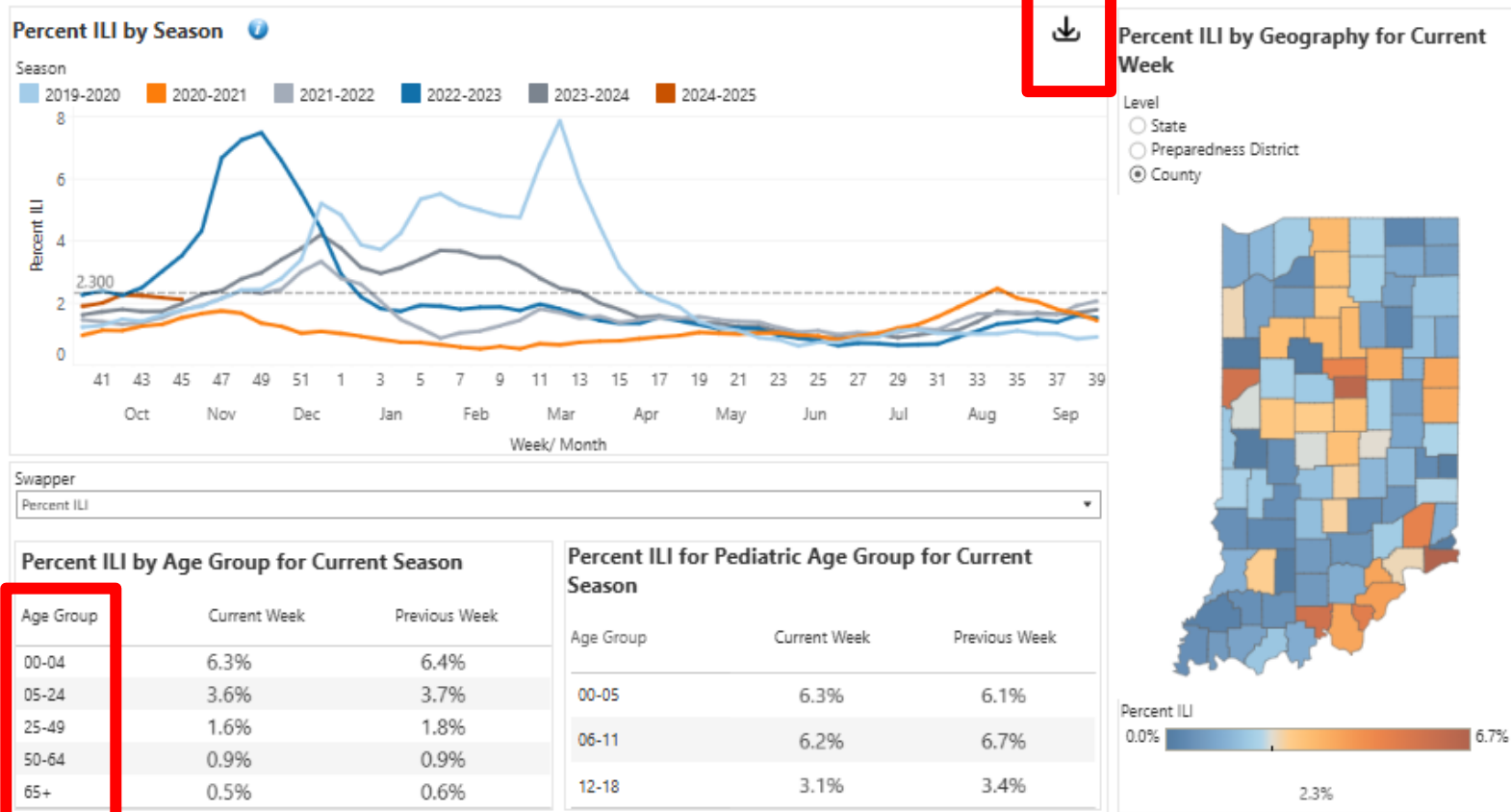
Data were last refreshed on November 15, 2024. Data are refreshed weekly.

