Indiana Department of Health

CLINICIAN UPDATES

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01/26/2024

OUR MISSION:

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

OUR VISION:

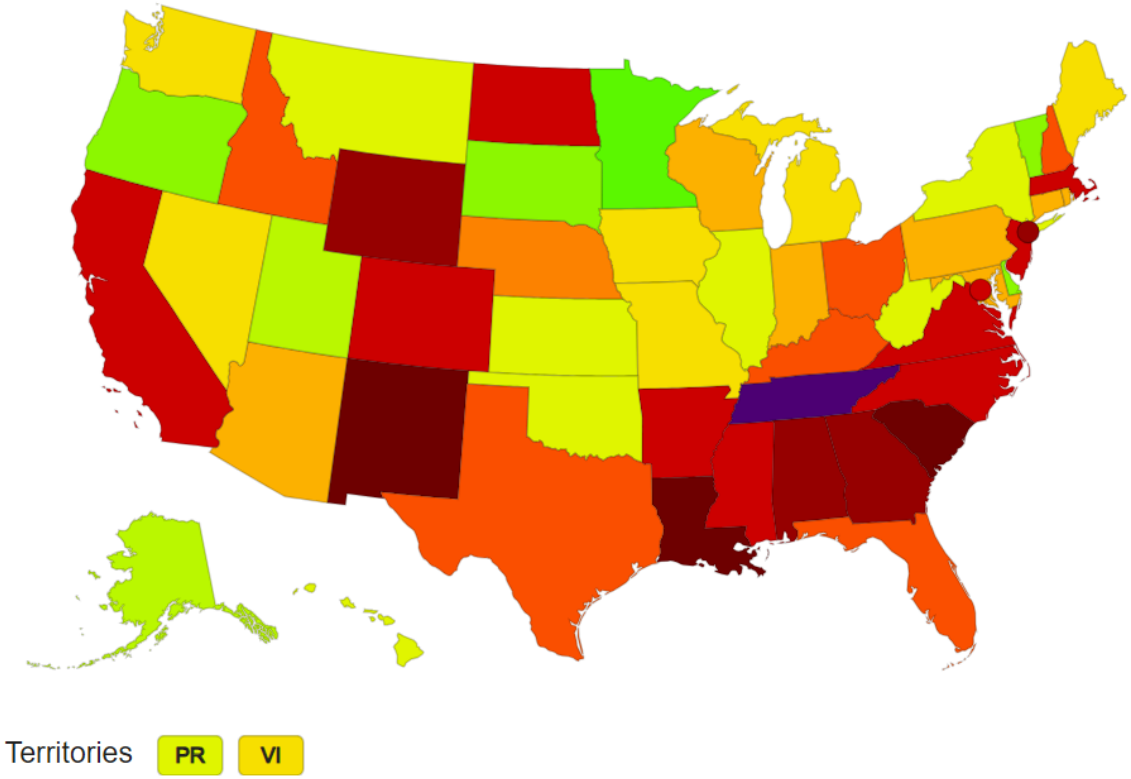
Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Respiratory infections

Indiana Department of Health

Respiratory Illness Activity

- Activity levels determined weekly based on the percentage of visits to enrolled outpatient healthcare providers or emergency departments for fever and cough or sore throat reported to ILINet.
- Visits can be attributed to a variety of respiratory pathogens that cause these symptoms.
- Activity levels reflect how the percentage in the most recent week compares to what that jurisdiction typically experiences during low circulation periods.
- Trend information for the percentages used to calculate activity levels can be found at: National, Regional, and State Level Outpatient Illness and Viral Surveillance (cdc.gov).



Data presented through: 01/13/2024; Data as of: 01/18/2024

Indiana Department of Health

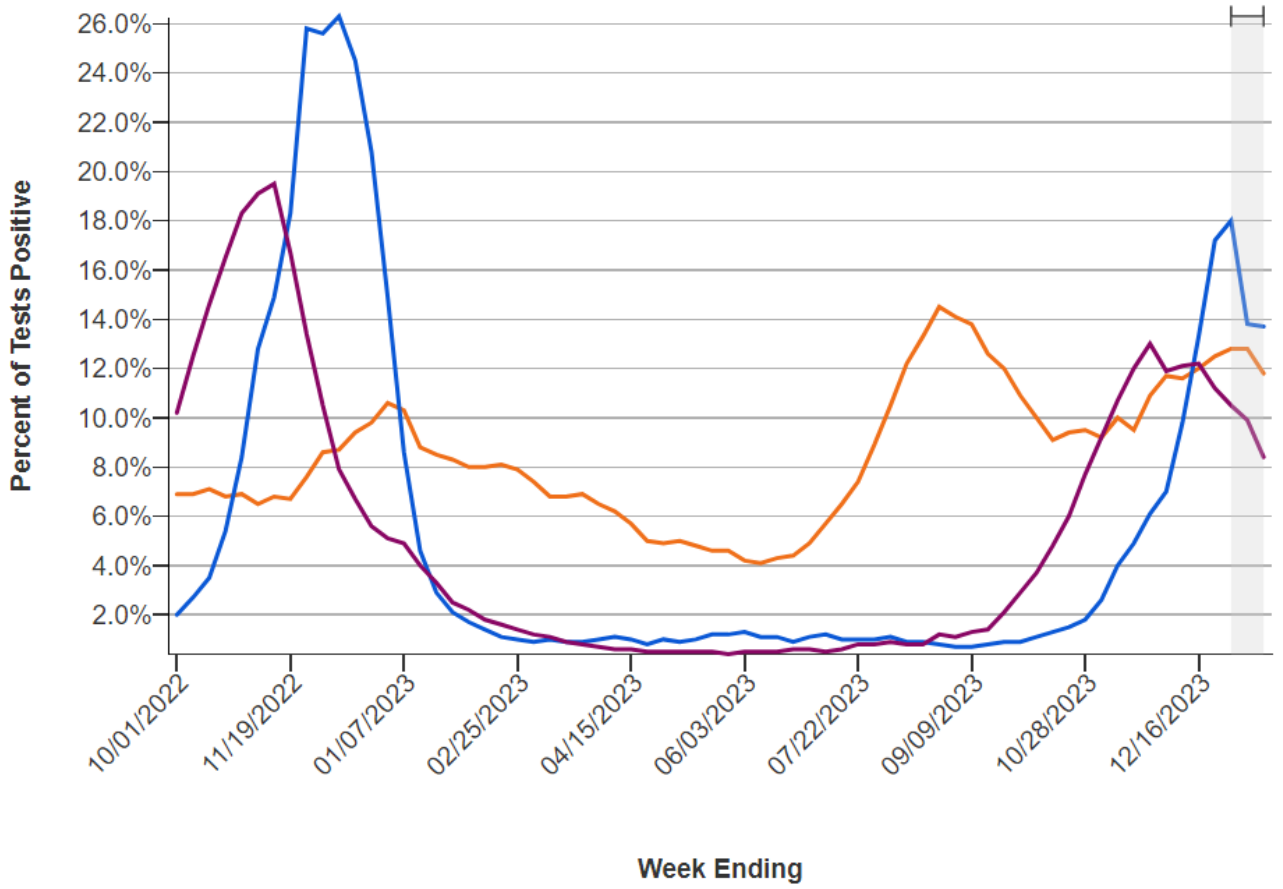
Respiratory Virus Activity Levels (cdc.gov)

COVID-19 Influenza RSV

Data presented through: 01/13/2024; Data as of: 01/18/2024

Percent of Tests Positive for Respiratory Viruses

Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level. Preliminary data are shaded in gray.



Indiana Department of Health

[Respiratory Virus Activity Levels (cdc.gov)]

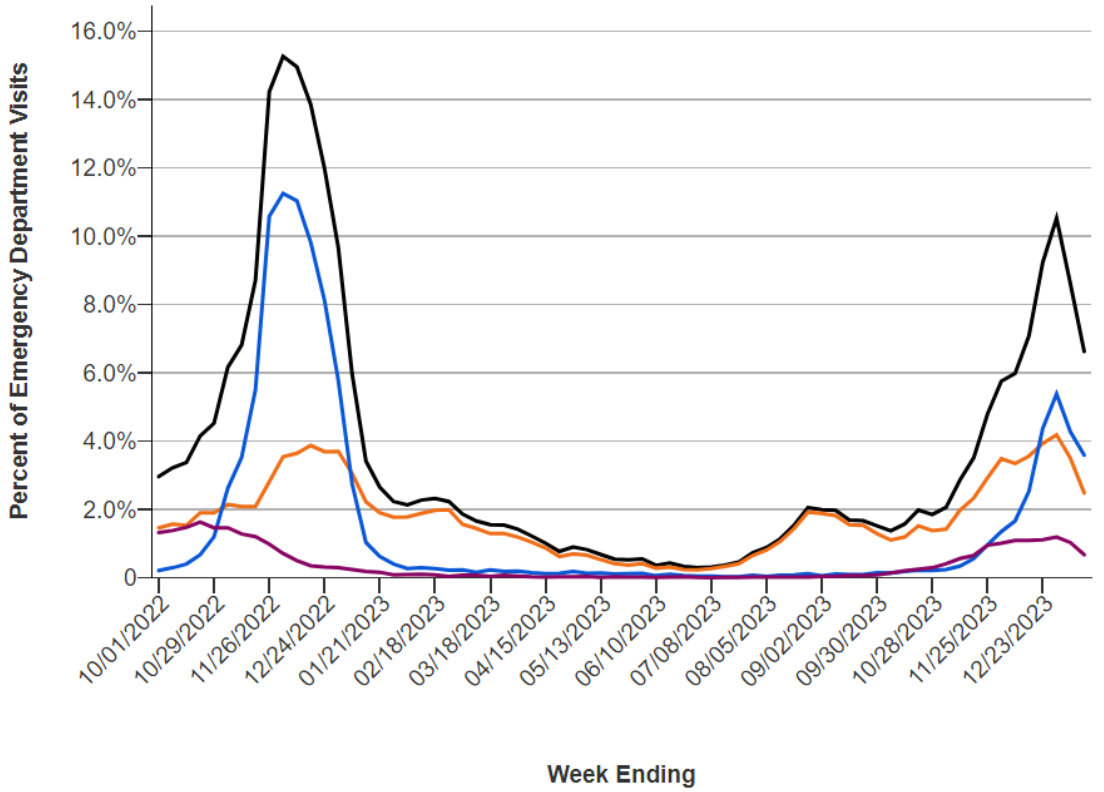
Indiana ED Visits for Viral Respiratory Illness

Combined COVID-19 Influenza RSV

Data presented through: 01/13/2024; Data as of: 01/17/2024

Counties Represented

All



Indiana Department of Health

[Respiratory Virus Activity Levels (cdc.gov)]

What's happening near you

Indiana | Marion County | Submit | Reset

Moderate overall respiratory illness activity in Indiana

Based on healthcare visits for fever and cough or sore throat:

Now is the time to get your recommended vaccinations to reduce your risk of serious illness and protect yourself with other preventive actions.

Find more respiratory illness data, including a national overview

Weekly Viral Respiratory Illness Snapshot >

Illness trends in Marion County, Indiana

Based on visits to emergency departments:

Flu	RSV	COVID-19
DECREASING	DECREASING	DECREASING

Medium COVID-19 hospitalization levels in Marion County, Indiana

Based on inpatient admissions for COVID-19:

- If you are at high risk of getting very sick, wear a high-quality mask or respirator (e.g., N95) when indoors in public.
- If you have household or social contact with someone at high risk for getting very sick, consider self-testing to detect infection before contact, and consider wearing a high-quality mask when indoors with them.

COVID-19 Situation in Marion County, Indiana >

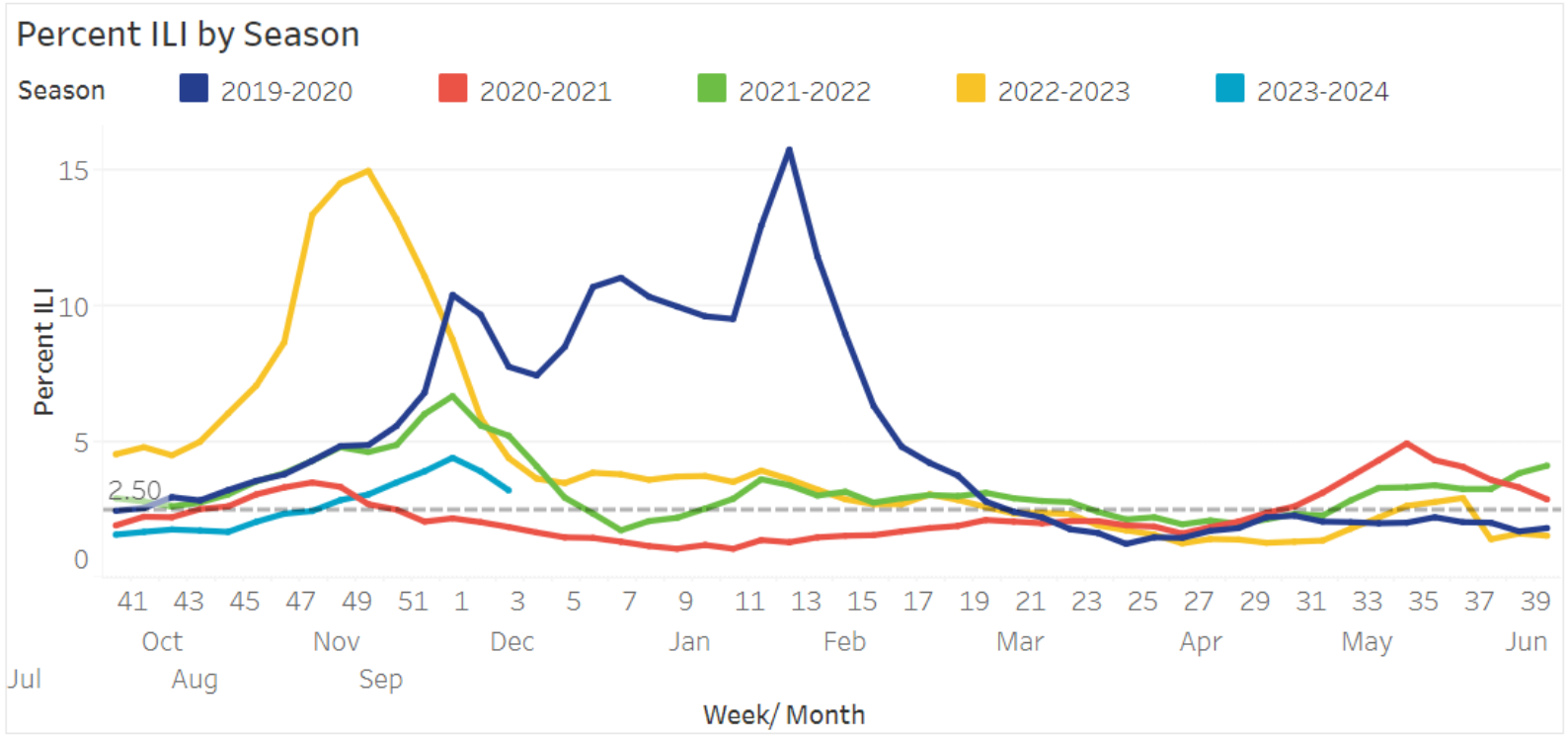
Indiana Department of Health

Protect yourself from COVID-19, Flu, and RSV (cdc.gov)

IDOH flu dashboard (updates today)

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 cough and/or sore throat, or complaining of "influenza". Epidemologists at IDOH analyze data from 119 emergency



Indiana Department of Health

Health: Infectious Disease Epidemiology & Prevention Division: Influenza Dashboard

Indiana Influenza Dashboard

All data will be updated weekly beginning Friday, October 13, 2023. Data as of January 19, 2024.
Observed Current Week - January 7, 2024 - January 13, 2024

WEEKLY OVERVIEW | SYNDROMIC SURVEILLANCE | SENTINEL SURVEILLANCE | VIROLOGIC SURVEILLANCE | INFLUENZA-ASSOCIATED MORTALITY

Indiana Influenza-Like Illness (ILI) Surveillance – Week ending January 13, 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 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

13

for current week

60 total for current season

Syndromic Percent ILI

3.17% ▼0.70%

reported by emergency department and urgent care chief complaints

Sentinel Percent ILI

3.33% ▼0.63%

reported by sentinel outpatient provider

Indiana Department of Health

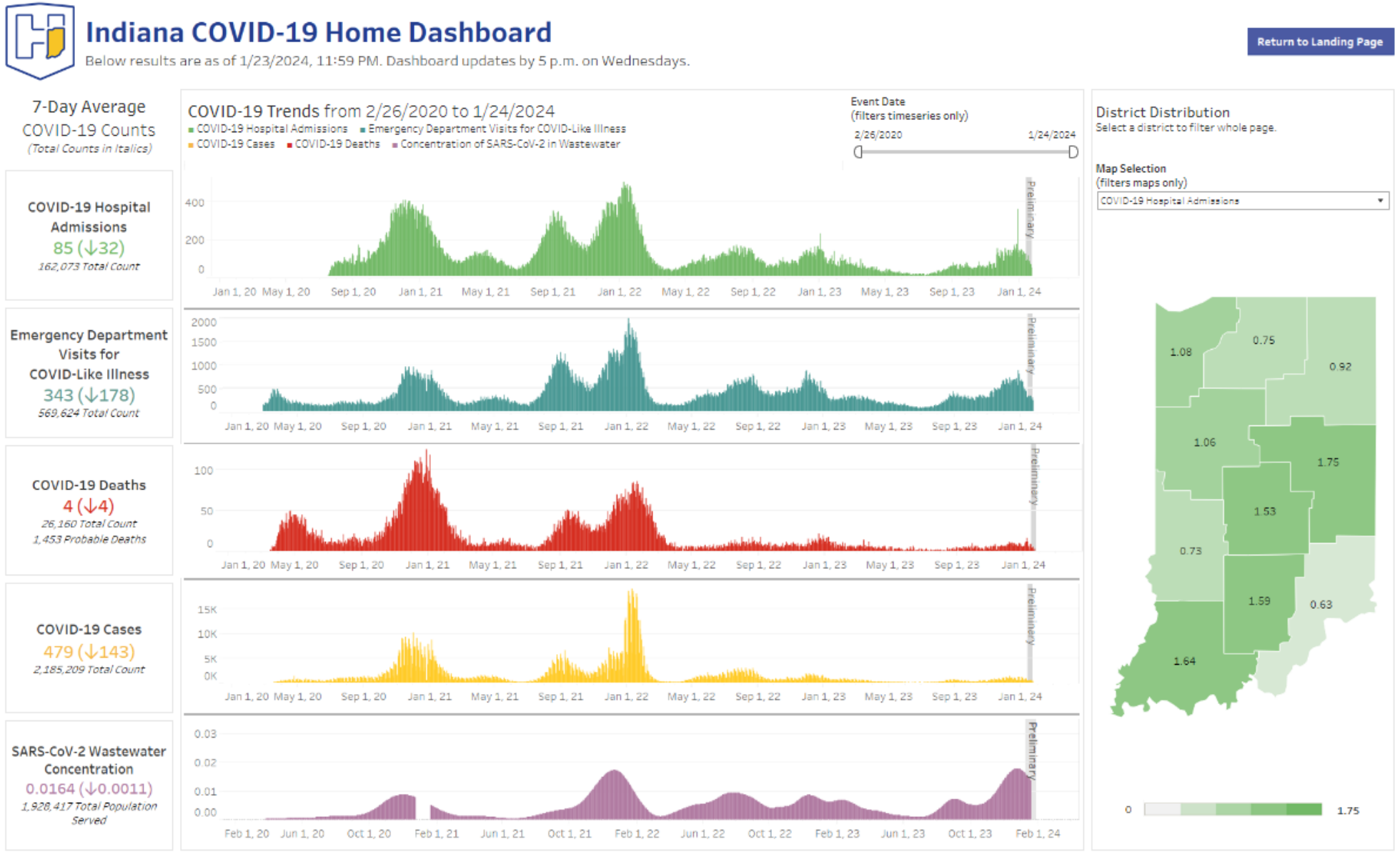
[Health: Infectious Disease Epidemiology & Prevention Division: Influenza Dashboard]

