

Spotlight on HIV, STI, & Viral Hepatitis

Indiana Annual 2024 Surveillance Report



Indiana
Department
of
Health



BULLETIN BOARD

AT A GLANCE

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NOTE:

The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS.

The statistics reported in this document are compiled by the Office of Clinical Data and Research, the Sexually Transmitted Disease program, and the Viral Hepatitis Surveillance program.

Notice of the Spotlight Annual Report is available by email. Just call (800) 376-2501 to be added to the notification list.

The following are available on the website at <http://www.in.gov/isdh/17397.htm>:

[Confidential Adult or Pediatric Case Report Forms](#)

[Communicable Disease Rule](#)

[Counseling & Testing Sites](#)

[Care Coordination Sites](#)

[STI Clinics](#)

[Hepatitis C Guidelines](#)



Office of Clinical Data and Research
2 North Meridian Street, 8th floor
Indianapolis, IN 46204

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Indiana HIV/STI Advisory Council

Indiana Department of Health (Held virtually from 12-4 p.m., please check for email updates)
For information, call Calvin Knight-Nellis at (317) 232-7080
or e-mail CKnight-Nellis@health.in.gov

Community Co-Chairs:

John Nichols, Prevention Director, at (317) 232-3082
Mark Schwering, HIV Services Director, at (317) 233-7189
Joshua Dowell, Director of Clinical Quality Management and Community Impact, at (317) 233-7573
Daniel Hillman, Surveillance Director, at (317) 233-7506
Colin Stretch, Deputy Surveillance Program Director, at (317) 234-9584

HIV Education, Training and Development

Indiana Department of Health (*For IDOH-funded HIV Programs ONLY*)
For information, call Jeremy Turner at (317) 233-9900 or e-mail
jturner3@health.in.gov

TBA

Please check the IDOH website for training dates.
<http://www.in.gov/isdh/17397.htm>

TBA

Indiana Department of Health HIV/STI Supporting Programs

Division of HIV/STI/Viral Hepatitis information	(317) 233-7499
Division Director.	(317) 233-9900 Jeremy Turner
Deputy Director	(317) 233-7867 Deborah Nichols
IDOH Medical Services Program	(866) 588-4948 toll free
Prevention/Education Program	(317) 232-3082 John Nichols
HIV/AIDS case reporting	(317) 233-7406 or (800) 376-2501
Viral Hepatitis Program.	(317) 233-7499 Division Main Line
HIV/STI Training and Development	(317) 232-7080 Calvin Knight-Nellis
Requests for HIV data	(317) 233-7506 Daniel Hillman
Requests for STI data	(317) 234-9707 Andrew Medellin

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Other HIV/AIDS or STI-related programs

HIV/AIDS Treatment Information Service (ATIS) – Bilingual health information specialists are available to answer questions and provide information about federally approved treatment for HIV and AIDS. Call toll-free Monday-Friday, noon – 5 p.m. EST at 1-800-448-0440, TTY 1-888-480-3739 and international 1-301-519-0459, or e-mail atis@hivatis.org. All calls and e-mails are confidential.

American Red Cross Training - This training prepares future instructors to build the skills and knowledge they need to educate our community to prevent HIV infection. Call (317) 684-4340.

National Institutes of Health (NIH): www.nih.gov

Education website: AIDSinfo “Live Help” <https://aidsinfo.unaids.org/> This site provides individual, confidential assistance to visitors experiencing difficulty navigating the AIDSinfo Web site and/or locating federally approved HIV/AIDS information.

Midwest AIDS Training & Education Center (MATEC)

For clinician consultations, call Malinda Boehler, director, at (317) 630-7441 or email mboehler@iupui.edu. Available Monday through Friday, 9 a.m. to 5 p.m. EST. Answers will be given within 24-48 hours.

Community Advisory Group (CAG) Step-Up, Inc. Michael Drain, mmartindrain@stepupin.org
National HIV Telephone Consultation Service **1-800-933-3413**

National HIV/AIDS Telephone Consultation Service (Warmline)

The Warmline provides expert clinical advice on HIV/AIDS management for health care providers, for those with limited access to expert consultation to those with complex antiretroviral resistance dilemmas. The Warmline is available Monday through Friday, 8 a.m. to 8 p.m. EST.