Observed Current Week - November 3, 2024 - November 9, 2024

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.](#)

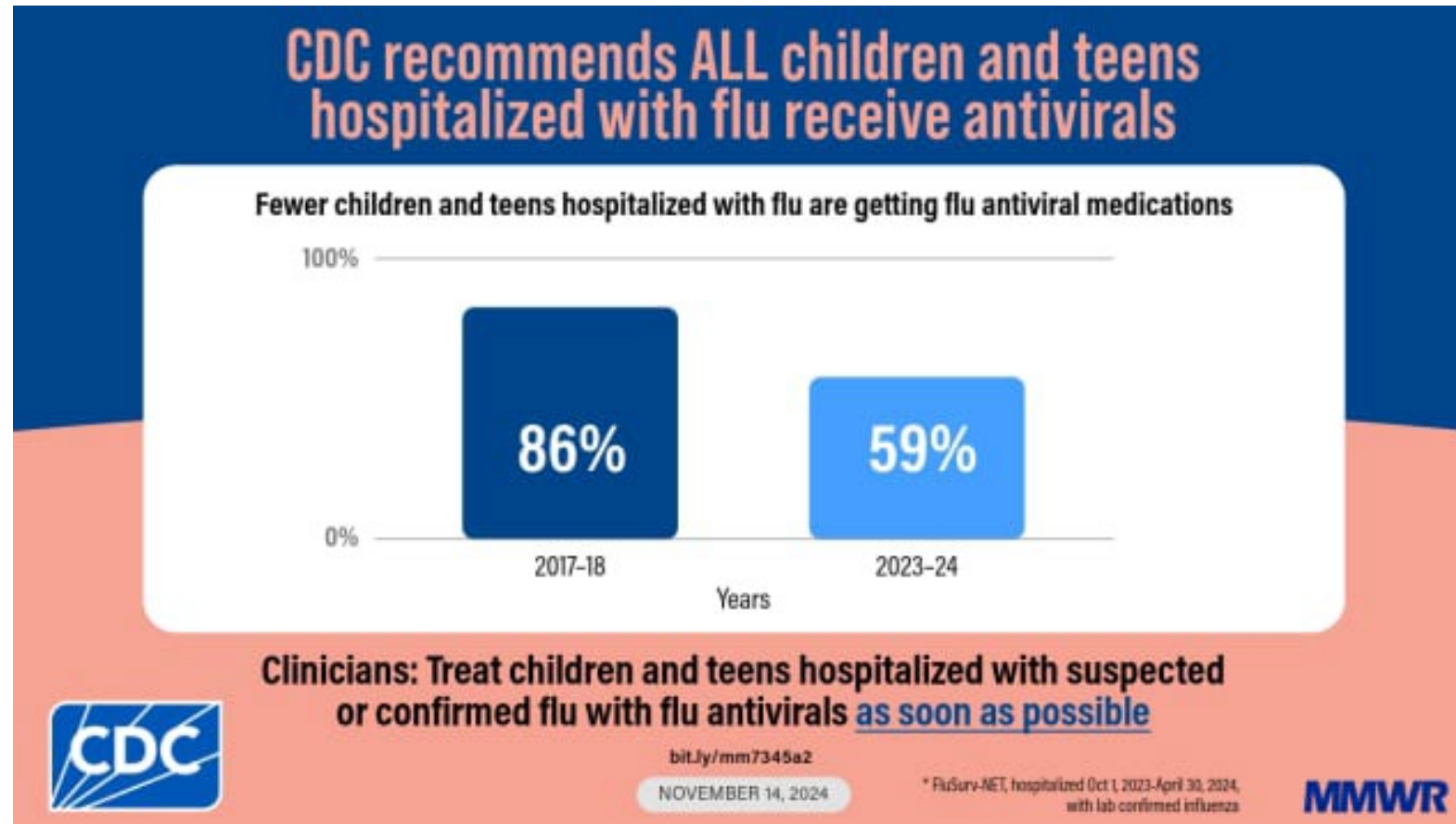


Influenza Vaccines

- CDC recommends everyone 6 months and older get a flu vaccine every year with rare exceptions
- Vaccination typically starts during September or October and continues as long as flu is circulating
- The Advisory Committee on Immunization Practices (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.