Increasing supply of nirsevimab and available vaccine doses

- In January the nirsevimab manufacturer released 230,000 additional doses. The CDC is working with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
- The CDC advises healthcare providers to return to recommendations originally put forward by CDC and the ACIP (https://www.cdc.gov/mmwr/volumes/72/wr/pdfs/mm7234a4-H.pdf)
- As of 1/23/24, Indiana has available >1300 doses of the 100mg and >2700 doses of the 50mg.
  - There are also around 250 doses of the Abrysvo vaccine for eligible pregnant females under the age of 19 available
- For questions on ordering please contact David McCormick, Immunizations Division Director (dmccormick@health.in.gov)

A few RSV vaccine and monoclonal antibody notes

- Administration of both nirsevimab and RSV vaccination for pregnant people is not needed to protect most infants.
- Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children.
- For healthcare providers who continue to have limited supply, nirsevimab should be prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by high-risk conditions and then by age, prioritizing the youngest infants first.
- Continue to provide RSV vaccine to pregnant patients at 32-36 weeks gestation through the end of January
    - Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnancy



Indiana Department of Health

Coronavirus: Indiana COVID-19 Home Dashboard

Illness Severity Update

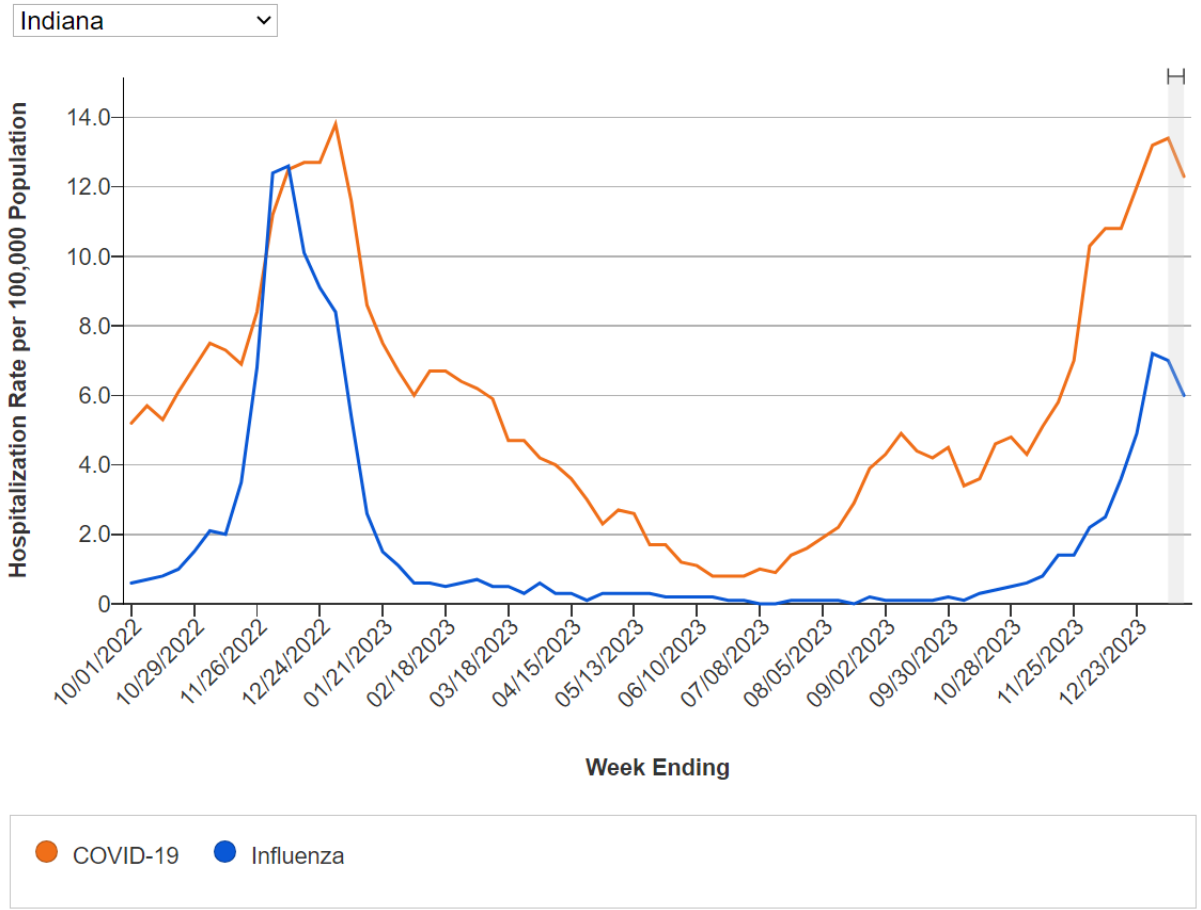
Rates of COVID-19- and influenza-associated hospitalizations remain elevated throughout most of the country; however, slight decreases have been reported in recent weeks. Hospitalization rates for RSV remain elevated in all surveillance sites.

Nationally, the percent of viral respiratory deaths among all deaths for the week ending January 6 increased from 4.5% to 5.2%, which was driven mainly by an increase in deaths associated with COVID-19.
Reported on Friday, January 19th, 2024.

[Severe Viral Respiratory Illness (cdc.gov)]

COVID-19 and Influenza Hospitalization Rates

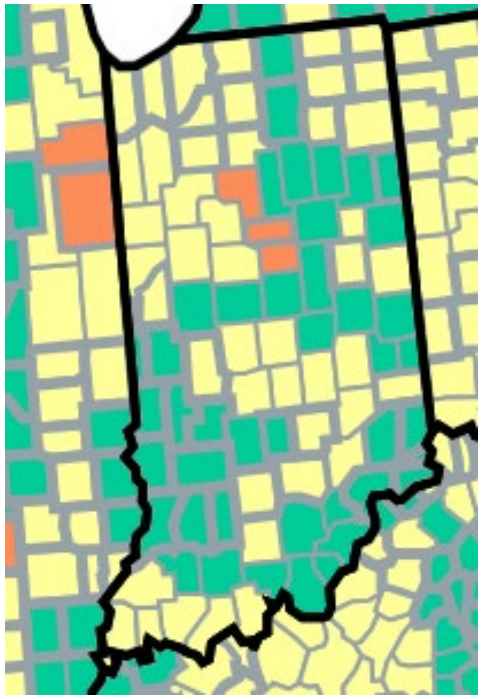
Weekly (7-day total) hospitalization rates reported per 100,000 population. RSV hospitalizations are not included in this dataset (see footnotes). Preliminary data are shaded in gray.

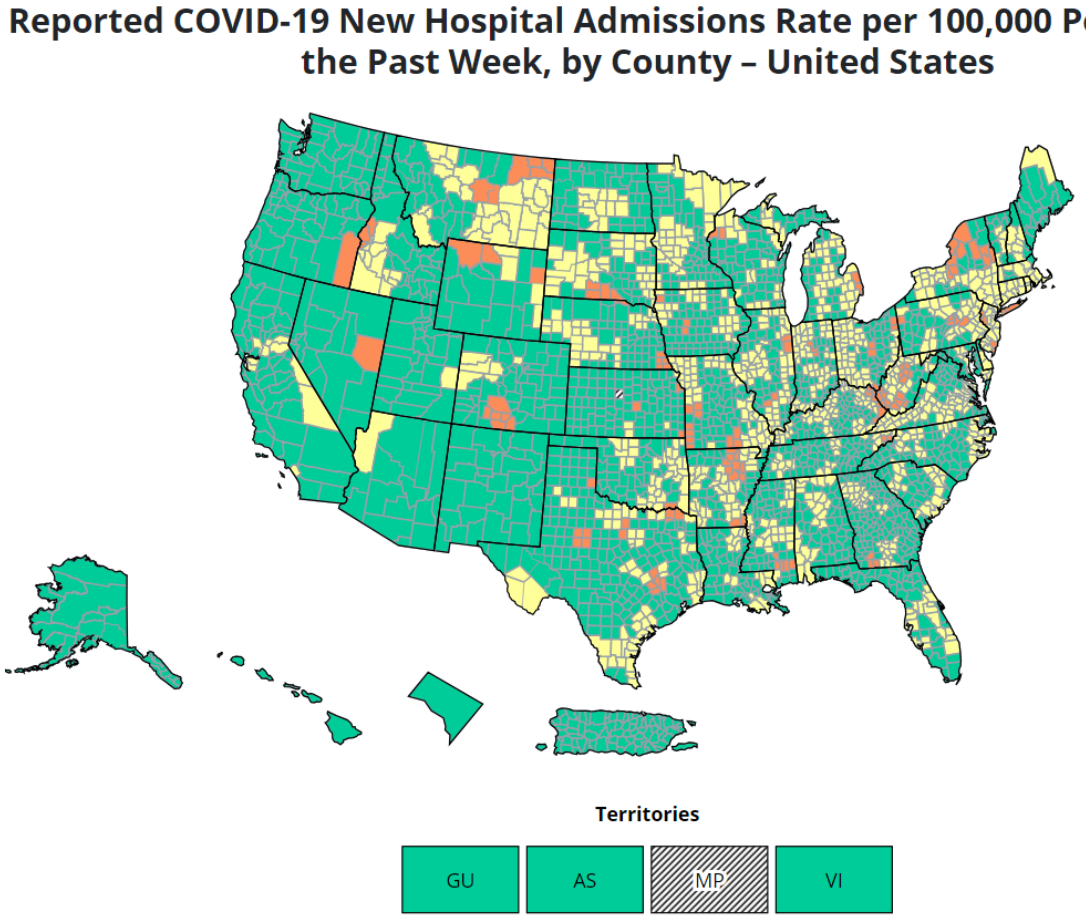


Data presented through: 01/13/2024; Data as of: 01/18/2024

Indiana Department of Health

COVID-19 Hospital Admissions Levels





Indiana Department of Health

[CDC COVID Data Tracker: Maps by Geographic Area]

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

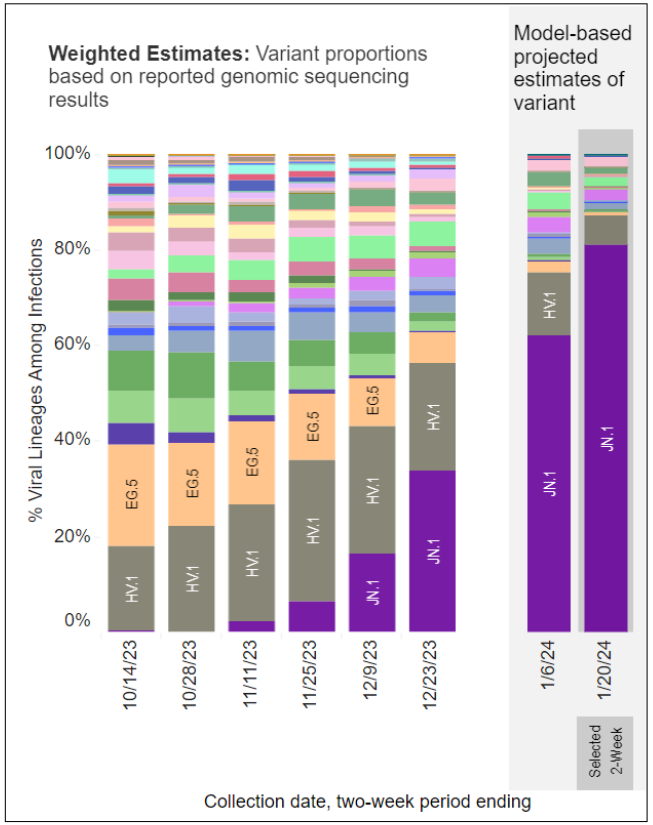
HHS Region: Region 5 - Illinois, Indiana, Michigan, Minne…

Data for the 2-Week Period Ending on: 1/20/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 1/20/2024(Nowcast) if available.

Weighted Estimates in HHS Region 5 for 2-Week Periods in 10/1/2023 – 1/20/2024

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



Nowcast Estimates in HHS Region 5 for 1/7/2024 – 1/20/2024

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	81.0%	76.5-84.8%
	HV.1	6.1%	5.0-7.3%
	BA.2.86	2.0%	1.4-3.0%
	GE.1	2.0%	0.3-7.8%
	JD.1.1	1.9%	1.5-2.4%
	JG.3	1.7%	1.2-2.5%
	HK.3	1.6%	1.2-2.1%
	EG.5	0.8%	0.6-1.0%
	BA.2	0.6%	0.0-4.4%
	EG.5.1.8	0.3%	0.2-0.5%
	JF.1	0.3%	0.2-0.4%
	XBB.1.16.17	0.3%	0.1-0.5%
	FL.1.5.1	0.2%	0.2-0.3%
	XBB.1.16.6	0.2%	0.1-0.3%
	XBB.1.5.70	0.1%	0.1-0.2%
	GK.1.1	0.1%	0.1-0.2%
	XBB.1.16.11	0.1%	0.1-0.2%
	HF.1	0.1%	0.1-0.2%
	XBB.1.16.15	0.1%	0.1-0.2%
	XBB	0.1%	0.1-0.1%
	XBB.1.9.1	0.1%	0.0-0.1%
	XBB.2.3	0.1%	0.0-0.1%
	GK.2	0.0%	0.0-0.1%
	CH.1.1	0.0%	0.0-0.0%
	XBB.1.16	0.0%	0.0-0.0%
	XBB.1.5	0.0%	0.0-0.0%
	XBB.2.3.8	0.0%	0.0-0.0%
	EG.6.1	0.0%	0.0-0.0%
	XBB.1.16.1	0.0%	0.0-0.0%
	XBB.1.5.68	0.0%	0.0-0.0%
	XBB.1.9.2	0.0%	0.0-0.0%
	XBB.1.42.2	0.0%	0.0-0.0%
	XBB.1.5.59	0.0%	0.0-0.0%
	XBB.1.5.72	0.0%	0.0-0.0%
Other	Other*	0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.

\# While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules/.

Nowcast Estimates for 1/7/2024 – 1/20/2024 by HHS Region

Indiana Department of Health

Updated guidance on COVID-19 vaccine administration errors and deviations, Jan. 18

Type	Administration error/deviation	Interim recommendation
Site/route	• Incorrect site (i.e., site other than the deltoid muscle or vastus lateralis muscle)	• Do not repeat dose.
	• Incorrect route (e.g., subcutaneous)	• Do not repeat dose. • Inform the recipient of the potential for local and systemic adverse events.
Age	• Updated (2023–2024 Formula) mRNA vaccine administered to an unauthorized age group (recipients younger than age 6 months)	• If the first dose is administered 5 or more days before age 6 months, repeat the dose on or after the date the recipient reaches 6 months; space the repeat dose at least 4 weeks after the invalid dose.*
	• Updated (2023–2024 Formula) Novavax vaccine administered to an unauthorized age group (recipients ages 6 months–11 years)	• If part of a multidose initial vaccination series (i.e., children ages 6 months–4 years or people ages 6 months and older who are moderately or severely immunocompromised) count the dose; continue the series with an updated (2023–2024 Formula) mRNA vaccine; and space the next dose by at least the minimum interval (Table 1 and Table 2).§ If the last dose in the series, no further doses are needed. • For children ages 5–11 years who are NOT moderately or severely immunocompromised: ◦ If previously received 1 or more doses of any mRNA vaccine, no further doses are needed. ◦ If did not previously receive any doses of any mRNA vaccine, administer 1 dose of an updated (2023–2024 Formula) mRNA vaccine at least 4 weeks after the dose given in error.§

Please check the link for other administration errors such as product, dosage, storage, handling, intervals, interchangeability, and diluent.

Interim Clinical Considerations for Use of COVID-19 Vaccines: Appendices, References, and Previous Updates | CDC

Indian Department of Health

IN Medicaid codes for COVID-19 Vaccine billing

- On Dec. 28, 2023, Indiana Medicaid published two Indiana Healthcare Provider Bulletins outlining new billing codes for COVID-19 vaccine and administration.
- Pfizer and Moderna Vaccines
  - Bulletin BT2023179 provides information about new billing codes that went into effect on Nov. 1, 2023. These new codes must be used to receive payment for all dates of services from Nov. 1 to now
- Novavax Vaccines
  - Bulletin BT2023181 provides important information about new billing codes that went into effect on Nov. 1, 2023. These new codes must be used to receive payment for all dates of services from Nov. 1, 2023, to present.
- All claims for Medicaid eligible individuals receiving COVID vaccines need to be billed to traditional Medicaid and not to any Medicaid Managed Care partner. If you have questions, contact Indiana Medicaid Customer Assistance at 800-457-4584.