For more information about this consultation line, go to <http://nccc.ucsf.edu/clinician-consultation/hiv-aids-management/>

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The Spotlight on HIV/STI/Viral Hepatitis Annual Report is a publication of the Indiana Department of Health with funding assistance from the Centers for Disease Control and Prevention.

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At a Glance

Annual HIV/AIDS, STI, and Hepatitis B & C Data; Jan. 1-Dec. 31, 2024

Indiana HIV/AIDS Cases	HIV at First Diagnosis	AIDS at First Diagnosis	
New Reports for 12/31/2024*	556	108	
	Total Persons Living with HIV (without an AIDS diagnosis)	Total Persons Living with AIDS	
Prevalence as of 12/31/2024**	8,224	6,717	
Indiana STI Cases	Primary/Secondary Syphilis	Gonorrhea	Chlamydia
1/1/2024 – 12/31/2024***	544	8,574	31,385
Indiana Hepatitis B & C Cases	Hepatitis B 1/01/24 – 12/31/24	Hepatitis C *** 1/01/24 – 12/31/24	
	114	2,670	

* New Reports are broken into 2 categories: HIV at First Diagnosis represents all new reports as being diagnosed first with HIV; AIDS at First Diagnosis represents all new reports as being diagnosed first with AIDS.

** Prevalence is the number of people who are 'Living' in Indiana with HIV/AIDS, including those diagnosed in other states but living in Indiana.

*** Suspected, probable, and confirmed cases based on case investigation submission.

IC-16-41-6-1 - HIV testing (revised July 1, 2012). Allows a physician or physician's authorized representative to test an individual for HIV if certain conditions are met unless the individual to be tested refuses the test (previous law prohibited a physician from performing the test without the oral or written consent of the individual). Requires a refusal by an individual to be documented in the individual's medical record. Requires the physician or authorized representative to: (1) discuss with the patient the availability of counseling concerning the test results; (2) notify the patient of the test results; and (3) inform a patient with a positive HIV test result of treatment and referral options available. Provides that under certain circumstances, a physician may order an HIV test for a patient without informing the patient or despite the individual's refusal of the test.

Perinatal Exposure Case Report Form for Babies Born to HIV Positive Mothers

The reporting of each HIV/AIDS case is required by Indiana law (IC 16-41-2-1). Patients who are diagnosed in another state and are residing in Indiana must also be reported in Indiana. All infants born to an HIV+ mother must be reported, even though their final HIV status is not known until later. It is also important to remember that when a patient progresses from HIV infection stage to a diagnosis of AIDS, this must be reported separately. As a result of the progression to AIDS, these individuals are no longer considered to be HIV cases but are now considered to be AIDS cases. To help more accurately define the impact of HIV and AIDS on Indiana, deaths of those with HIV should also be reported. For assistance, questions, or case report forms and information, please call 1-800-376-2501.

At a Glance

Newly Reported Indiana HIV Cases and AIDS Cases by Mode of Transmission, Reported Jan. 1, – Dec. 31, 2024

Mode of Transmission (Risk Factors)	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
Men who have sex with men (MSM)	136	24%	16	15%
Persons who Inject Drugs (PWID)	3	1%	0	NA
MSM & PWID	3	1%	1	1%
Heterosexual	177	32%	44	40%
Mother diagnosed HIV+ or AIDS	1	0%	0	NA
PWID/Hetero	17	3%	5	5%
Other (Pediatric Transfusion and Adult Transfusion/Hemophilia etc.)	78	14%	16	15%
Not Identified or No Reported Risk	141	25%	26	24%
Total	556	100%	108	100%

Newly Reported Indiana HIV Cases and AIDS Cases by Age at Diagnosis, Reported Jan. 1– Dec. 31, 2024

Age at Diagnosis	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
<5	2	0%	0	0%
5-12	1	0%	0	0%
13-19	15	5%	0	0%
20-29	172	34%	27	25%
30-39	177	33%	38	35%
40-49	112	15%	21	20%
50+	77	12%	22	20%
Unknown	0	0%	0	0%
Total	556	100%	108	100%

Newly Reported Indiana HIV Cases and AIDS Cases by Race/Ethnicity and Sex, Reported Jan.1–Dec. 31, 2024

Race/Ethnicity	HIV at First Diagnosis				AIDS at First Diagnosis			
	Male	%	Female	%	Male	%	Female	%
White	147	36%	41	27%	41	44%	7	29%
Black	160	40%	85	57%	31	33%	11	46%
Hispanic, all races	68	17%	15	10%	17	18%	3	13%
Other	31	5%	9	6%	5	5%	3	13%
Total	406	100%	150	100%	94	100%	24	100%
Sex	73%		27%		81%		19%	