Antiviral Treatment Among Children and Adolescents at *Higher Risk* for Flu Complications






CDC MMWR – HCP Flu and COVID vaccination rates

- During the 2023–24 respiratory virus season:
 - Influenza vaccination coverage
 - 80.7% among acute care hospital personnel (vs. 91% in 2019-20)
 - 45.4% among nursing home personnel
 - COVID-19 vaccination coverage
 - 15.3% among acute care hospital personnel
 - 10.5% among nursing home personnel.

CDC recommends that HCP receive updated vaccines to protect themselves and their patients this year and to improve healthcare system resiliency.


RSV Vaccine CDC Recommendations

Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Who Is It Recommended For?	When Is It Available?
 Adults 60 and over	RSV vaccine	Adults ages 60-74 who are at increased risk of severe RSV AND Everyone ages 75 and older	Available any time, but best time to get vaccinated is late summer and early fall
 Babies	RSV antibody (nirsevimab) given to baby	All infants whose mother did not receive RSV vaccine during pregnancy, and some children ages 8-19 months who are at increased risk for severe RSV	October through March*
 Babies	OR RSV vaccine (Pfizer's ABRYSVO) given to mother during pregnancy	All pregnant people during weeks 32-36 of their pregnancy	September through January

www.cdc.gov/rsv

*Recommended timing of administration in most of the continental United States. Recommended timing of administration may differ in some areas, based on state, local, or territorial guidance.



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

CDC RSV MMWR 11/14

- Evaluated nirsevimab effectiveness against medically attended RSV illness and hospitalization among Alaska native children
- Overall effectiveness against:
 - Medically attended RSV illness: 82%
 - RSV hospitalization: 93% -- 89% for children in their first RSV season

CDC Data on Vaccine Uptake – Adults

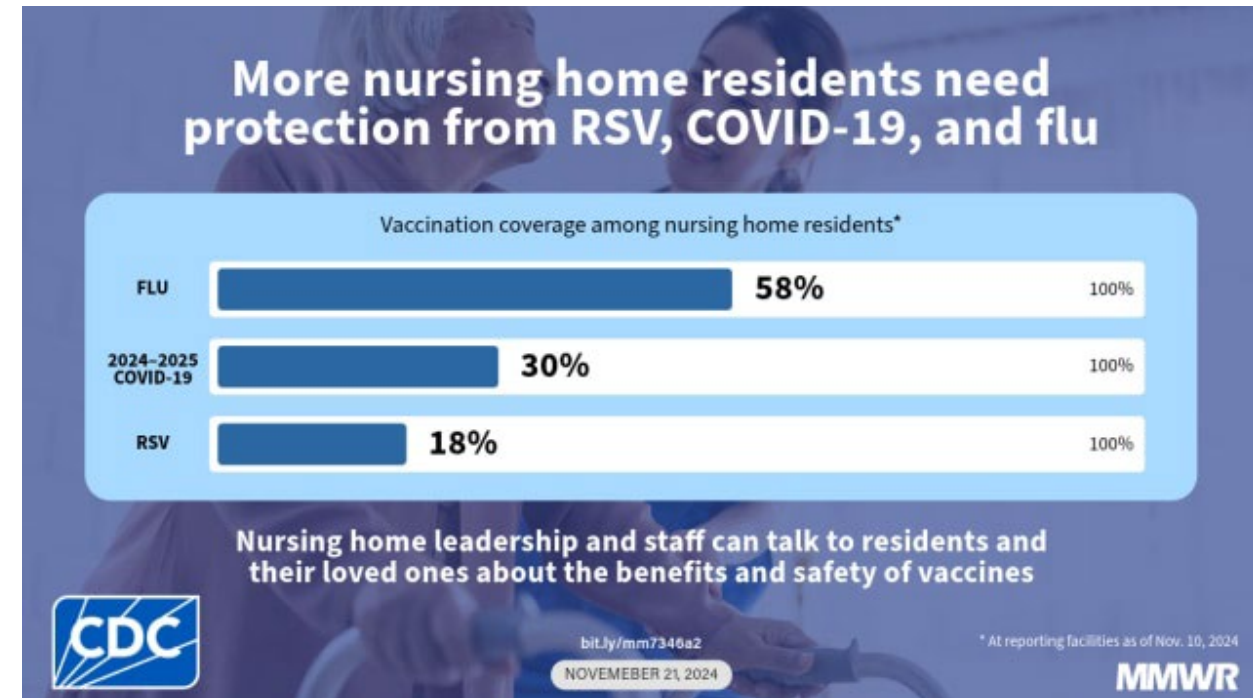
As of November 9, 2024:

- 34.7% of adults aged ≥ 18 years had received influenza vaccine
- 17.9% of adults aged ≥ 18 years had received COVID-19 vaccines
- 39.7% of adults aged ≥ 75 years had ever received RSV vaccine
- 31.6% of adults aged 60–74 years at increased risk for severe RSV disease had ever received RSV vaccine
- Many unvaccinated adults reported intent to get vaccinated.