EUA labeled Paxlovid Returns Deadline Extended

- The deadline for return of EUA-labeled Paxlovid has been extended from December 31, 2023, to January 31, 2024. ***Hurry! Inventory needs to be received by January 31 to be accepted for credit to the federal inventory.***
- Inmar is supporting the EUA returns process, on behalf of Pfizer. For sites choosing to use the Pfizer returns process, please visit the online business response form at www.PaxlovidEUAreturns.com to provide specific information to Inmar about your site and your remaining EUA supply.
  - Upon completing this information, return instructions and a prepaid shipping label will be emailed to you free of charge to help return your EUA-labeled Paxlovid.
  - After receiving your prepaid shipping label, please follow the provided steps to pack and ship your EUA-labeled Paxlovid to Inmar.

EUA labeled Paxlovid Returns

- This returned inventory will continue to support access to free NDA-labeled Paxlovid for publicly insured patients, including Medicare and Medicaid beneficiaries, and uninsured patients through the U.S government (USG) Patient Assistance Program (PAP) operated by Pfizer.
  - This PAP is open, and eligible patients can be directed to enroll online.
  - For patients with private insurance, Pfizer is offering a co-pay savings program.
  - These options ensure that Paxlovid is accessible to everyone who needs the medication at little to no cost.
  - Everyone who is facing any difficulty in access at the pharmacy counter should be directed to the patient assistance programs (PAXCESS) available to support access to Paxlovid.

U.S. Government Patient Assistance Program Operated by Pfizer

- Through December 31, 2024, individuals covered under federal programs, such as Medicare or Medicaid, and uninsured patients are eligible for the USG Patient Assistance Program (PAP) operated by Pfizer and can receive Paxlovid at no cost. Patients or health care providers and pharmacists on behalf of patients can enroll to participate in the program at https://paxlovid.iassist.com.
- Retail pharmacies can learn more about becoming a Paxlovid PAP participating location by contacting the program vendor at PharmacyNetworkContract102101@assistrx.com

Patient Support Program for Paxlovid

PAXCESS™ Patient Support Program is now available for patients prescribed PAXLOVID. Commercially insured patients may pay as little as $0* for their prescription by downloading a copay card here.

Patients on Medicare, Medicaid, TRICARE, VA Community Care Network, and those who are uninsured, may enroll in the U.S. Government's Patient Assistance Program (USG PAP)† operated by Pfizer to access PAXLOVID for free through December 31, 2024, here.

For more information, visit the website access page here or call 877-C19-PACK (877-219-7225).

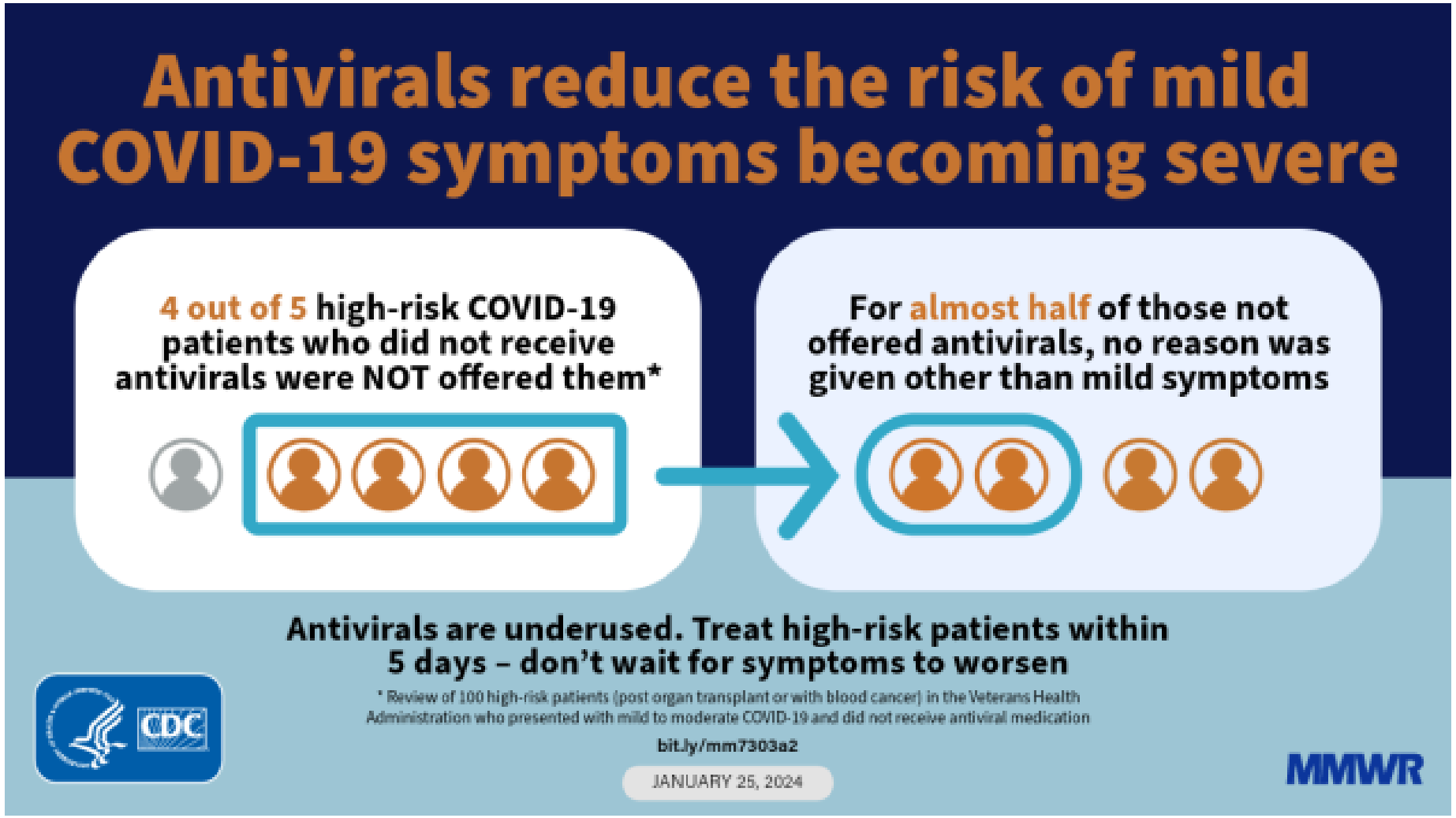
*Eligible commercially insured patients can save up $1,500 per prescription. Maximum annual savings up to $1,500. Please click here for full terms and conditions for the PAXCESS™ copay savings program.

†The USG PAP operated by Pfizer is an independent program with separate eligibility requirements offered by the United States Department of Health and Human Services and is not owned by Pfizer. Please click here for the full terms and conditions of the USG PAP.

COVID-19 Rebound

- CDC examined SARS-CoV-2 rebound studies among patients who did and did not receive antiviral treatment. No consistent association between treatment and rebound was identified. The prevalence of rebound varied, depending upon host factors and the definition of rebound. Rebound symptoms were mild. No hospitalizations or deaths occurred from viral rebound. SARS-CoV-2 Rebound With and Without Use of COVID-19 Oral Antivirals | MMWR (cdc.gov)
- Similar SARS-CoV-2 viral rebound rates were observed in nirmatrelvir/ritonavir and placebo recipients in two randomized, double-blind, clinical trials. Virologic rebound after nirmatrelvir/ritonavir treatment was not associated with COVID-19–related hospitalization or death. Evaluation of SARS-CoV-2 RNA Rebound After Nirmatrelvir/Ritonavir Treatment in Randomized, Double-Blind, Placebo-Controlled Trials — United States and International Sites, 2021–2022 | MMWR (cdc.gov)

Antivirals are Underutilized in COVID-19



Indiana Department of Health

[Underuse of Antiviral Drugs to Prevent Progression to Severe COVID-19 — Veterans Health Administration, March–September 2022 | MMWR (cdc.gov)]

Home Test to Treat program

- Home Test to Treat is a nationwide program providing free testing, telehealth and treatment. Findings will be used to inform future public health programs for the American people.
- Originally piloted in three communities (Berks County, PA, Atlanta and Houston), the program has expanded to a national launch and will be providing testing and treatment services for both flu (Influenza) and COVID-19 in December 2023
- Individuals can enroll on the website (test2treat.org) or via phone 1-800-682-2829
- The program is expected to operate until spring 2024

Indiana Department of Health

Home (test2treat.org)

Home Test to Treat program extends nationwide | National Institutes of Health (NIH)

Home Test to Treat program: Eligibility

- For those who are uninsured or enrolled in Medicare, Medicaid, VA healthcare or Indian Health Services:
  - Do not need to have COVID-19 or flu to sign up
  - Are eligible for free at-home COVID/flu tests
  - If testing positive, participants can receive free telehealth care and medication for COVID-19 and/or flu, if prescribed
- For those who are privately insured or have employer-sponsored healthcare:
  - Eligible to enroll with a current positive COVID-19 and/or flu test
  - Can receive free telehealth care and medication for COVID-19 and/or flu, if prescribed
  - Those with employer-sponsored or private insurance are not eligible to receive free tests
- Identification is not required to enroll
- Treatment can be shipped to the individual or picked up at a local pharmacy at no cost for those eligible

Indiana Department of Health

Home Test to Treat program extends nationwide | National Institutes of Health (NIH)

Home (test2treat.org)

HTTT_gov_flyers_20231120_english.pdf (venturewell.org)

National Vaccination Trends Update, Jan. 19

The percent of the population reporting receipt of COVID-19, influenza, and RSV vaccines remains low for adults. Reported on Friday, Jan. 12:

- The percent of the population reporting receipt of the updated 2023-24 COVID-19 vaccine is 21.4% (20.6-22.2) for adults 18+, including 41.5% (39.3-43.8) among adults age 65+.
- The percent of the population reporting receipt of a flu vaccine is 46.8% (45.7-47.9) for adults 18+, including 74.1% (71.3-76.9) among adults age 65+.
- The percent of adults age 60+ that report receiving an RSV vaccine is 20.1% (18.8-21.4).

Vaccination Trends—Adults (cdc.gov)

Health First Indiana

Indiana Department of Health

Opt-In Map

Health First Indiana in Your Community

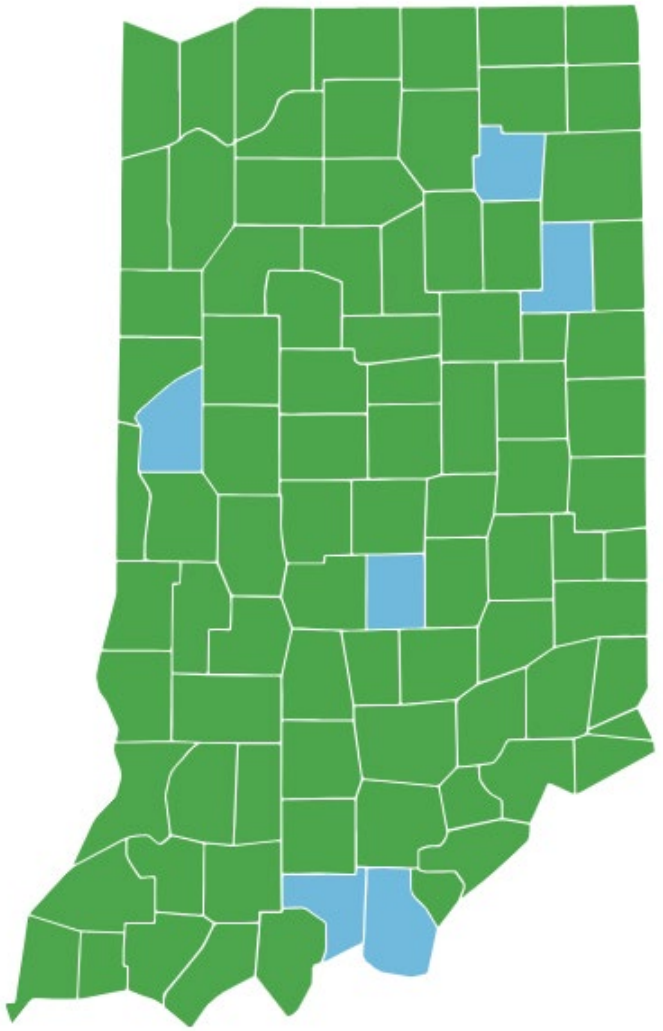
This interactive map shows in green the counties that have opted-in to receive Health First Indiana funding for 2024. Click on a county for details about how Health First Indiana is at work in your community. You'll see your county's funding information, budget, current programs and priorities.

Local officials will decide every year whether to accept Health First Indiana funding for a range of core public health services from maternal and child health to food inspections. Investing in public health helps promote economic security and prosperity by improving health outcomes.

Counties that have opted-in to the Health First Indiana initiative

Municipal Health Department Funding for 2024

- East Chicago, City of: $318,209.34 (View budget)
- Fishers, City of: $1,001,725.50 (View budget)
- Gary, City of: $833,751.90 (View budget)



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Healthfirstindiana.in.gov

County Level Information

Marion County

OPTED IN FOR 2024: $11,792,002.98

2023:	**$403,658.66** (Legacy amount from Local Health Maintenance fund/Trust)

2024:	**$11,792,002.98**	2024 Marion County Budget
County Match:	Average of county tax levy-related funds distributed to the LHD in the preceding three years (2021, 2022, 2023).	

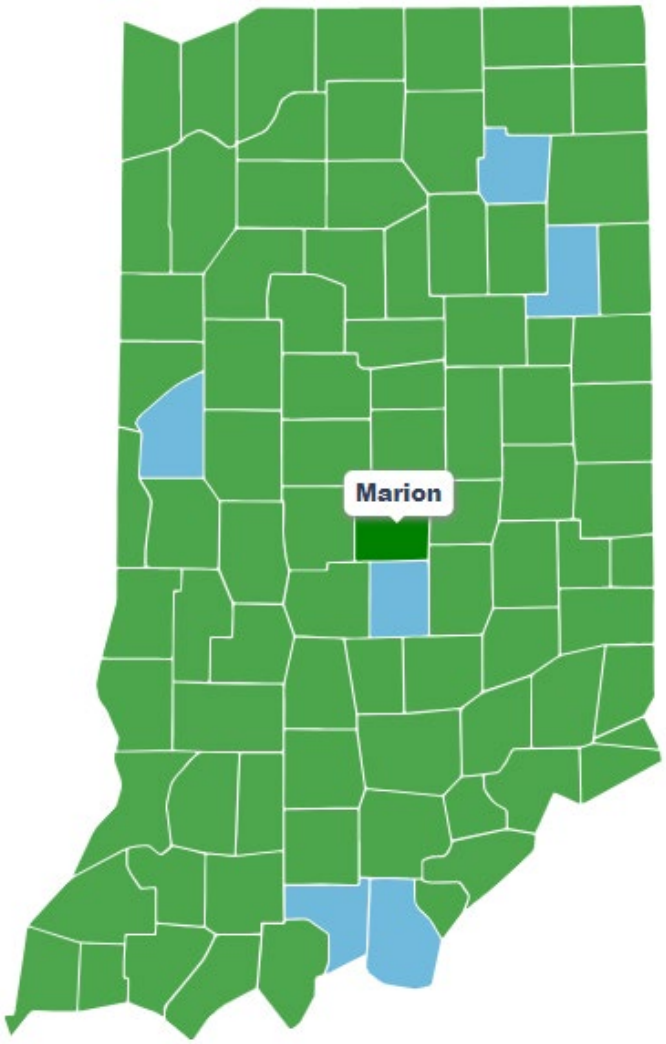
2025 (Opt In):	Minimum: **$22,719,969.75**	Maximum: **$30,293,293.00**
County Match:	Minimum: **$4,763,864.63**	Maximum: **$6,351,819.50**

- OR -

2025 (Opt Out):	**$403,658.66** (Legacy amount from Local Health Maintenance fund/Trust)

County Health Scorecard

Counties that have opted-in to the Health First Indiana initiative



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Healthfirstindiana.in.gov

Indiana County Health Scorecard

The dashboard below displays county level data, select a topic from the Drop Down menu to change the dashboard views.