Perinatal HIV Transmission

Children Born to HIV Infected Mothers who are current residents of Indiana, Cumulative 1982 through Dec. 31, 2024

Race	2024 Exposures	2024 Exposures now with HIV Disease	Total Exposures	Child Exposures now with HIV Disease
White	8	0	394	25
Black	37	1	847	105
Hispanic – All Races	5	0	150	12
Multiracial – Non Hispanic	0	0	0	0
Other	2	2	135	20
Total	52	3	1,526	162

Exposure = Children born to HIV+ women. Laboratory testing has not yet determined their HIV status.

HIV Disease = Children born to HIV+ women. Laboratory testing has confirmed that the child is HIV+.

NOTE: Counts include foreign-born adoptees or children diagnosed in another state who currently reside in Indiana.

Special Note: 1 Pediatric was newly reported, and 2 Pediatric cases are refugees that moved to Indiana.

New Perinatal Exposure Case Report Form for Babies Born to HIV Positive Mothers*

Babies born to HIV-positive mothers must be reported by law (IC 16-41-2-1) to the Indiana Department of Health (IDOH) within 72 hours following birth. The current Pediatric Case Report form was to be completed for all Perinatal Exposures, Pediatric Seroreverters and/or Pediatric HIV/AIDS cases. A simpler form was requested by a number of providers and in response, the new Perinatal Exposure Case Report form was developed. It is important to note that this new Perinatal Exposure Case Report form does not take the place of the Pediatric Case Report entirely. However, this new form is shorter and more user-friendly when informing IDOH of perinatal exposures that will require further follow-up. This new form can be accessed at: <https://www.in.gov/health/hiv-std-viral-hepatitis/hivaids-confidential-case-reporting-forms/>

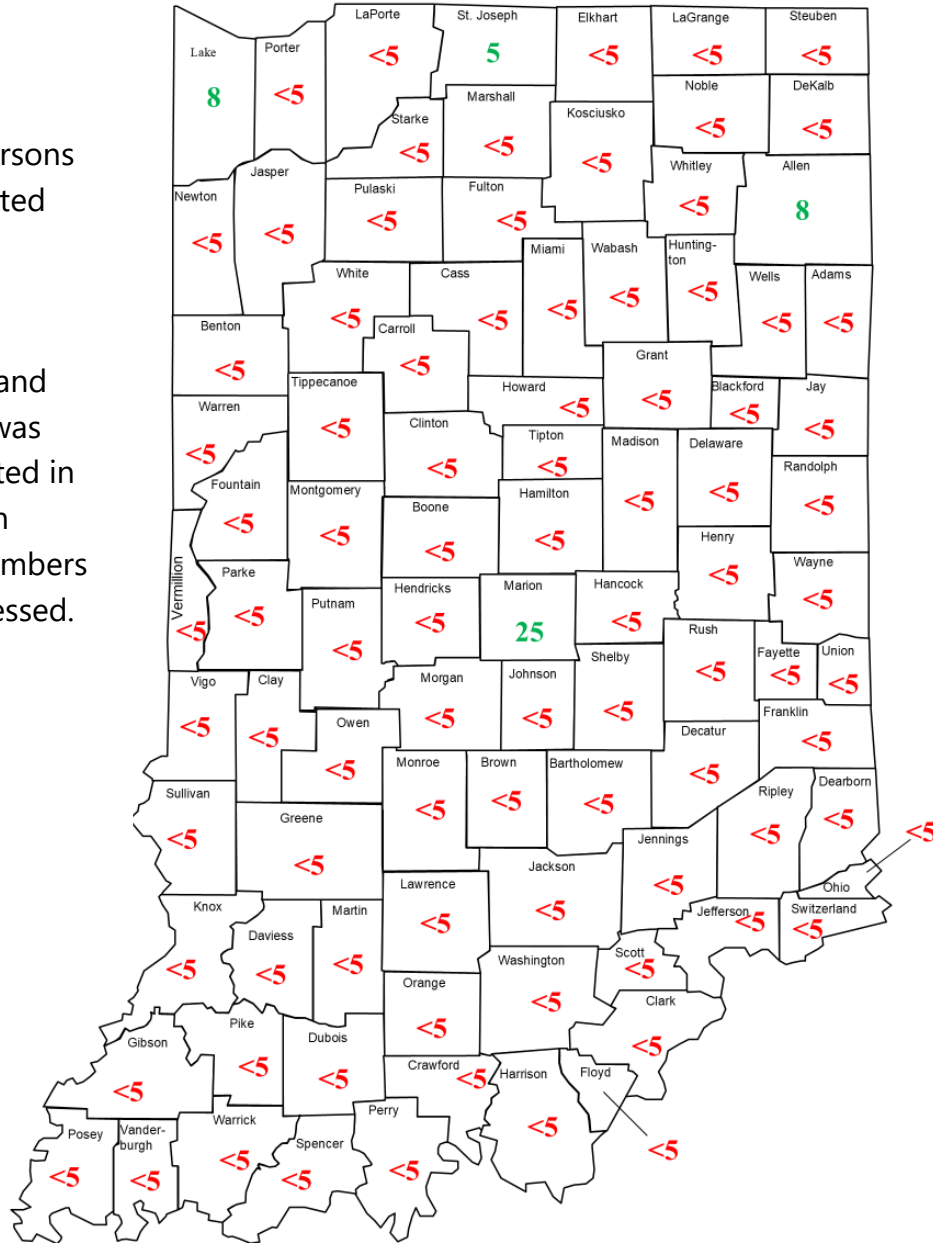
For information regarding the use of this form or any other HIV case report forms, please contact the Office of Clinical Data and Research at 800-376-2501.