CDC Data on Vaccine Uptake – Nursing Home Residents

As of November 10, 2024:

- 30% of nursing home residents had received a 2024–2025 COVID-19 vaccine.
- Among residents at nursing home facilities that elected to report vaccination against influenza (59% of facilities) and RSV (52% of facilities)
 - 58% had received influenza vaccination
 - 18% had received RSV vaccination





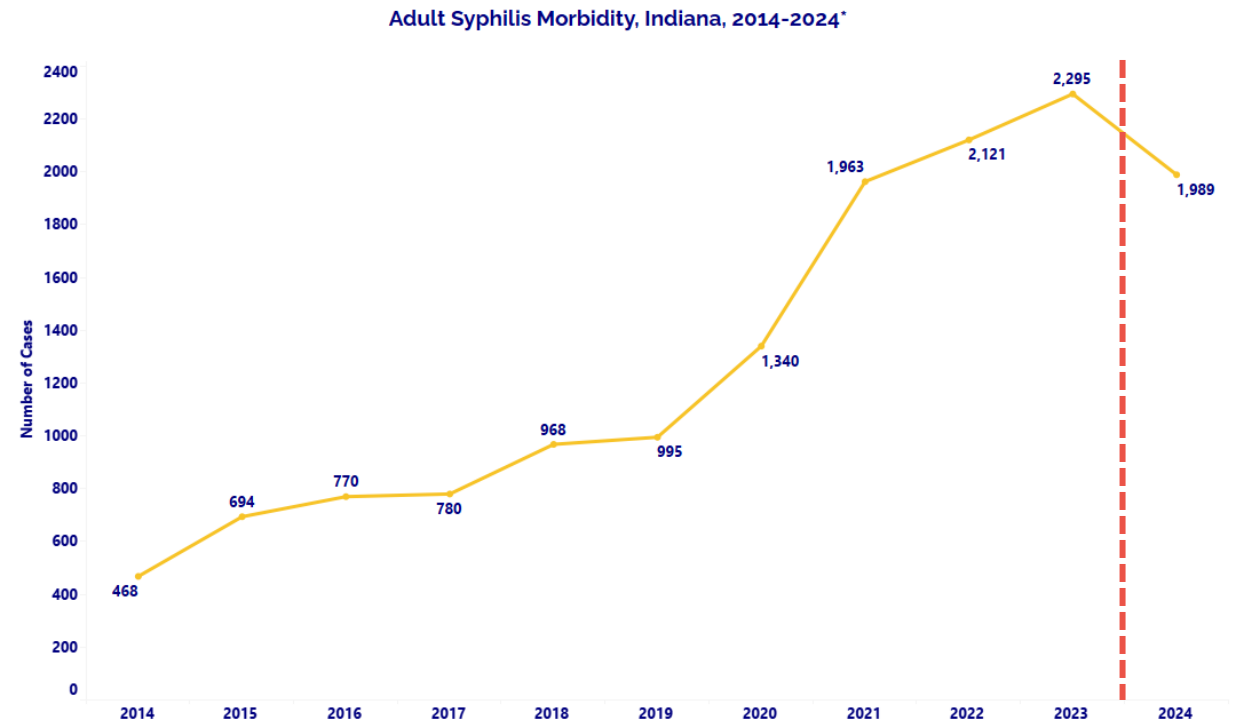
Syphilis



Indiana
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Adult Syphilis Morbidity