County At A Glance

Topic Adult Obesity

Indiana Statewide Adult Obesity

35%

Top and Bottom 5 Counties

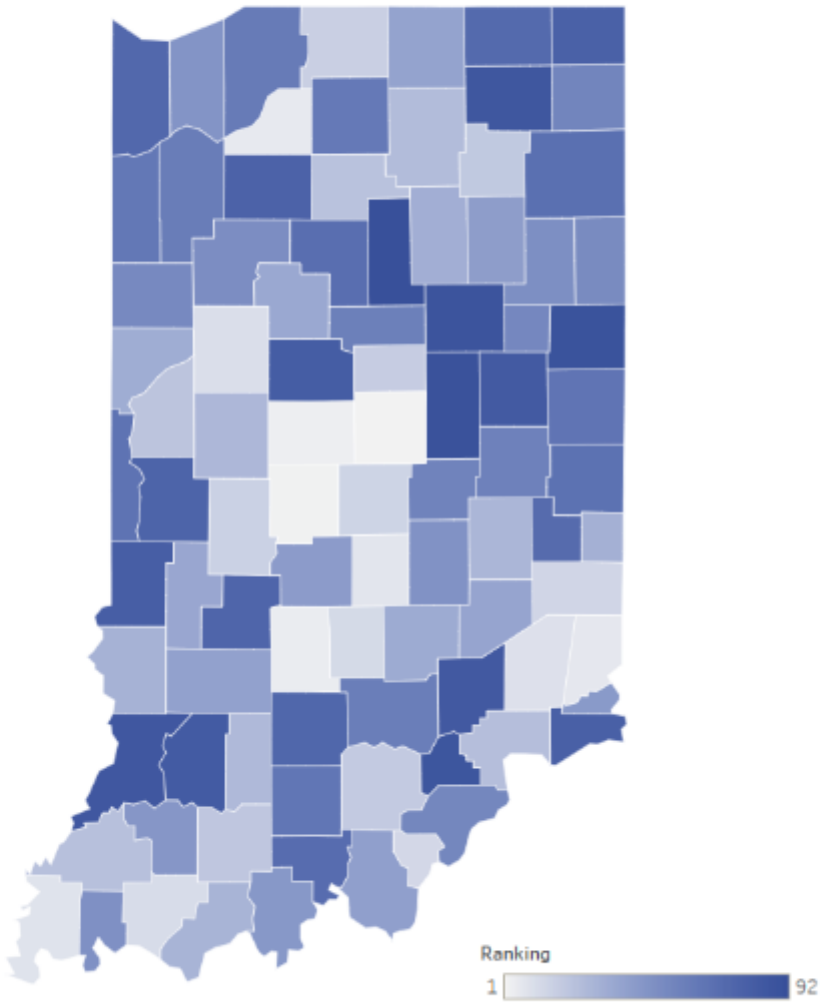
Hamilton	#1
Hendricks	#2
Boone	#3
Monroe	#4
Starke	#5
Scott	#88
Grant	#89
Jay	#90
Madison	#91
Miami	#92

Definition

Adult Obesity Definition: *% measured by 2019 BRFSS, Adult Obesity is based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (ages 18 and older) who reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight. BMIs are calculated from these reported values. (2019)*

Year(s) of data used: *2019*

Adult Obesity in Indiana (2019)



County	County Rate	Ranking
Hamilton	26%	#1
Hendricks	30%	#2
Boone	32%	#3
Monroe	32%	#4
Starke	32%	#5
Dearborn	33%	#6
Johnson	33%	#7
Posey	33%	#8
Ripley	33%	#9
Tippecanoe	33%	#10
Warrick	33%	#11
Brown	34%	#12
Floyd	34%	#13
Franklin	34%	#14
Marion	34%	#15
Putnam	34%	#16
St. Joseph	34%	#17
Tipton	34%	#18
Washington	34%	#19
Whitley	34%	#20
Dubois	35%	#21
Fountain	35%	#22
Fulton	35%	#23
Gibson	35%	#24
Jefferson	35%	#25
Kosciusko	35%	#26
Martin	35%	#27
Montgomery	35%	#28
Rush	35%	#29
Spencer	35%	#30
Sullivan	35%	#31
Union	35%	#32
Wabash	35%	#33
Warren	35%	#34
Bartholomew	36%	#35
Carroll	36%	#36
Clay	36%	#37
Decatur	36%	#38
Elkhart	36%	#39
Greene	36%	#40
Harrison	36%	#41
Huntington	36%	#42
Morgan	36%	#43
Ohio	36%	#44
Perry	36%	#45
Pike	36%	#46

County	County Rate	Ranking
Porter	36%	#47
Shelby	36%	#48
Vanderburgh	36%	#49
Wells	36%	#50
White	36%	#51
Adams	37%	#52
Benton	37%	#53
Blackford	37%	#54
Clark	37%	#55
Dekalb	37%	#56
Hancock	37%	#57
Henry	37%	#58
Howard	37%	#59
Jackson	37%	#60
Jasper	37%	#61
LaPorte	37%	#62
Marshall	37%	#63
Newton	37%	#64
Orange	37%	#65
Randolph	37%	#66
Vermillion	37%	#67
Wayne	37%	#68
Allen	38%	#69
Cass	38%	#70
Crawford	38%	#71
Fayette	38%	#72
LaGrange	38%	#73
Lake	38%	#74
Lawrence	38%	#75
Owen	38%	#76
Parke	38%	#77
Pulaski	38%	#78
Steuben	38%	#79
Switzerland	38%	#80
Vigo	38%	#81
Clinton	39%	#82
Daviess	39%	#83
Delaware	39%	#84
Jennings	39%	#85
Knox	39%	#86
Noble	39%	#87
Scott	39%	#88
Grant	40%	#89
Jay	40%	#90
Madison	40%	#91
Miami	40%	#92

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2019)

Indiana County Health Scorecard

County At-A-Glance

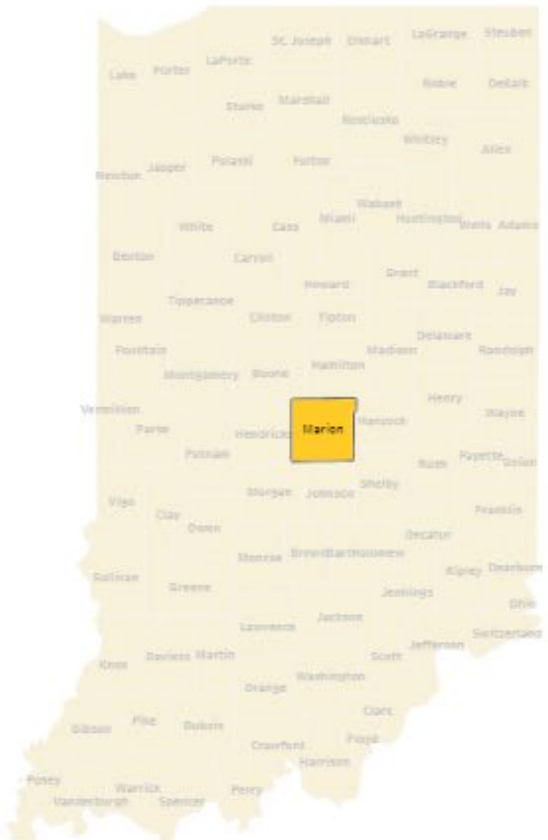
The dashboard below displays county-level data for all topics. Choose a county from the map to change the data shown.

County Scorecard

County	Topic	Indiana Rate	County Rate	Rank
Marion	Adult Obesity	35%	34%	#15
	Children < 3 Years Old Completing Recommended Vaccine Series	57.7%	52.6%	#77
	Infant Mortality Rate	6.8	7.59	#53
	Life Expectancy	76.5	75.0	#75
	Smoking Rate	21.0%	20%	#22
	Suicide Rate	17.2	14.9	#27
	Years of Potential Life Lost Due to Injury (Age-Adjusted)	2527.14	3891.1	#85

County Selection

Select a county to filter whole page. Click outside the map to return.



State Support

Regional teams providing technical assistance and resources to counties

- **Data Analytics**: provide data to inform local decision making
- **Core Services Support**: implementation of evidence-based programming
- **Private/Public Partnerships**: convene local officials, public health, clinical health and community partners to identify gaps in services and health needs
- **Shared Resources:** Provide training to improve expertise and efficiency at the local level, support counties that want to facilitate shared resources or personnel
- **Finance**: Offer financial consultation for budgeting and contracting with providers or community-based organizations to deliver core public health services

Please join us!

Other Infections

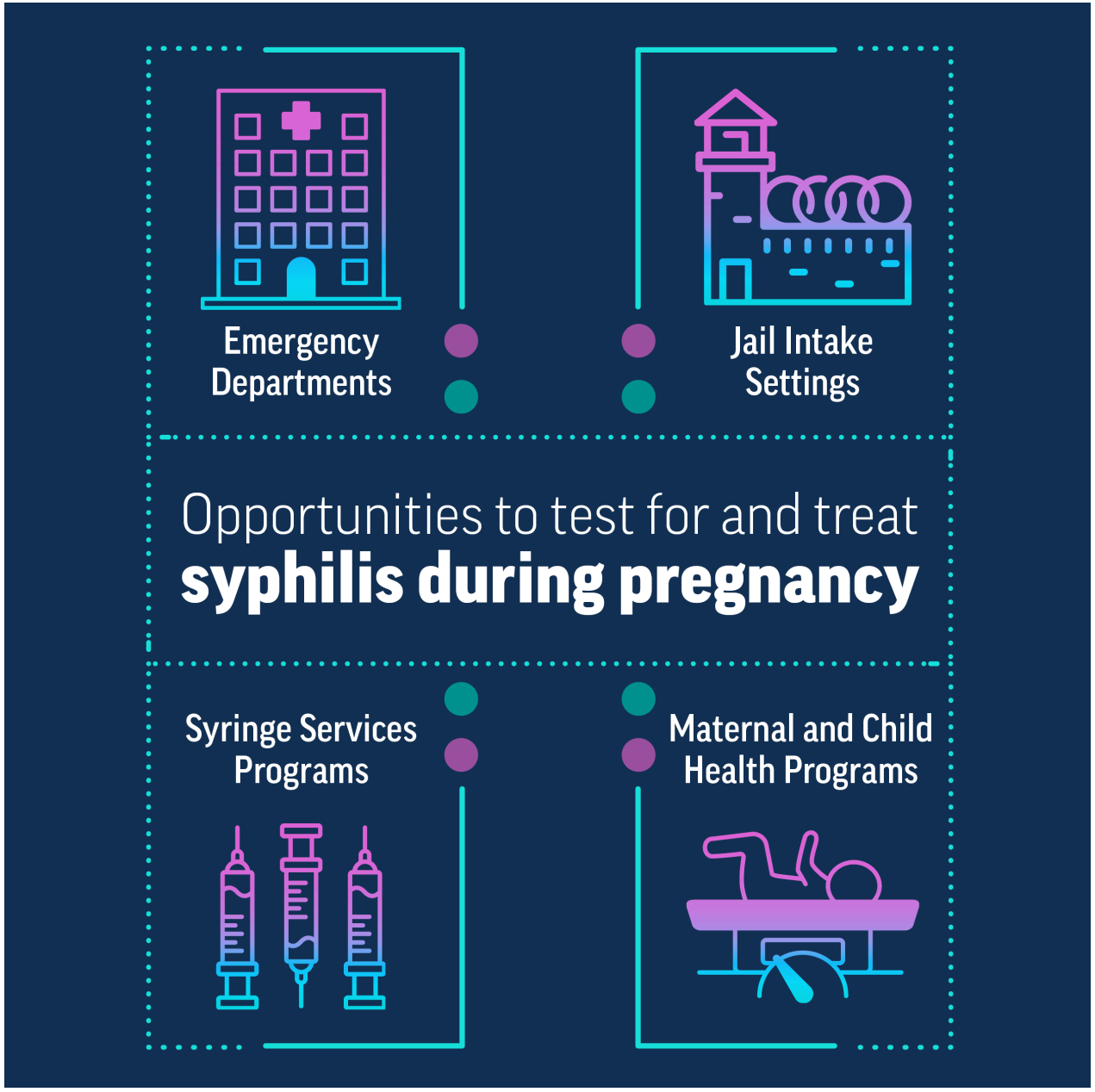
Indiana Department of Health

Syphilis in Babies Reflects Health System Failures | VitalSigns | CDC

All you need to do is test!

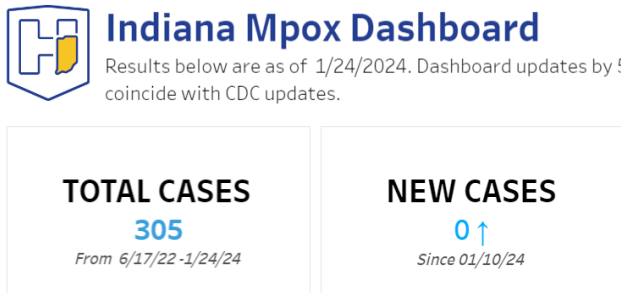
These are potential opportunities to improve testing and, ultimately, treatment.

If a test is collected from any of these places and is positive, local health departments can assist with investigating and managing the cases.



Indiana Department of Health

Mpox



Mpox in nonsexual contacts

- During May 1–July 31, 2023, a total of 278 mpox cases were reported by two jurisdictions, and 662 nonsexual contacts of these patients were identified
- **Overall, a total of 10 persons who reported nonsexual close contact with an mpox patient experienced symptoms within 21 days after exposure (secondary attack rate = 1.5%).**
  - Among 563 nonsexual close contacts reported by DC, 162 (28.8%) were interviewed after exposure. The primary exposure settings for nonsexual contacts in DC were large gatherings (e.g., festivals) (230; 40.9%), unknown settings (119; 21.1%), place of employment (71; 12.6%), or home (44; 7.8%).
  - Nine (secondary attack rate = 1.6%) nonsexual close contacts in DC experienced signs and symptoms within 21 days after exposure to the primary patient; five of these exposed persons who experienced signs and symptoms 21 days after exposure to the primary patient had received postexposure mpox vaccine before symptom onset.
  - None of the 99 nonsexual contacts identified in Tennessee were interviewed ≥21 days after exposure.
    - One of these contacts (secondary attack rate = 1.0%), who had received postexposure vaccination, experienced symptom onset within 21 days of exposure to the primary patient.

Indiana Department of Health

Notes from the Field: Transmission of Mpox to Nonsexual Close Contacts — Two U.S. Jurisdictions, May 1–July 31, 2022 | MMWR (cdc.gov)

Second Nationwide Tuberculosis Outbreak Caused by Bone Allografts Containing Live Cells — United States, 2023

Summary

What is already known about this topic?

Tuberculosis (TB) outbreaks associated with tissue transplantation are rare; one outbreak involving 113 patients occurred after surgical implantation of contaminated bone allografts in 2021.

What is added by this report?

Noting similarities to the 2021 outbreak, clinicians diagnosed and promptly reported two TB cases among bone allograft recipients. These case reports initiated an investigation that confirmed a bone allograft–related outbreak affecting 36 recipients. Removal of the product from further distribution prevented implantation of the implicated allografts in up to 53 additional persons.

What are the implications for public health practice?

This second outbreak of bone allograft–related TB in recent years underscores the urgent need to implement improved donor screening and culture-based testing to prevent tissue-derived *Mycobacterium tuberculosis* transmission.

Nontuberculous Mycobacteria Infections After Cosmetic Surgery Procedures in Florida — Nine States, 2022–2023

- Investigation of a case of NTM infection in a patient who received a cosmetic surgical procedure in Florida identified a total of 15 cases in nine states in patients who received cosmetic surgical procedures at the same facility in Florida. Multiple lapses in infection control and prevention were found at an outpatient cosmetic surgery clinic operating with the same staff members.
- All patients were women, and the median age was 33 years (range = 24–51 years). The median interval from the procedure to symptom onset was 69 days (range = 33–119 days). Patients reported swelling, purulent drainage, redness, or pain at surgical sites.
- Pharmaceutical treatments for M. abscessus included oral and intravenous antibiotics with prolonged courses up to 2–6 months. In addition to prescribing medication, health care providers performed incision, drainage, and debridement. Seven patients' wound isolates were available for analysis by the Florida Bureau of Public Health Laboratories. Whole genome sequencing determined that four isolates were closely related . Clinic A was closed after identification of the cluster; the closure precluded environmental sampling during the investigation.

Notes from the Field: Nontuberculous Mycobacteria Infections After Cosmetic Surgery Procedures in Florida — Nine States, 2022–2023 | MMWR (cdc.gov)

Report of rabies in a skunk- Clark Co.

- A skunk was detected to have skunk variant rabies for the first time since 2004
- No human infections are suspected
- While bats are the most common source of rabies infection in the state, wildlife such as skunks, foxes and raccoons can act also transmit the virus.
- Important steps to take (primarily Clark, Floyd, and Harrison counties):
  - Ensure pets are up to date on rabies vaccine. Avoid animals that appear ill or exhibit abnormal behavior (whether aggressive or unusually passive). Remember that not all animals with rabies salivate more than normal ("foaming at the mouth").

Information on rabies including post exposure prophylaxis can be found at Rabies Information: Home and Rabies | CDC

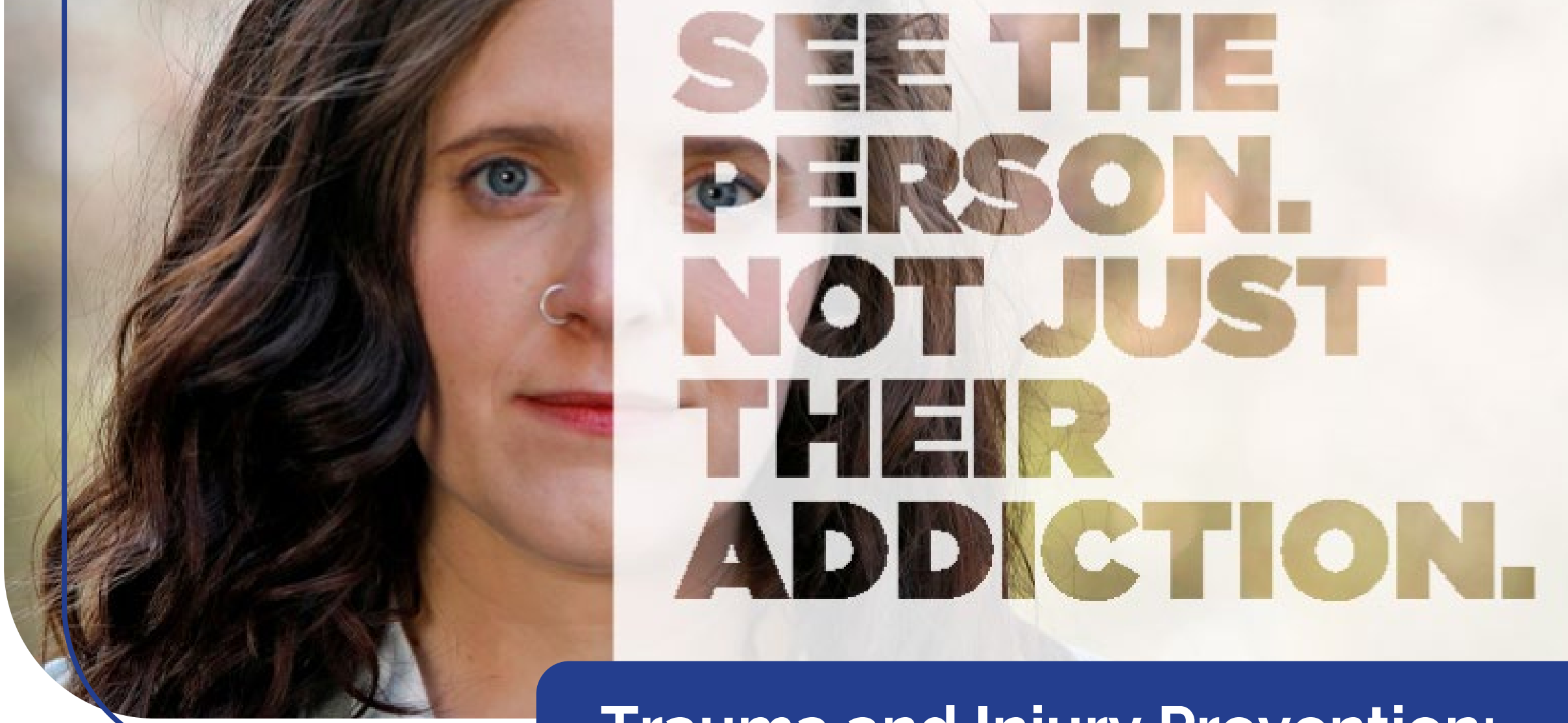
Indiana Department of Health

Rabies detected in skunk for the first time in 20 years, Clark County health officials say | News | wdrb.com

Report of Rabies: Clinician Guidance

Until more information is available, IDOH advises clinicians in Clark, Floyd and Harrison counties to please follow these recommendations:

- Consider rabies post-exposure prophylaxis (rPEP) for patients with high-risk exposures to dogs or cats in Clark, Floyd, and Harrison counties if the animal cannot be quarantined or tested for rabies, especially if the bite was unprovoked, the animal appeared ill, or the animal was behaving abnormally.
- Continue to administer rPEP for high-risk exposures to bats, skunks, raccoons, foxes, and other wild carnivores in all Indiana counties if the animal cannot be tested for rabies.
- If the biting animal is available for quarantine or testing, continue to consider delaying rPEP until results are available. Continue to administer rPEP judiciously. Administration of rPEP for low-risk exposures is unnecessary and can reduce the availability of biologics for patients with high-risk exposures.
- Report all animal bites or exposures and any initiation of rPEP to IDOH. Animal bite reports and any additional accompanying information can be faxed to IDOH at 317-234-2812.
- If desired, contact your local health department or IDOH for public health recommendations regarding rPEP for individual patients.
  - Business hours (8:15 a.m.–4:45 p.m., M–F): 317-233-7125; after business hours: 317-233-1325. Follow prompts to speak with the epidemiologist on call



Trauma and Injury Prevention:
Substance abuse

Indiana Department of Health

Illegal marketing of Tianeptine

- Tianeptine is not approved by the U.S. Food and Drug Administration for any medical use. Despite that, some companies are illegally marketing and selling products containing tianeptine to consumers. They are also making dangerous and unproven claims that tianeptine can improve brain function and treat anxiety, depression, pain, opioid use disorder, and other conditions.
- Although the FDA has warned consumers about tianeptine, vendors continue to market and sell this drug. The FDA is aware that tianeptine has been sold online, typically in tablet or powder form.
- FDA has received severe adverse event reports after use of Neptune's Fix products, including seizures and loss of consciousness leading to hospitalization.

Indiana Department of Health

Tianeptine Products Linked to Serious Harm, Overdoses, Death | FDA

FDA warns consumers not to purchase or use Neptune's Fix or any tianeptine product due to serious risks | FDA

Case series- Consumption of Bromazolam Disguised as Alprazolam

- Bromazolam is a "designer" triazolobenzodiazepine synthesized in 1976 but never approved for therapeutic use.
- Case series in suburban Chicago, 3 young adults (20-25 years age) ingested pressed tablets of bromazolam that they reported they believed to be alprazolam:
  - They were found unresponsive, did not respond to naloxone.
  - They were treated at local emergency departments for hyperthermia, seizures, and myocardial injury after consuming bromazolam disguised as alprazolam.

Notes from the Field: Seizures, Hyperthermia, and Myocardial Injury in Three Young Adults Who Consumed Bromazolam Disguised as Alprazolam — Chicago, Illinois, February 2023 | MMWR (cdc.gov)

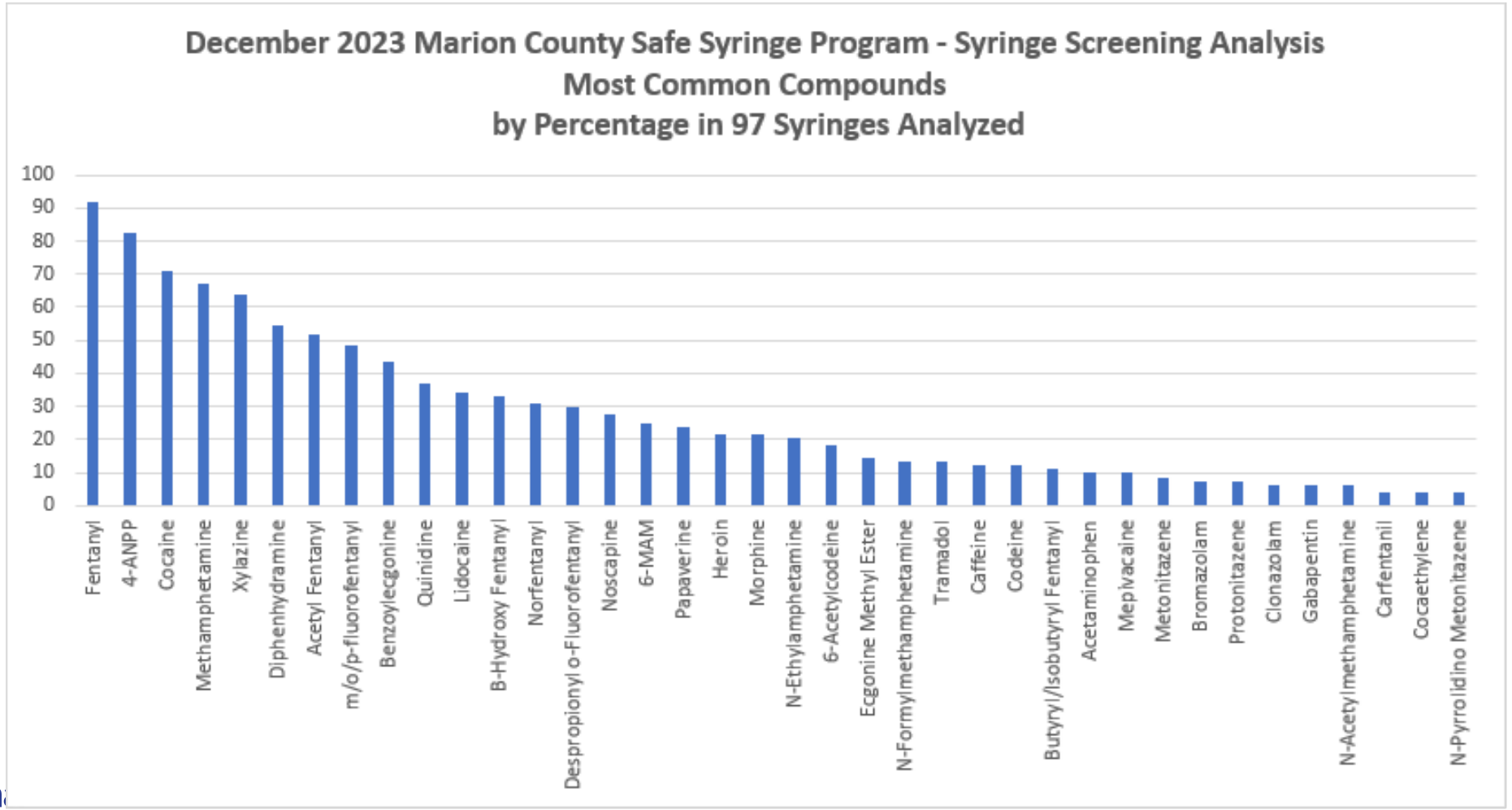
Clinical findings of the cases

- Patient A was hypertensive, tachycardic and hyperthermic, pupils were dilated but reactive, and he experienced multiple generalized seizures. He was intubated to maintain airway control. Extubated on day 5, had moderate aphasia and dysphagia, and was discharged on hospital day 11 with persistent neurologic deficits.
- Patient B was hyperthermic and was intubated because of unresponsiveness and multiple generalized seizures. was extubated on hospital day 1 and discharged on day 4 with mild hearing difficulty, but otherwise neurologically intact. (also + for amphetamine)
- Patient C was obtunded with focal seizures and was intubated. Progressed to status epilepticus despite administration of multiple antiepileptic medications (lorazepam, propofol, levetiracetam, and valproic acid), and persistent coma. She was transferred to a second hospital on day 11 and was subsequently lost to follow-up.
- All three had
    - myocardial injury as demonstrated by elevated troponin levels.
    - Urine drug screen for all three patients was positive for benzodiazepines.
    - None of the patients received flumazenil, a benzodiazepine overdose antidote that can precipitate benzodiazepine withdrawal and cause seizures or tachyarrhythmias.
    - All were admitted to an intensive care unit, and the Illinois Poison Center was contacted for assistance in evaluation and management.
    - Testing of serum (the preferred body fluid) or plasma samples from all three patients by the Drug Enforcement Administration's Toxicology Testing Program (DEA TOX) confirmed the presence of bromazolam (range = 31.1–207 ng/mL), without the presence of fentanyl or any other opioid.

Unexpected signs and symptoms in these cases

- Bromazolam has been misrepresented as a benzodiazepine approved by the Food and Drug Administration.
- The constellation of signs and symptoms in this case series is unexpected for a benzodiazepine overdose, which might 1) be a product of anoxic brain injury attributable to prolonged obtundation, 2) represent additional features of bromazolam in overdose or withdrawal, or 3) be due to an additional intoxicant not detected on liquid chromatography–mass spectrometry
- **Clinicians, responders, and health officials should also consider bromazolam in cases of patients requiring treatment for seizures, myocardial injury, or hyperthermia after illicit drug use, as occurred in these case reports.**
- Bromazolam intoxication should also be suspected in patients with a sedative toxidrome who do not respond adequately to naloxone reversal.
- In cases of suspected bromazolam exposure, clinicians should call their poison center for additional guidance.
- Testing for bromazolam is not routinely available but can be arranged through a variety of send-out reference laboratories.

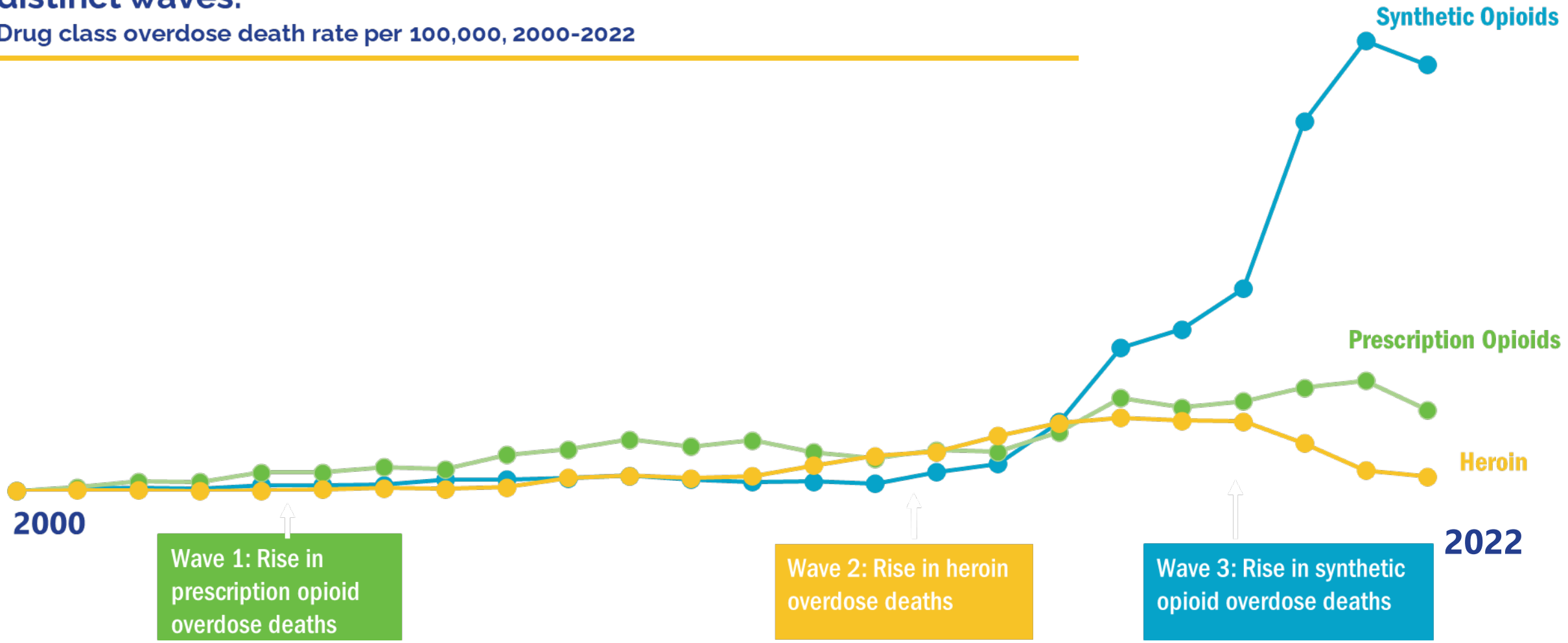
Syringe analysis results December 2023



Indiana Department of Health

The evolving nature of the opioid epidemic in Indiana has come in three distinct waves.

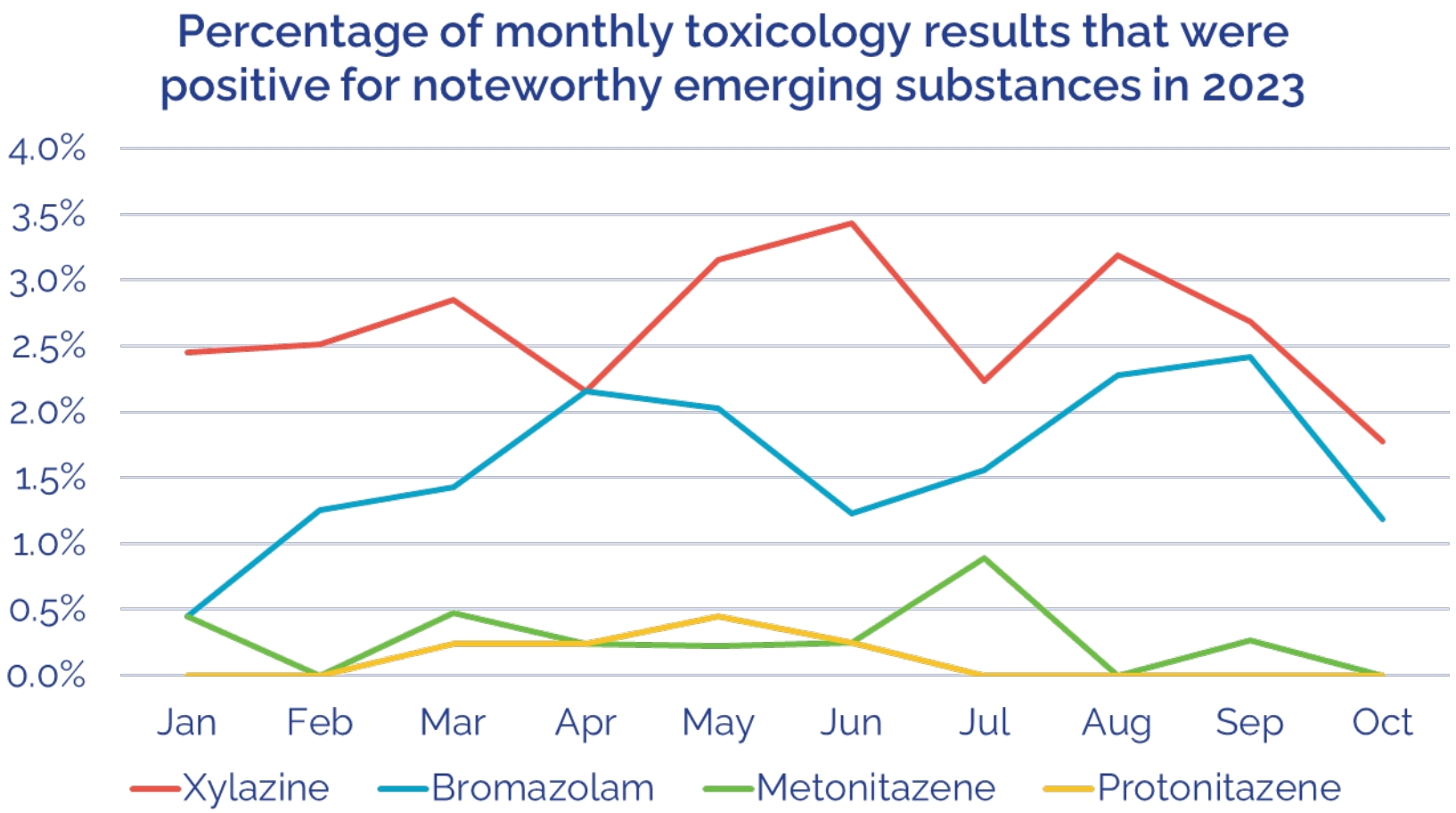
Drug class overdose death rate per 100,000, 2000-2022



Source: IDOH Vital Records; CDC

Emerging Substances, Indiana data

**2023 data are through October 2023 and are provisional



Fentanyl was detected in 31% of all toxicology samples in 2023 (not depicted).

Xylazine was detected in 3% of all toxicology samples in 2023.