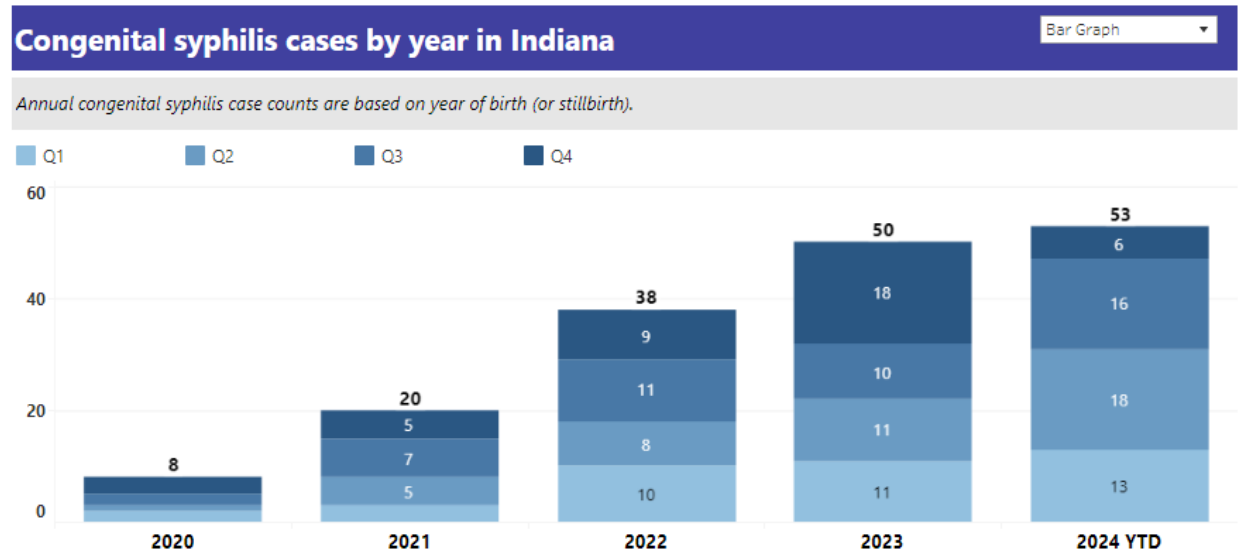
- Rates of adult syphilis have been on the rise since 2014 in Indiana, reaching 33.9 (per 100,000) in 2023.
- **Year to date there have been 1,989 cases of adult syphilis reported in 2024*, down 2.3% compared to this time last year.**
- From 2019-2023 there was a **283%** increase in syphilis cases among females of childbearing age (15-44 years old).
- **Year to date there have been 582 cases of adult syphilis among females of childbearing age in 2024*, up 5.8% compared to this time last year.**



Congenital Syphilis

- From 2018-2023 there was a 2,400% increase in congenital syphilis (CS) cases, with 50 cases reported in 2023 and 53 cases reported year to date in 2024*.
 - 31 counties have reported at least one CS case since 2018.
- Of the 53 CS cases reported this year in Indiana, 2 were stillbirths

Indiana's Congenital Syphilis dashboard includes data that were last refreshed on **11/19/2024**. Data are refreshed weekly.



Preliminary Data

48.6% of mothers with a syphilis infection did not receive *early* prenatal care (1st trimester) compared to 26.2% of mothers without a syphilis infection present.

Race and Ethnicity of Mothers with Syphilis infection present			
Hispanic	NH Black	NH White	A/U
15.4%	34.6%	41.5%	8.5%
Percentage of Mothers tested for syphilis during pregnancy by R&E			
Hispanic	NH Black	NH White	A/U
95.3%	93.9%	90.0%	92.3%

**Data is preliminary and subject to change. 2023 data is still being analyzed at the county level.*

Recommendations

- Perform syphilis testing on all patients upon finding a positive pregnancy test
- Test all pregnant patients 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).

Role of Healthcare Providers

- Standardize testing for all pregnant women during first trimester, 28-32 weeks gestation, and delivery
- **Consider implementing opt-out testing protocols**
 - **For example, in emergency departments for all pregnant women**
- Ensure physicians are aware of the available tests, how to order and who to test
 - For example, use of reverse algorithm vs traditional algorithm per your facility's capabilities
 - Testing adults at high risk or all sexually active women (and partners) in counties with high syphilis rates
 - Consider annual testing of all adults 15-44 that are sexually active

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



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

Trichophyton mentagrophytes

- Emerging fungal infection; most cases in NY thus far
- Causes genital tinea → can be spread sexually and can require prolonged treatment
- First U.S. case reported June 2024; has previously been seen in Europe and SE Asia