Source: Toxicology

Most Common Substances (2023)

**2023 data is through Quarter 2 and is provisional

Drug	Notes	DEA Schedule
Fentanyl	Opioid	II
Methamphetamine	Stimulant	II
4-ANPP	Fentanyl precursor	II
Norfentanyl	Fentanyl metabolite	II
Amphetamine	Stimulant	II
Acetylfentanyl	Fentanyl analog	I
Cocaine	Stimulant	II
Benzoylecgonine	Cocaine metabolite	Unscheduled
Fluorofentanyl	Fentanyl analog	I
Gabapentin	Anticonvulsants	Unscheduled

Source: Indiana State Unintentional Drug Overdose Reporting System (IN SUDORS)

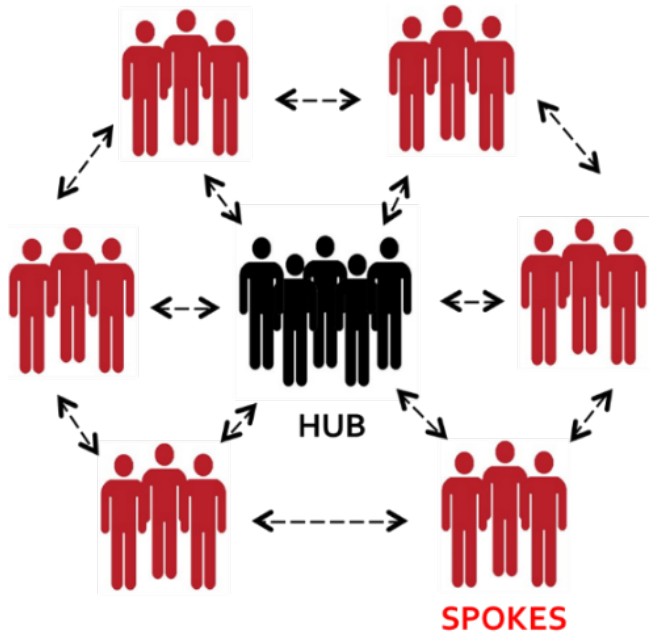
IDOH Prevention Efforts

Indiana Department of Health

IN CARES – ECHO

Indiana Communities Advancing Recovery Efforts (IN CAREs) - Enhancing Community Healthcare Outcomes (ECHO)

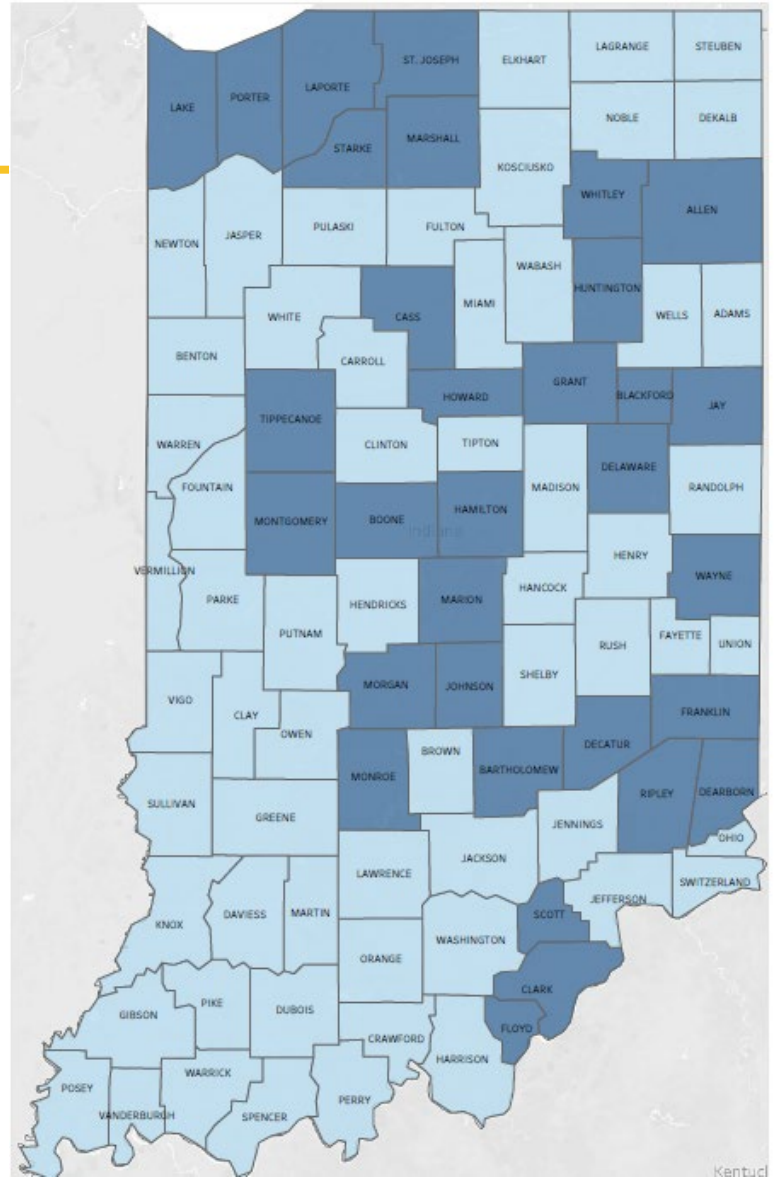
IN CARES – ECHO brings leaders together from key sectors within communities in Indiana that are experiencing high rates of substance use disorder and opioid-related overdose to share and implement community-based solutions



Suicide and Overdose Fatality Review (SOFR)

SOFR teams work to prevent future suicide and overdose deaths by:

- Conducting a series of confidential case reviews
- Determining contributing risk factors and circumstances
- Identifying opportunities for system improvement
- Recommending policies, practices, and programs for prevention



Indiana Department of Health

Naloxone

Naloxone Distribution and Training

- Naloxone programs that distribute to local health departments and rural first responders
- Free in-person and virtual trainings on naloxone that combat stigma towards people who use drugs

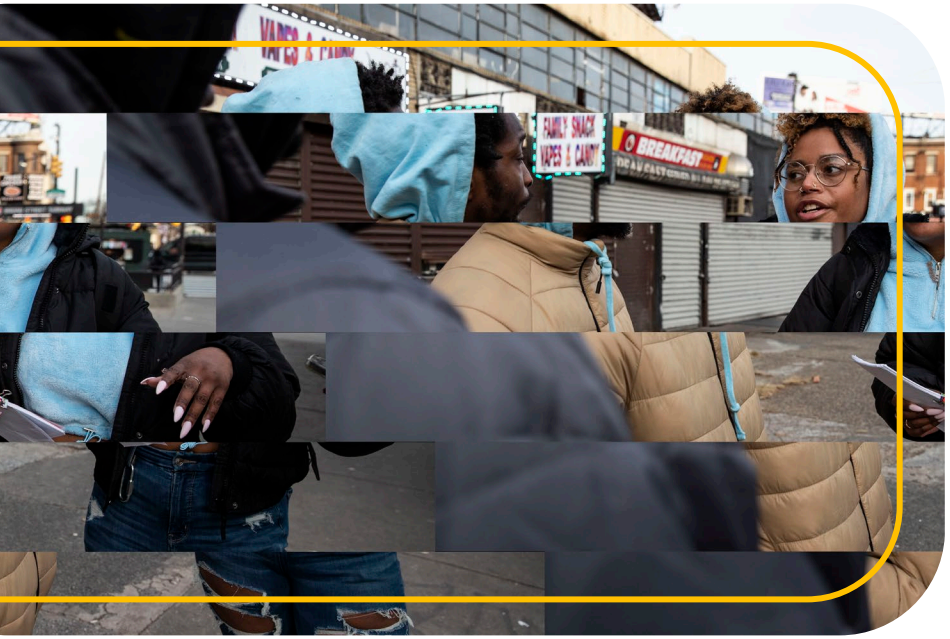
Overdose Prevention Therapy – Indiana (OptIN)

- Naloxone dispensation registry and locator to connect people who use drugs to naloxone and treatment resources

Peer Recovery Coaches

- IDOH will collaborate with partners to recruit applicants for Certified Professional Recovery Coach (CPRC) training
- IDOH will support ECHO counties in recruiting, training, and funding to hire a CPRC

Street Outreach Teams



- Street Outreach teams have knowledge of the local community, especially areas where illicit substance use is high among community members
- Teams engage directly with people who use drugs in the community and distribute materials, such as naloxone and pamphlets on local resources

Other Prevention Efforts

Medication-Assisted Recovery (MAR)

- MAR employs FDA-approved medication alongside counseling and behavioral therapies to treat substance use disorders.

Opioid Treatment Programs (OTP)

- OTPs provide MAR services for people diagnosed with opioid use disorder (OUD).
- OTP participants receive holistic medical and rehabilitative services, as well as FDA-approved opioid treatment medication such as methadone, buprenorphine, and naltrexone.

SUD Management Resources

- SAMHSA Practitioner training offers tools, training, and technical assistance to practitioners in the fields of mental health and substance use disorders.
- Recovery involves support, respect and growth in the community and the individual. Next Level Recovery Indiana connects providers with community resources.
- IDOH is also expanding the Indiana Recovery and Peer Support Initiative for referral to treatment.
- Resources for addiction providers from Family and Social Services Administration (FSSA)
- Be Well Indiana: Peer Recovery Specialist: Call 2-1-1, enter your ZIP code and choose option 6
- The Indiana Pregnancy Promise Program is a free, voluntary program for pregnant Medicaid members who use opioids or have used opioids in the past

SUD Management resources

- FSSA's Indiana Addiction Treatment resources such as locations for addiction treatment, recovery housing. dial 9-1-1 for a medical emergency or 9-8-8 to be connected to the Suicide & Crisis Lifeline where trained crisis specialists are there to provide support for suicidal, mental health and/or substance use crisis.
- Resources from the CDC

Know the Facts

We can reduce the stigma against substance use disorder (SUD) and help Hoosiers get the treatment they need by educating ourselves and others. Download and print the materials on this page to start conversations within your community and build understanding around this disease.

Challenge stigma. Hang these posters in your office, clinic, church, lobby, etc. to increase understanding of this disease and educate your network about ways they can help.

Download the poster art

Download Language Guide Materials

- Flier (8.5" x 11")
- Notecard (4"x6")
- Poster (11"x17")
- ¿Habla español? Descarga el folleto o la guía.

Indiana Department of Health

https://www.in.gov/recovery/know-the-facts/

Indiana Department of Health

ORAL HEALTH TO OVERALL HEALTH

NELLY CHAWLA, BDS, MPH, CPH
DIRECTOR, ORAL HEALTH DIVISION

01/26/2024

Introduction:

Dental disease is one of the major prevalent preventable public health challenges that resulted in a significant burden on children and adults.

Surgeon General Report David Satcher, MD, PhD

Total health and wellness cannot exist without oral health,

Dental Caries ----Silent Epidemic—U.S. Surgeon General

Former Surgeon General Everett Koop, MD, quotes, "You're not healthy without good oral health." Yet in the United States, the two systems of medical and dental care are largely siloed, making it challenging for health care professionals to work together to provide whole-person care.

It is estimated that each year 108 million Americans see a physician who do not see a dentist.

Background:

- **Dental Caries**: Most common chronic disease of childhood in the United States
- Chronic, Infectious, and Preventive Disease
- As per the American Academy of Pediatric dentistry childhood caries overall is more prevalent than : Diabetes, asthma(5 times more common) and childhood obesity
- **Periodontal disease(gum disease)** has been associated with several health conditions, including heart disease and diabetes
- **Early Childhood Caries**: is a severe, rapidly progressing form of tooth decay in infants and young children

Early decay | Moderate decay | Advanced decay

www.kspdonline.com/wp-content/uploads/2012/02/early-childhood-caries.jpg

Dangers of Poor Oral Health

Indiana Department of Health

Image retrieved from https://savebigondentalcare.com/importance-of-oral-health/

By the Numbers

WHO: **oral diseases affect nearly 3.5 billion people**

Untreated dental caries: most common health condition (Global Burden of Disease 2019, WHO)

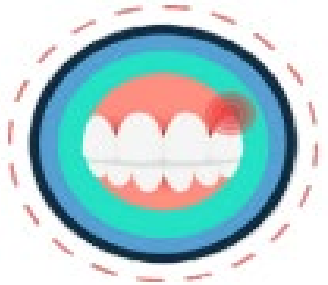
- 24%: 2-4 years
- 53%: 6-8 years (By age 8 over half of children have cavities in baby teeth)
- 56%: 15 years old
- 2013: $2.1 billion was spent on emergency department services for oral complaints
- An estimated 3,559,490 Hoosiers live in dental health professional shortage areas, which is 53% of the state's population (https://www.iyi.org/wpcontent/uploads/2021/03/2021_IYI_Databook_FINAL.pdf)
- According to CDC(2020)->4-of-10 children have tooth decay by the time child enters kindergarten.
- Children with cavities in primary (baby) teeth are **3 times** more likely to develop cavities in permanent teeth.

By the Numbers

In the United States:

1 IN 2
CHILDREN
aged 6 to 8 have had a cavity in at least one of their baby (primary) teeth.

46%
OF ADULTS
over 30 show signs of gum disease.



1 IN 4
ADULTS
has untreated cavities.

$45
BILLION
in lost productivity is due to untreated dental disease.

Indiana Department of Health

www.cdc.gov/chronicdisease

Oral Health Disparities

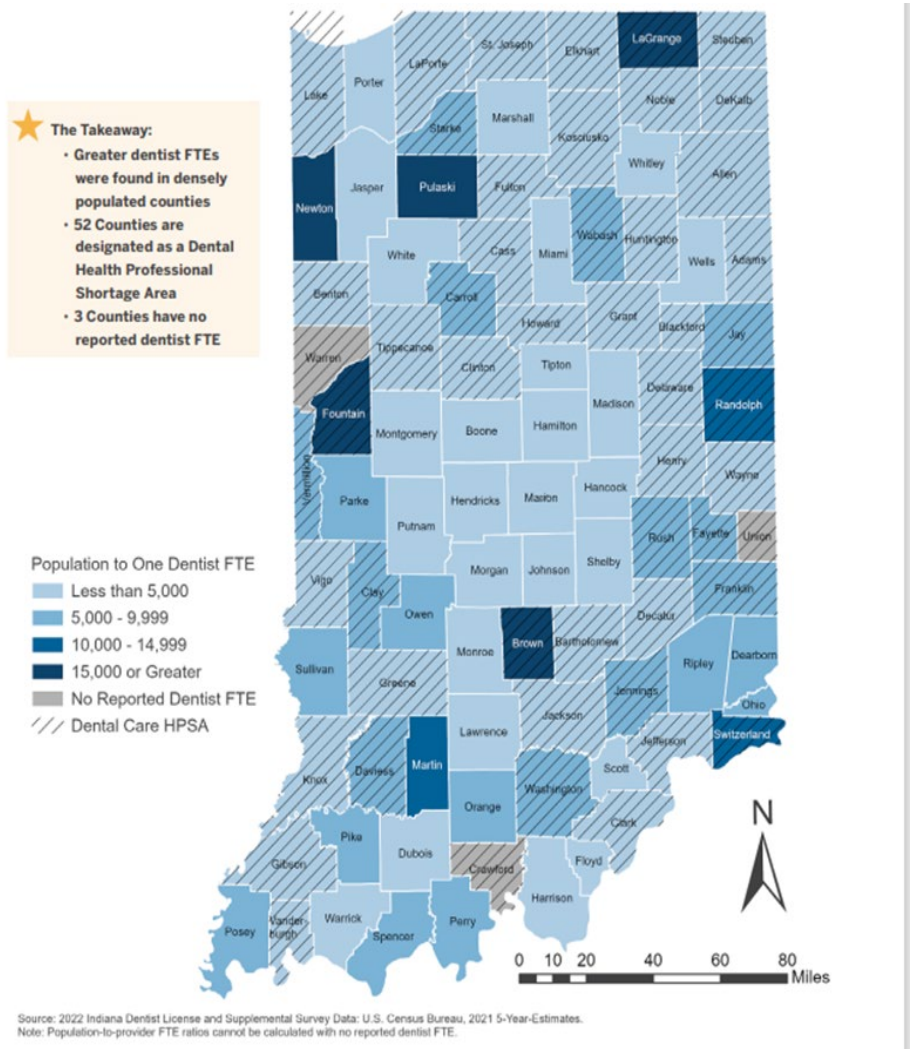
Oral health disparities exist for many racial and ethnic groups, by:

- Socioeconomic status
- Gender
- Age
- Geographic location

In Indiana

- Three counties don't have a dentist
- Regarding population to provider ratios, **63 counties** had PPRs that were fewer than 5,000:1
- Only five local health departments provide oral health services

Indiana Dentists: Geographic Distribution



Indiana Department of Health

Consequences of Dental Caries

- Missed school days
  - Children **lose 34 million school hours** each year due to oral complications and dental care
- Impaired speech development
- Inability to eat, speak, smile and show emotions
- Inability to concentrate in school
- Poor academic performance
- Reduced self esteem
  - Besides, pain, spread of infection, difficulty in chewing, poor overall health, costly dental treatment

You All Make a Difference!

What can we do

In our daily practice

- Reflect on the profound impact oral health has on children
- Beyond the aesthetics of a smile, it's a cornerstone of their overall health
- Untreated dental issues can lead to systemic problems, affecting nutrition, speech, and even academic performance
- By prioritizing early intervention and preventive measures, we can empower children with the foundation for a lifetime of wellbeing
- Early intervention is not just about preventing cavities ;it’s about safeguarding against systemic conditions linked to oral health
- Champion oral health as an integral part of holistic care, ensuring every child receives the attention their smiles deserve

Oral Health Initiative

Dental month: February 2024: Oral Education/ Oral Screenings

Requesting you to be part of this nationwide initiative

Previous year survey data:

- The Division of Oral Health organized the first IDOH-led Hoosiers Give Kids a Smile event in Indiana last year
- IDOH partnered with the Delta Dental Foundation and America's Toothfairy to provide dental and educational kits to over 10,000 students across the state
- This year and last year, Indiana was No. 1 on the American Dental Association's Product Recipient List for participation in Give Kids a Smile
- About 12,000 kids were provided education by schools and other providers
- 30 pediatric offices signed up with a total of 116 pediatric providers

Hoosiers: Give Kids a Smile: Marion County Event

FREE dental screening

When: 10:30 a.m. to 3 p.m. EST, Friday, Feb. 2, 2024
Location Indianapolis Public Library
Central Library, 40 E. St. Clair St., Indianapolis

ADA Foundation Give Kids A Smile!

Children ages 2-17 are eligible to receive:

- Free dental screenings by qualified dental professionals
- Dental kits with activity booklets, bookmarks, toothbrushes and more
- Activity stations focusing on good dental hygiene
- Every participating student will receive a complimentary dental dental hygiene kit, including toothbrushes and oral health books

Good oral health is important for overall health and well-being, but in Indiana, about 1 in 5 children have untreated tooth decay. This can lead to gum disease and other health issues. Visit https://on.in.gov/GiveKidsaSmileIN for more information.

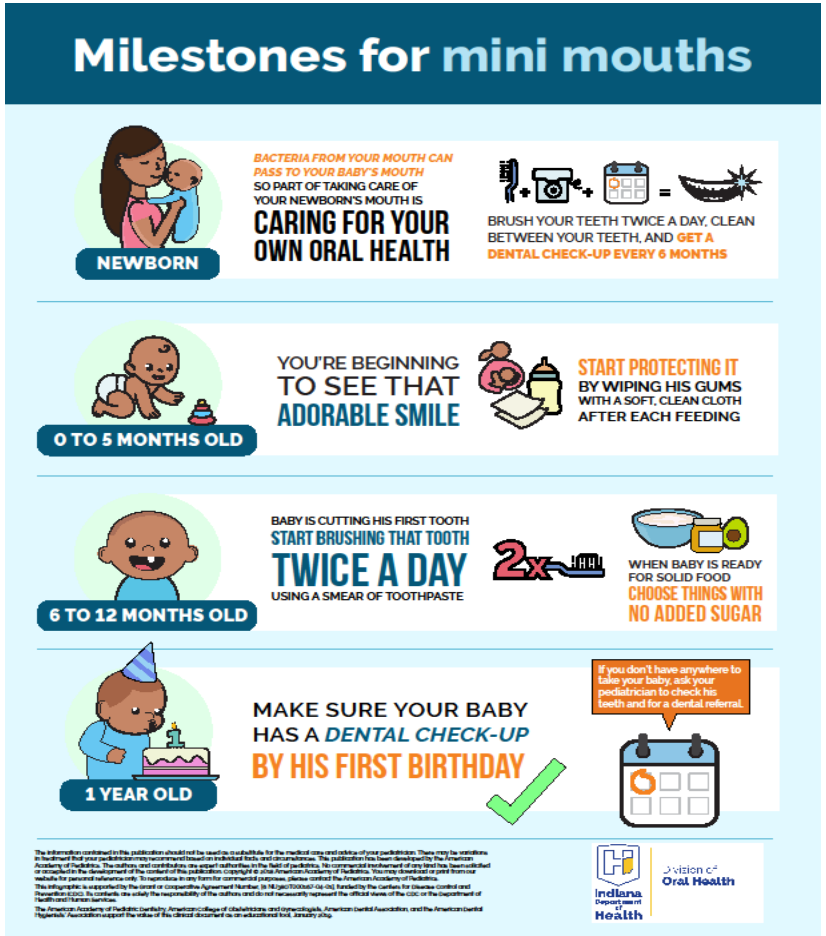
Hoosiers: Give Kids a Smile! is presented by the Indiana Department of Health and these partners:

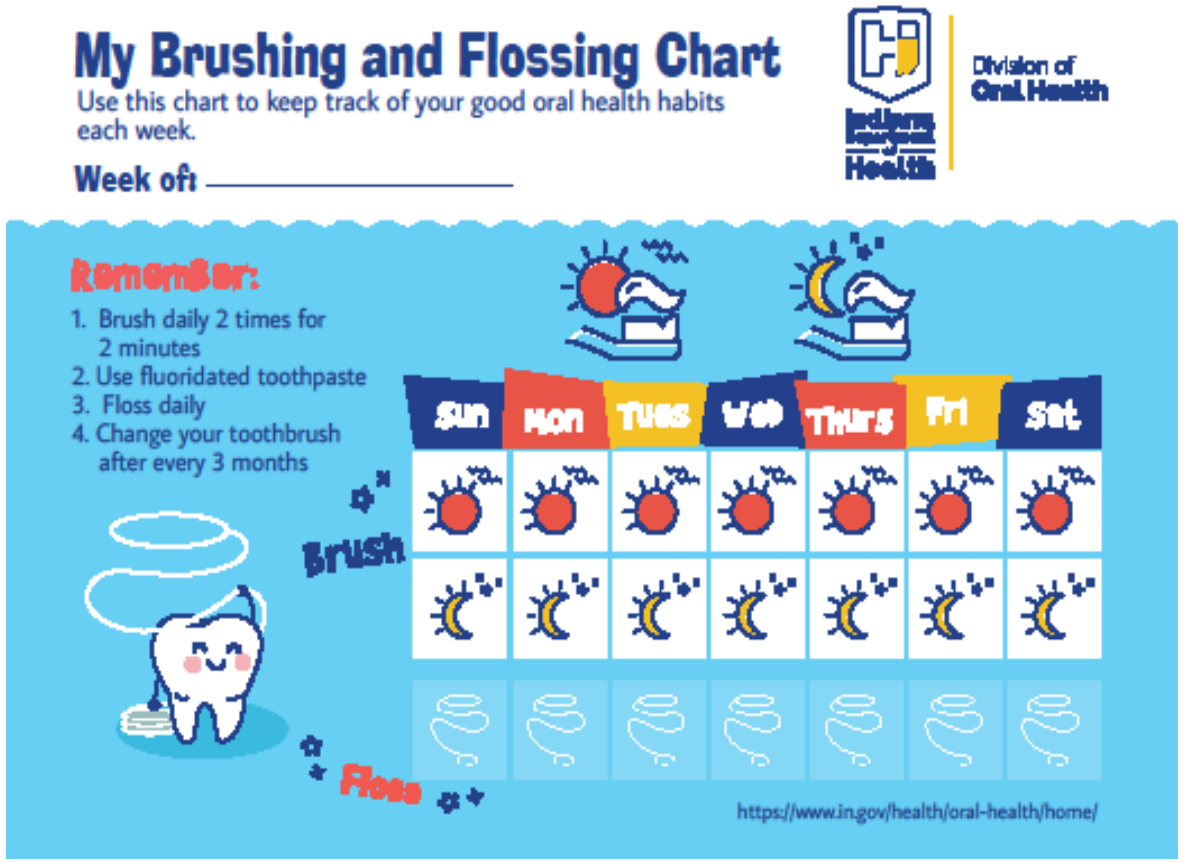
Indiana Department of Health | Indiana University School of Dentistry | Marion County Public Health Department – Prevent. Promote. Protect. | Delta Dental Foundation

Point your smartphone camera at this QR code for helpful oral health information:

Indiana Department of Health

Message to Share





Education

Resources:
https://www.in.gov/health/oral-health/programs-we-support/give-kids-a-smile/

Video Showcase:
https://vimeo.com/showcase/10857550

nchawla@health.in.gov

Miscellaneous

Indiana Department of Health

Total Solar Eclipse - April 8

- Planning is occurring across the state in preparation for the April 8, 2024, total eclipse
- 145,000 to 581,000 visitors are expected to come to Indiana
- The eclipse will begin at approximately 1:45 p.m. Eastern on April 8, and end at about 4:30 p.m. Eastern
- American Astronomical Society - provides information regarding eclipse glasses and handheld solar viewers along with information regarding eye safety and other resources: https://eclipse.aas.org/resources/solar-filters

Indiana Department of Health

Indiana Department of Homeland Security website:
https://www.in.gov/dhs/solar-eclipse-2024/

Prepare for Total Solar Eclipse - April 8

Medical Considerations

When planning for a medical surge, consider the following:

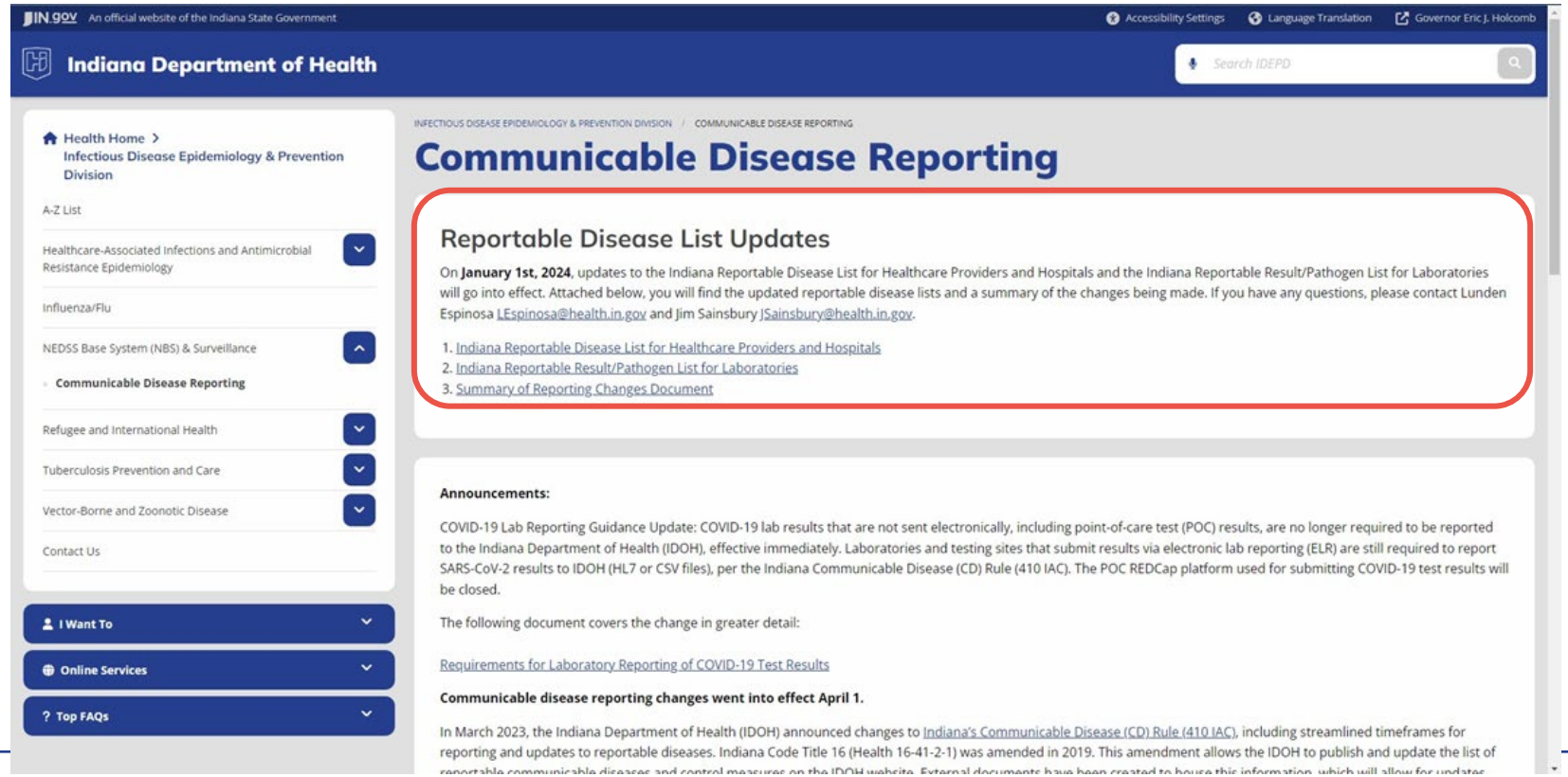
- Eye injuries/damage from viewing of the sun without proper eyewear; affects may occur 12-24 hrs after the event
- Overdoses, assess Narcan availability
- Excessive 911 calls
- Reschedule dialysis and other related non-emergency medical procedures to a different day, if appropriate
- Order medical supplies, blood, tissue, hospital cafeteria food, etc. early and delivered early to avoid issues
- Food safety inspections - increased temporary food vendors
- Emergency department and EMS staffing
- Increased number of health related issues due to the potential of large crowds
- Staffing/shift adjustments for a few days
- Staffing respite space especially for longer shifts
- Increased need for Medivac may be required due to ground transportation delays
- Identify a helipad location in each county in your planning efforts
- Heat related injuries such as heatstroke and dehydration

Indiana Department of Health

https://www.in.gov/health/emergency-preparedness/files/24-TSE-One-Pager.pdf

Communicable Disease Rule Updates

Updates to the *Indiana Reportable Disease List for Healthcare Providers and Hospitals* and the *Indiana Reportable Result/Pathogen List for Laboratories* went into effect **Jan. 1**



https://www.in.gov/health/idepd/communicable-disease-reporting/

Indiana Reportable Disease List for Healthcare Providers and Hospitals

- Newly Reportable Disease
  - *Cronobacter* infection, invasive, infants (younger than 1 year of age)
- Previously Reportable Disease with a Modified Scope
  - COVID-19, cases and deaths → will now be COVID-19-associated deaths (all ages)
- Updated Format/Wording Changes
  - HIV infection
  - HIV infection, pregnant woman or perinatally exposed infant
  - Japanese encephalitis is now listed under "Arboviral disease or infection, imported"
  - Tuberculosis disease, reportable upon suspicion
  - Yellow fever is now listed under "Arboviral disease or infection, imported"

Indiana Reportable Result/Pathogen List for Laboratories

- Newly Reportable Result & Isolate for Submission
  - *Cronobacter* spp., infants (younger than 1 year of age)
- Previously Reportable Results with a Modified Scope
  - SARS-CoV-2 → Footnote added: only labs and testing sites submitting results via ELR are required to report
- Updated Format/Wording Changes
  - *Mycobacterium tuberculosis* complex
  - Yellow fever virus is now listed under "Arboviruses, including but not limited to"

World TB Day Summit

Save the Date!

DATE:

Wednesday, March 20, 2024

LOCATION:

Garrison Conference Center

6002 N. Post Road
Indianapolis, IN 46216

TIME:

9 a.m. - 3:30 p.m.

Hosted by:
Indiana Department of Health
TB Prevention & Care Program

Contact:
tbprogram@health.in.gov

Indiana Department of Health

Ways to connect with us

- IDOH Clinician Update Feedback Survey – Please let us know what topics you'd like us to cover: Email svuppalanchi@health.in.gov or Gcrowder@health.in.gov
- Sign up for IHAN– Indiana Health Alert Network https://ihan-in.org
- Health: Long Term Care/Nursing Homes: Newsletters
- MARK YOUR CALENDARS - Clinician webinars for 2024: Jan 26, Feb. 23, March 22, April 26, May 24, June 28, July 26, Aug. 23, Sept. 27, Oct. 25, Nov. 22, Dec. 27

For more information

The supplemental information section covers other topics to refer to on your own:

- Trends of some drugs detected on syringe analysis
- CO poisoning
- Erythromycin ointment shortage
- Recall updates

Questions?

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Chief Medical Officer
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Shireesha Vuppalanchi, M.D.
Medical Director
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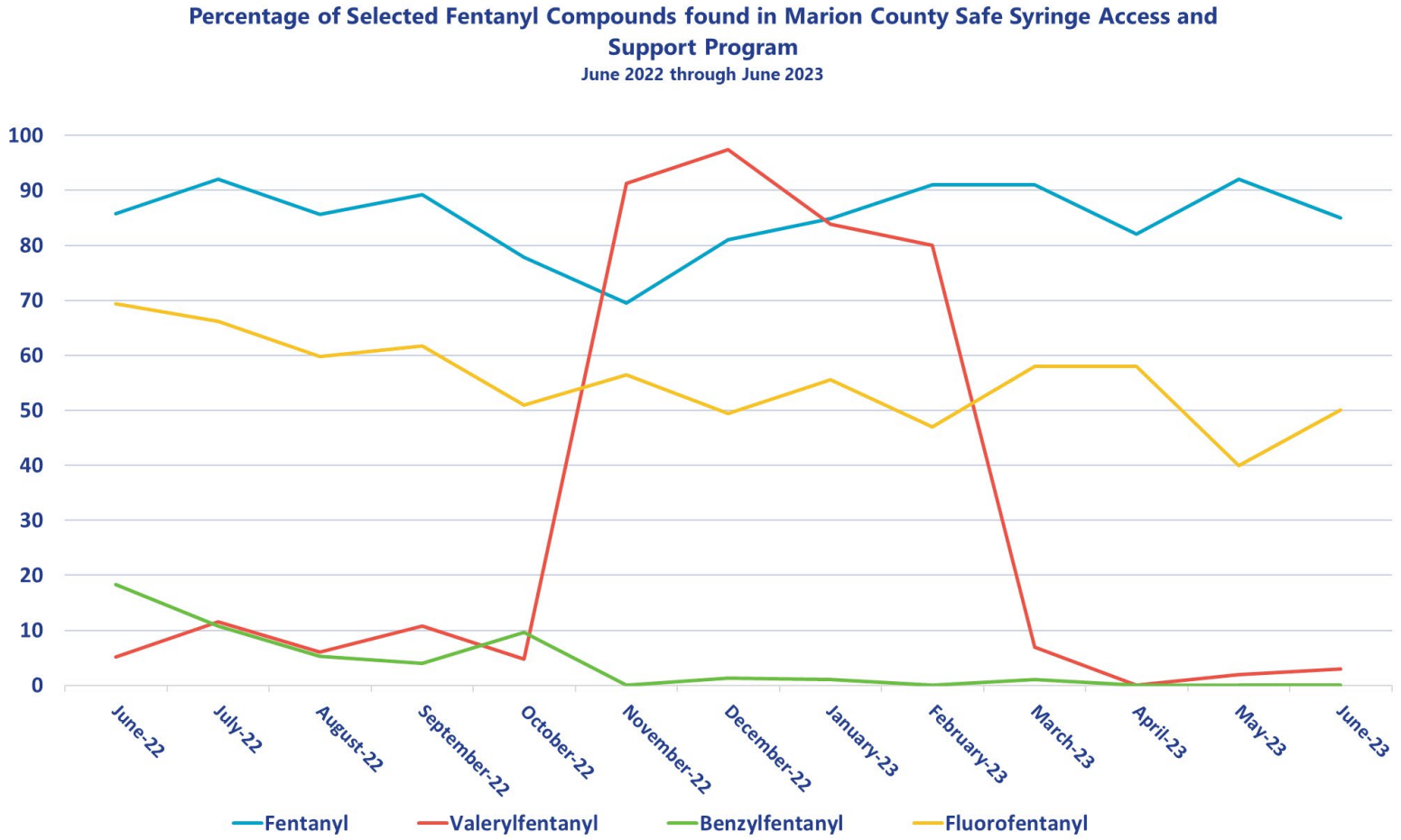
Next call: Noon, Feb. 23

Supplemental information

Indiana Department of Health

Syringe Testing: Fentanyl Trends

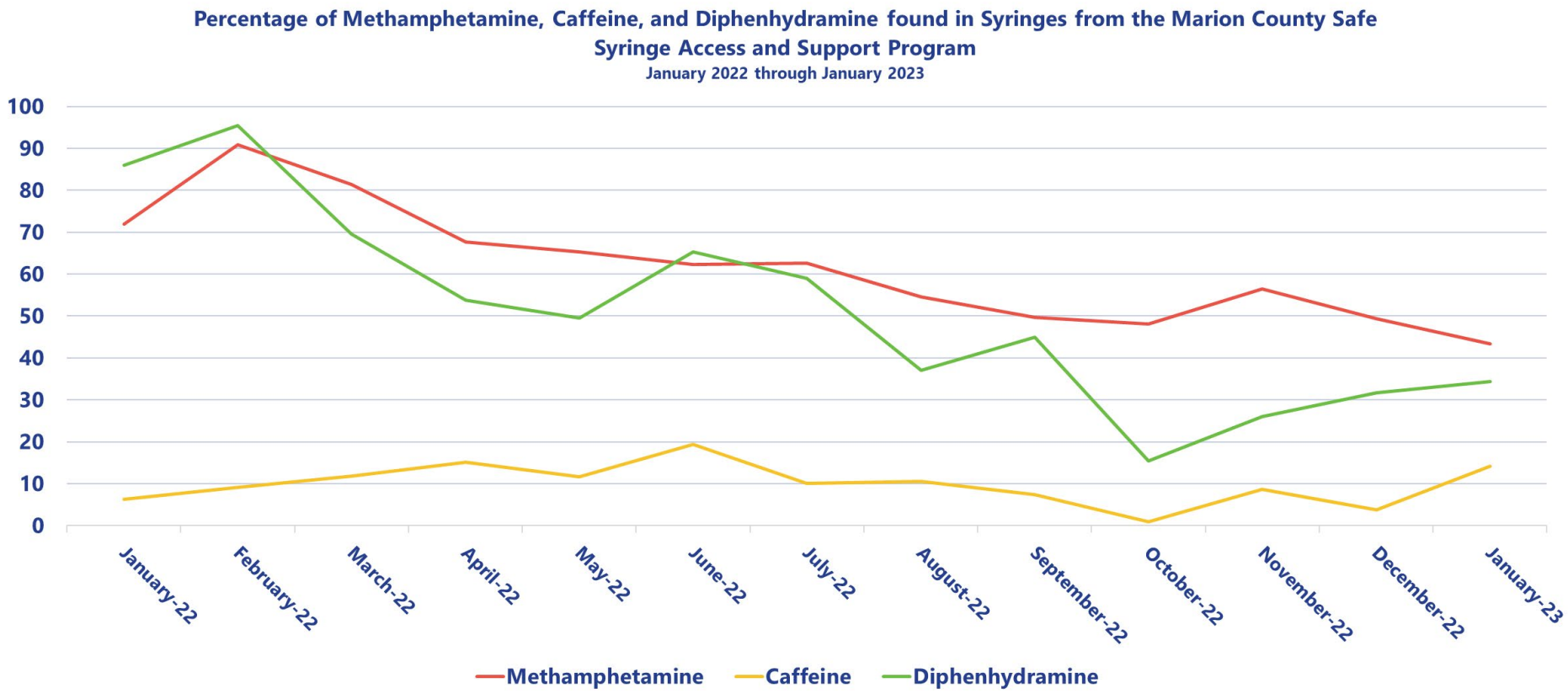


During most months, fentanyl was the most frequently detected of the selected fentanyl compounds.