Cases of sexually transmitted ringworm have been confirmed in the U.S.*

Patients typically present with itchy, scaly, ring-shaped lesions on:

- Trunk
- Buttocks
- Genitals
- Face
- Extremities

Treatment:

- Oral terbinafine (250mg daily)
- Treat until lesions resolve
- May require up to 3 months

Counsel patients to avoid skin-to-skin contact and sharing personal items

CDC

bit.ly/mm7343a5

OCTOBER 31, 2024

* Trichophyton mentagrophytes genotype VII (TMVII) infection reported in New York City in June 2024

MMWR

Dracunculiasis (Guinea Worm Disease)

Progress Toward Global Dracunculiasis, January 2023 – June 2024

- Human cases decreased from an estimated 3.5 million in 1986 to 13 in 2022
- Dog circulation since 2012 has impeded eradication efforts
- 1/2023 – 6/2024:
 - 14 human cases
 - 886 animal infections
- Still considered endemic in 5 countries:
Angola, Chad, Ethiopia, Mali, and South Sudan





Other Public Health Updates



Indiana
Department
of
Health

Carrots – Keep in mind for Thanksgiving

November 21, 2024:

- On November 16, 2024, Grimmway Farms initiated a voluntary recall of multiple quantities and brands of bagged, organic whole and baby carrots and contacted their distributing customers.
- Recalled products were shipped directly to retail distribution centers nationwide in the United States and Puerto Rico. ***Indiana has not identified any cases so far, but some neighboring states have.***
- **These products should no longer be in grocery stores but may be in consumers' refrigerators or freezers.**



Consumers

- Should check their refrigerators and freezers and should not eat recalled bagged organic whole or baby carrots.
- If you have these products in your home, do not eat or use them, throw them away, and clean and sanitize surfaces they touched.
- If you purchased organic whole or baby carrots and stored them without the original packaging and don't know what brand they are, you should not eat them and should throw them away.

FDA In Your Day Series - Recalls



Pink Cocaine (aka Tusi)



Pink Cocaine

- Emerging new drug
- A powdered mixture of substances which is dyed pink and may have a sweet smell
- The actual substances included in pink cocaine are not known until a sample is tested
- It is likely that pink cocaine contains no cocaine, rather other drug combinations such as:
 - Ketamine and MDMA
 - Methamphetamine, ketamine, and MDMA
 - Cocaine and fentanyl
 - Fentanyl and xylazine
- State and local law enforcement are more likely to encounter pink cocaine at the retail level
- Since pink cocaine is a mixture of several different substances (every batch is different), the only commonality is its bright pink color
- Effects can vary, but mind-altering, hallucinogenic effects, heart arrhythmias, respiratory depression and death can occur.

Ketamine MMWR

- Notes from the field on Nov. 7
- Important takeaway is that ketamine is often mixed with other substances
 - For example, combined with other illicit drugs in the form of pink cocaine
- Per the MMWR, from July 2019 to June 2023, approximately **82% of deaths with ketamine detected in toxicology reports involved other substances**, including illegally manufactured fentanyls, methamphetamine, or cocaine.

Inaugural Trauma and Emergency Medicine Symposium



2024
**INDIANA STATEWIDE
TRAUMA
AND EMERGENCY MEDICINE
SYMPOSIUM**

Wednesday Dec. 4,
Full-day trauma and emergency medicine symposium
and Thursday, Dec. 5
Small group educational offerings on Thursday

Forum Events Center
11313 USA Parkway
Fishers, Indiana

The 2024 Indiana Statewide Trauma and Emergency Medicine Symposium is an educational event providing information on innovative approaches to trauma and emergency care. Regional and national speakers will address topics to enhance the quality of care for adult and pediatric trauma patients.

Learning Objectives:

- Identify prevention methods to decrease the incidence of trauma.
- Address medical issues which impact care of the trauma patient.
- Provide insight on the impact of trauma to our community.
- Discuss issues of trauma care at the local and national level.

[Click Here to Register](#)
[Click Here for Agenda](#)

 Please use this QR code or click on this [link](#) to register. **Registration - \$50.** Contact **Madeline Wilson**, IHA's Trauma System Development Manager at mwilson@ihaconnect.org for more information.

The Indiana State Medical Association (ISMA) designates this live activity for a maximum of 6 AMA PRA Category 1 Credits[®]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the ISMA and the Indiana Hospital Association. The ISMA is accredited by the ACCME to provide continuing medical education for physicians.

A certificate of participation will be provided to other health care professionals requesting credits. Participants should ensure in advance that their credentialing or licensing organization accepts AMA PRA Category 1 Credits[®] or ANCC credits.

Parkview Health is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



[Agenda](#) and [Registration](#)



Baxter IV Supply Chain Updates



Indiana
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of
Health

Baxter Response Activities

- Continue work to bring the Baxter North Cove facility back online and scale process to increase production at existing Baxter facilities as well as importing from international facilities
- *Effective 10/09/2024: increased allocations to 60% of some product orders; children's hospital allocations increased to 100%*
- **Second temporary bridge now installed and operational; first has had over 1,200 loads cross**
- **This week, Baxter released the first product (1-liter IV solutions) that was manufactured post-hurricane**
 - Following recent resumption of two manufacturing lines that represent ~50% of the site's total pre-hurricane production and ~85% of the site's production of 1-liter IV solutions

Dedicated support email: HurricaneHeleneSupport@baxter.com

Healthcare providers should reference [Baxter.com](https://www.baxter.com) updates as the main source of information. Expect updates every Monday and Thursday.



FDA Updates

- **Extended expiration date to 24 months from manufacture date**
 - Baxter created a website with resources and additional information for products with extended expiration dates:
 - <https://meded.baxter.com/hurricane-helene-clinical-resources/expiration-dating-extension-24-months>
- **11/20 – IV fluid bags being released, but check for leaks**
 - Baxter is releasing 4 lots of IV fluid bags manufactured at the North Cove facility prior to Hurricane Helene associated with a very small proportion of leaks while those leaks are under investigation.
 - Because there are just a small number of bags in each impacted lot that may experience this defect, these lots are being released with instructions for health care professionals to **screen the bags for leaks prior to use** and to discard IV fluid bags that have any evidence of leakage.
 - Any leak would most likely be presented as an obvious defect before handling, and/or would present itself as an obvious defect once pressure is applied.

Information for Healthcare Facilities and Hospitals

Critically Low Supply Actions (2-3 days)

- If a facility is critically low on supplies (2-3 days), Baxter can make exceptions. Patient care remains the priority.
- Hospitals should contact the Baxter [Center for Service](#), their Baxter representative, or HurricaneHeleneSupport@baxter.com for support.

Information for Children's Hospitals

- Children's hospitals must submit written documentation on letterhead indicating their status as a children's hospital, including number of beds and utilization.
 - *If children's hospital ordering part of larger healthcare system ordering, request for full allocation and justification to be submitted on letterhead outlined above.*
- Baxter requires this documentation to support 100% allocation and exemption.
- **Include *Children's Hospital* in subject line to prioritize email review**

Information for Healthcare Facilities and Hospitals

Tips for Managing Inventory Across Hospital and Health Systems

- Allocations based on utilization, purchase history, and availability of product
- Continuing ordering Peritoneal Dialysis (PD) products through standard channels.

Drug Compounding Resources

- [Hurricane Helene: Baxter's manufacturing recovery in North Carolina](#)
- [Compounding when Drugs are on FDA's Drug Shortages List](#)
- [Temporary Policies for Compounding Certain Parenteral Drug Products](#) – Rel. 10/11/2024

Additional Resources

- [Fact Sheet: HHS Continues Taking Action to Increase Access and Supply of IV Fluids Following Hurricane Helene](#)

A state investment in local public health



Your Community Info

Health First Indiana



Indiana
Department
of
Health

Public Health Day at the Statehouse

SAVE THE DATE March 12

Show support for public health
by wearing blue and gold

Features:

- A celebration of an investment in public health
- Partnerships in action
- Local Health Department Awards
- Networking and light refreshments



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
- Sign up for IHAN– Indiana Health Alert Network
<https://ihan-in.org>
- MARK YOUR CALENDARS - Clinician webinars for 2024:
Dec. 20

Questions?

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Next call: Noon, Dec. 20*

*note date change from 12/27