Indiana Department of Health

Source: IDOH Lab – Syringe Service Program (SSP) analysis

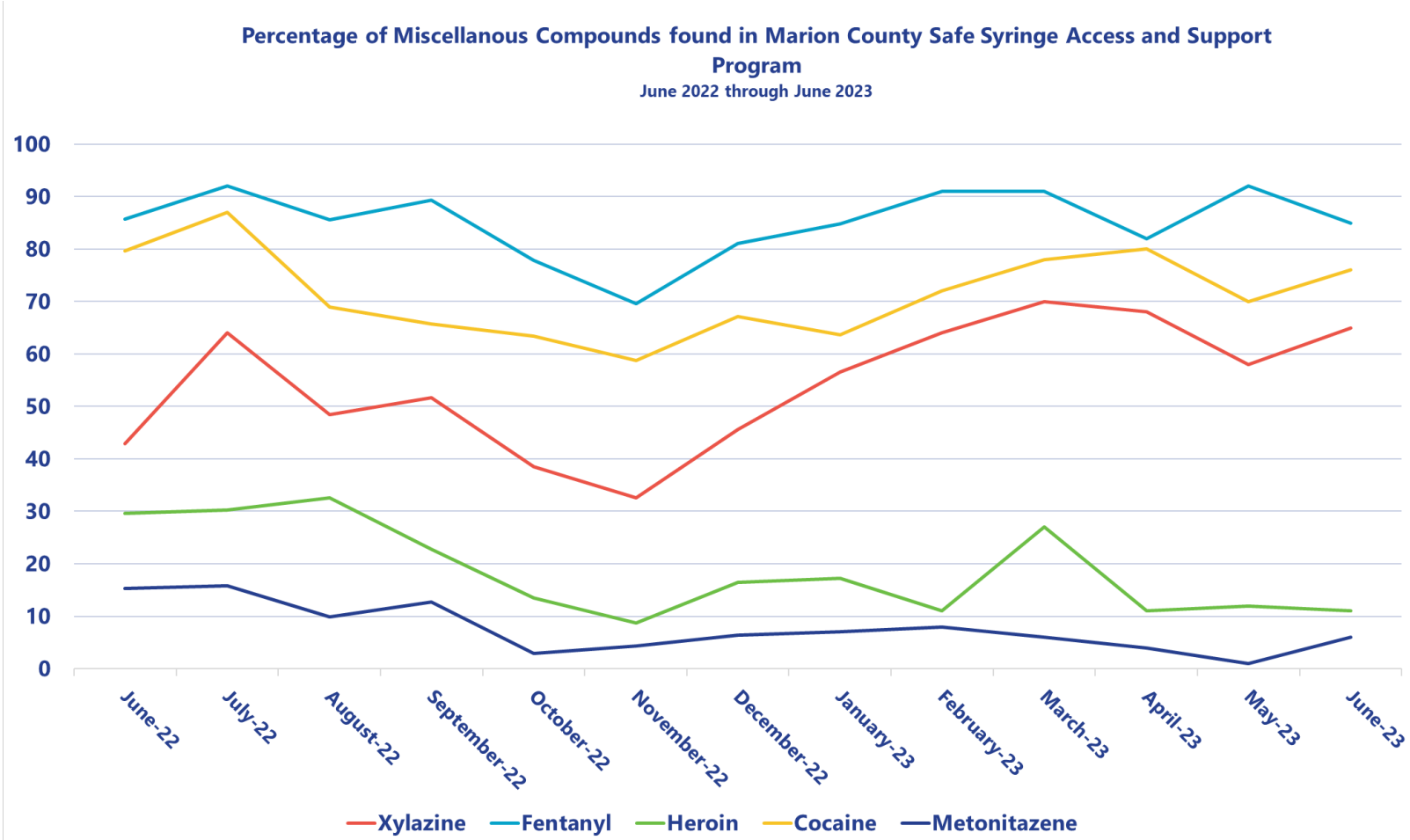
Syringe Testing: Methamphetamine Trends



The percentage of syringes with methamphetamine and diphenhydramine generally decreased from Jan 2022 to Jan 2023.

Source: IDOH Lab – SSP analysis

Syringe Testing: Miscellaneous Trends



Of the depicted substances, fentanyl, cocaine, and xylazine were most frequently detected in used syringe analysis.

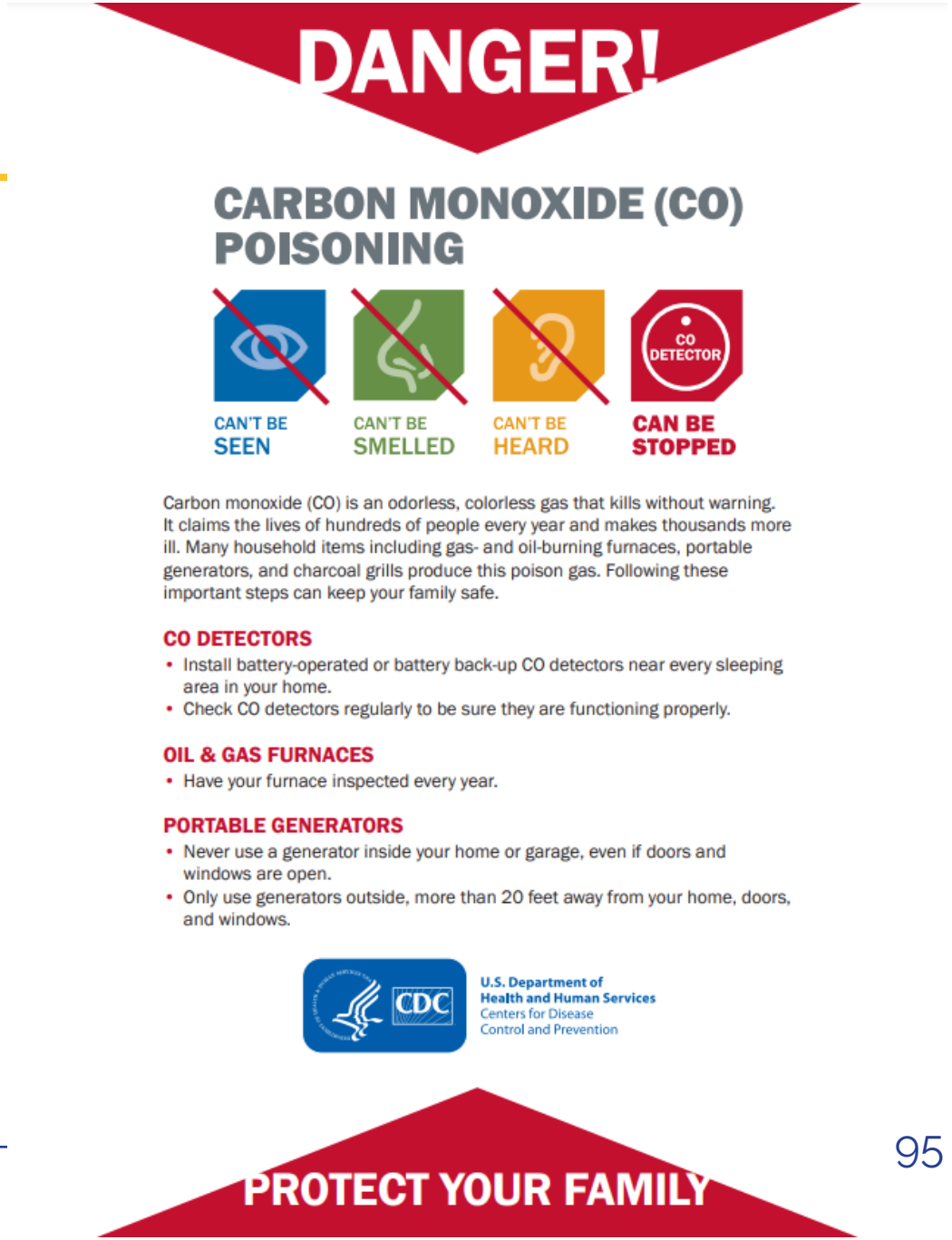
Source: IDOH Lab – SSP analysis

CO Poisoning

Indiana Department of Health

CO Poisoning Causes

- Clogged chimney
- Gas or wood-burning furnace
- Vehicle running in a closed garage
- Portable kerosene or gas heaters
- Gas or charcoal grill used indoors or in a closed garage
- Improperly installed kitchen range or vent
- Cracked or loose furnace exchanger
- Corroded or disconnected water heater vent pipe



Indiana Department of Health

Symptoms of CO Poisoning

The initial symptoms of low to moderate CO poisoning are similar to flu (but without fever):

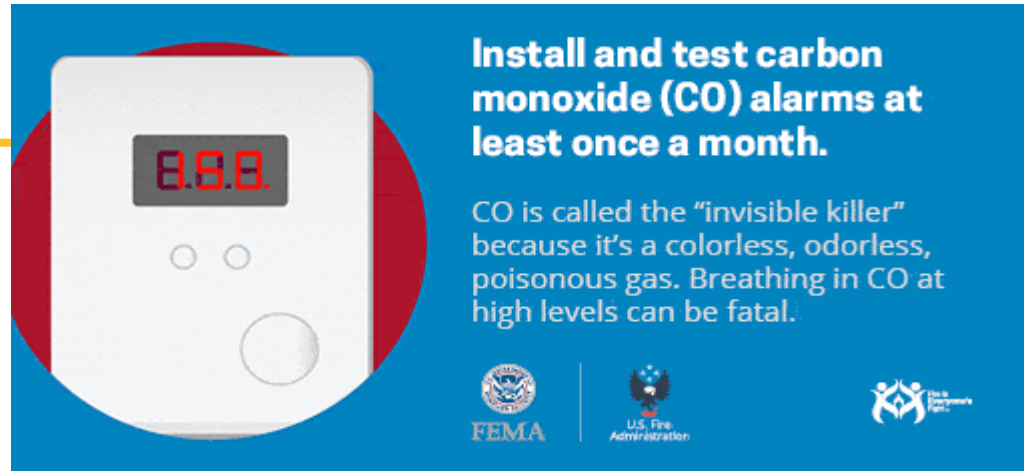
- Headache
- Fatigue
- Shortness of breath
- Nausea
- Dizziness

High level CO poisoning results in progressively more severe symptoms, including:

- Mental confusion
- Vomiting
- Loss of muscular coordination
- Loss of consciousness
- Ultimately death

Prevention Tips

- Installing CO alarms outside each sleeping area and on every floor of your home
- Testing each alarm monthly to ensure the batteries are still working, and replacing each alarm with a new one every five years
- Exiting your home immediately after a CO alarm goes off and calling emergency personnel to check all fuel-burning equipment
- Parking running vehicles in driveways or on the street to keep CO from building up in the home and garage
- Checking dryer, furnace and stove vents regularly for debris blockage



- Never using home appliances, such as ovens, as an alternative-heating source
- Never using generators indoors or within 20 feet of any door, window or vent
- Having fuel and charcoal-powered equipment regularly inspected

Resources

SaferProducts.gov:

SaferProducts.gov is the Consumer Produced Safety Commission (CPSC)-owned website where the public can file and read safety-related complaints about consumer products

CPSC Resources:

CPSC provides free Safety Alerts, Safety Guides/Toolkits, posters, brochures, handbooks, and other materials which you can use to help spread consumer product safety information in your community.

Carbon Monoxide Information Center:

https://www.cpsc.gov/Safety-Education/Safety-Education-Centers/Carbon-Monoxide-Information-Center

CDC:

https://www.cdc.gov/co/default.htm

Erythromycin Ophthalmic Ointment Shortage

- To address the current drug shortage of Erythromycin Ophthalmic Ointment, Fera Pharmaceuticals, LLC (Fera), in conjunction with Steri-Med Pharma, Inc. (Steri-Med), is coordinating with the U.S. FDA Drug Shortage Staff to increase its availability in the U.S. market by temporary importation of non-FDA approved product from Canada.
- Armas Pharmaceuticals is taking orders for erythromycin ophthalmic ointment. Armas has 0.5% erythromycin 3.5 gram tubes available for direct orders only.

Fera DHCP Letter Erythromycin Final 2nd RD (fda.gov)

Drug Shortage Detail: Erythromycin Ophthalmic Ointment (ashp.org)

Recalls

Indiana Department of Health

NIOSH approval label with approval number TC-84A-9307 is no longer NIOSH approved

- The National Institute for Occupational Safety and Health (NIOSH) has honored a request by A & Z Pharmaceutical, Inc. to voluntarily rescind one NIOSH respirator approval issued to A & Z Pharmaceutical, Inc.
- As of December 6, 2023, any respirator marked with a NIOSH approval label with approval number TC-84A-9307 is no longer NIOSH approved. The NIOSH Certified Equipment List no longer includes this approval number.
- Due to the voluntary rescission of this NIOSH approval, respirators bearing this NIOSH approval number may no longer be used, manufactured, assembled, sold, or distributed.
- Please reach out to A & Z Pharmaceutical, Inc. for additional details related to their decision to voluntarily rescind one approval issued to A & Z Pharmaceutical, Inc. identified in this notice. The Certified Equipment List can be used to locate other NIOSH Approved® respirators.

Select Batches of Nutramigen Hypoallergenic Infant Formula Powder recalled

- Reckitt/Mead Johnson Nutrition (MJN), a producer of nutrition products, announced on 12/30/23 that it has voluntarily chosen to recall from the U.S. market select batches of Nutramigen Powder, a specialty infant formula for the dietary management of Cows Milk Allergy (CMA) in 12.6 and 19.8 oz cans, due to a possibility of contamination with Cronobacter sakazakii in product sampled outside the U.S.
- All product in question went through extensive testing by MJN and tested negative for the bacteria.
  - All product tested by MJN was confirmed negative for contaminants.
  - No illnesses or adverse consumer reactions have been reported to date.
  - No Nutramigen liquid formulas or any other Reckitt nutrition products are impacted.
- Recalled product batches are ZL3FRW, ZL3FPE, ZL3FXJ, ZL3FQD, ZL3FMH, ZL3FHG with a UPC code of 300871239418 or 300871239456 and “Use By Date” of “1 Jan 2025”

Reckitt/Mead Johnson Nutrition Voluntarily Recalls Select Batches of Nutramigen Hypoallergenic Infant Formula Powder Because of Possible Health Risk | FDA

Update on High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches and Potential Chromium Exposure

- The Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), as well as state and local officials are investigating a link between blood lead levels (BLLs) ≥3.5 µg/dL and children consuming certain apple purée and applesauce products containing cinnamon.
- The products have been recalled in November, 2023. FDA has no indication that this issue extends beyond these recalled products and does not have any confirmed reports of illnesses or elevated blood lead level adverse events reported for other cinnamon-containing products or cinnamon.
- Counsel not to eat recalled products. Educate about the health effects of lead exposure in children.
- Obtain a blood lead level in all patients who have consumed a recalled applesauce pouch product. Contact your local health authority to report cases of individuals with BLLs above the reference value of 3.5 µg/dL.
- Refer to CDC's guidance on testing children for lead exposure and the American Academy of Pediatrics' clinical guidance for managing lead exposure in children.

Investigation of Elevated Lead & Chromium Levels: Cinnamon Applesauce Pouches (November 2023) | FDA

emergency.cdc.gov/newsletters/coca/2024/010524.html

Recommendations for the healthcare providers: For Possible Chromium Exposure (slide 1)

- FDA product testing has also identified high levels of chromium in cinnamon samples and recalled apple cinnamon puree pouches
- Chromium is a naturally occurring element with trace levels normally found in the diet. The most common forms of chromium found in chromium compounds are trivalent chromium (chromium(III)) and hexavalent chromium (chromium(VI)). Currently, FDA testing cannot identify whether the chromium in the cinnamon and recalled apple cinnamon puree pouches is chromium(III) or chromium(VI).
  - Chromium(III) is considered an essential nutrient and can be found in dietary supplements.
  - Chromium(VI) has been associated with chronic lung disease, skin/mucus membranes, cancers.
- Acute ingestion of chromium exceeding dietary recommendations may result in abdominal pain, nausea, vomiting, diarrhea, anemia, and renal and hepatic dysfunction. Medical treatment for chromium exposure is supportive based on the clinical presentation. There is no specific antidote/chelation therapy to treat chromium exposure.

emergency.cdc.gov/newsletters/coca/2024/010524.html

Recommendations for the healthcare providers For Possible Chromium exposure (slide 2)

- Work up: urinalysis and comprehensive metabolic panel (CMP) to assess for hepatic and renal injury. A complete blood count (CBC) can be used to assess for anemia and iron deficiency.
  - Consider tests for any patients who consumed recalled applesauce products and have concerning or persistent symptoms that cannot be readily explained, such as vomiting and diarrhea or signs of anemia.
  - Give priority to patients with higher blood lead levels (e.g. 10 µg/dL or higher).
- Clinicians may consider testing urine, blood, or serum chromium levels but results may be difficult to interpret and do not guide clinical management. Hair and nail samples are not reliable sample types to assess chromium exposure.
- Contact your local poison center (1-800-222-1222), medical toxicology specialist or a Pediatric Environmental Health Specialty Unit (PEHSU) as needed for management.

emergency.cdc.gov/newsletters/coca/2024/010524.html