HIV Disease Maps

HIV DISEASE CASE DEATHS REPORTED IN 2024*

Total Deaths among Persons with HIV Disease Reported Since 1981: **8,402**

NOTE: A Vital Records and National Death match was performed, which resulted in unreported deaths from previous years. Case numbers fewer than 5 are suppressed.



* The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS including those where progression to AIDS has occurred.

Note: Data are suppressed when counts are <5 or if determined identifiable.

HIV Disease Maps

INDIANA PERSONS LIVING WITH HIV DISEASE AS OF DEC. 31, 2024

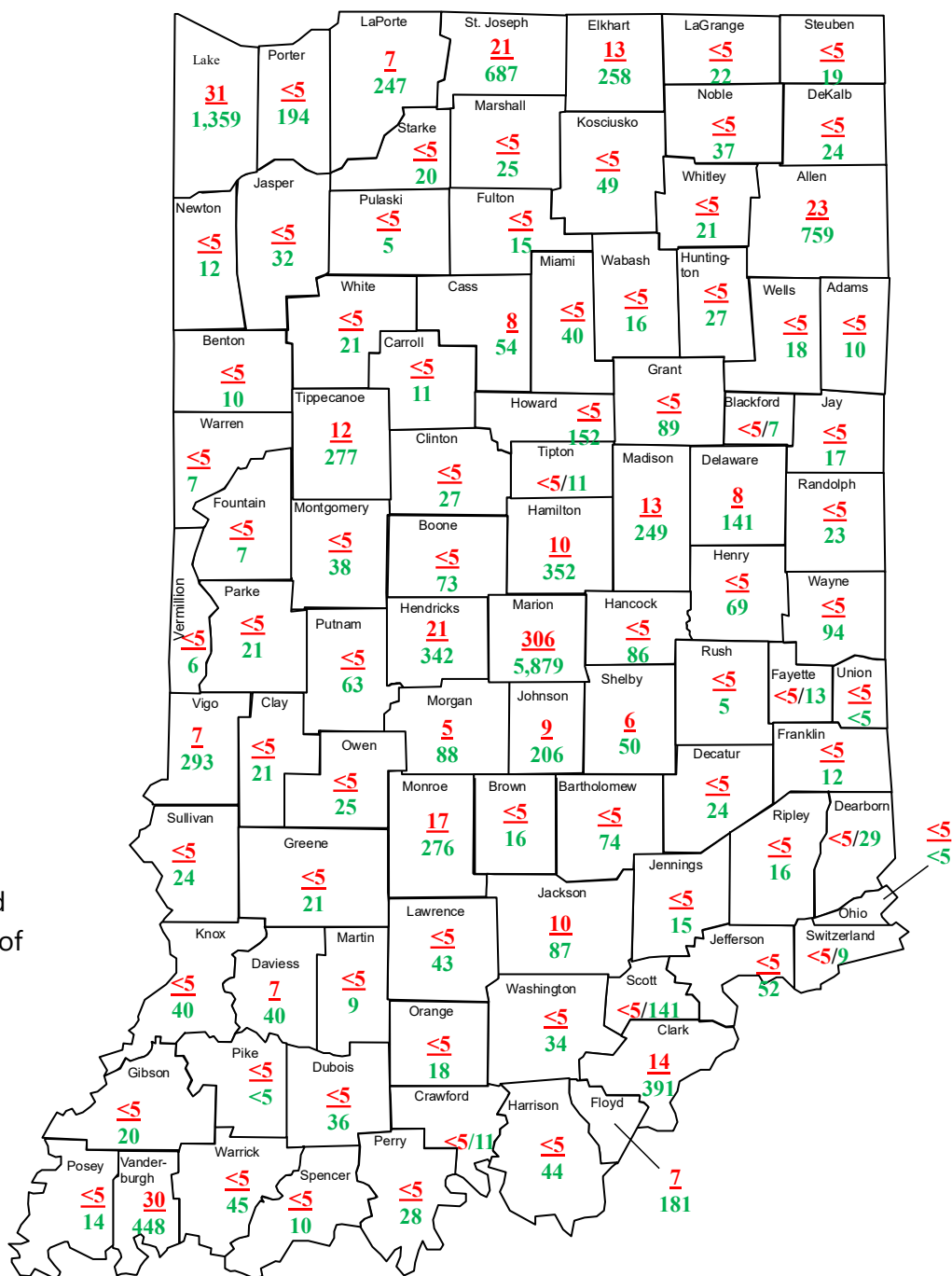
Top Number:

New HIV/AIDS Reports

Jan. 1, – Dec. 31, 2024

Bottom Number:

Total Persons Living with HIV/AIDS, including cases diagnosed in other states and currently living in Indiana, as of Dec. 31, 2024



* The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS, including those where progression to AIDS has occurred.

Note: Data are suppressed when counts are <5 or if determined identifiable.

STI Morbidity

Chlamydia, Gonorrhea and Syphilis Morbidity – Jan. 1 – Dec. 31, 2024

Sex	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Female	20,769	66.18%	3,656	42.64%	153	28.13%
Male	10,588	33.74%	4,909	57.30%	391	71.88%
Unknown	28	<0.1%	9	<0.1%	0	0%
Total	31,385	100%	8,574	100%	544	100%
Race	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
American Indian/Alaska Native	102	0.32%	29	0.34%	1	0.18%
Asian	288	0.92%	68	0.79%	6	1.10%
Black	10,248	32.65%	3,842	44.81%	155	28.49%
Multi-Race	1,224	3.90%	338	3.94%	52	9.56%
Hawaiian/Other Pacific Islander	52	0.17%	12	0.14%	1	0.18%
Other Race	1,746	5.56%	349	4.07%	22	4.04%
White	11,689	37.24%	2,818	32.87%	301	55.33%
Unknown	6,036	19.23%	1,118	13.04%	6	1.10%
Total	31,385	100%	8,574	100%	544	100%
Ethnicity	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Hispanic	3,179	10.13%	569	6.64%	52	9.56%
Non-Hispanic	17,630	56.17%	5,939	69.27%	430	79.04%
Unknown	10,576	33.70%	2,066	24.10%	62	11.40%
Total	31,385	100%	8,574	100%	544	100%
Age	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
0-19	8,281	26.39%	1,635	19.07%	14	2.57%
20-24	10,989	35.01%	2,203	25.69%	61	11.21%
25-29	5,611	17.88%	1,649	19.23%	94	17.28%
30-34	3,111	9.91%	1,129	13.17%	97	17.83%
35-39	1,650	5.26%	805	9.39%	80	14.71%
40-44	809	2.58%	489	5.70%	60	11.03%
45-54	649	2.07%	433	5.05%	87	15.99%
55+	244	0.78%	212	2.47%	46	8.46%
Unknown	41	<0.1%	19	0.22%	5	0.92%
Total	31,385	100%	8,574	100%	544	100%

Source: IDOH STI Database (2024 data are preliminary until final data closeout)

NOTE: Not all percentages may add to 100 due to rounding

Indiana STI Counts and Rates by County

Indiana STI Counts and Rates Jan. 1 - Dec. 31, 2024

No counts fewer than 5 are shown in order to protect confidentiality	Chlamydia		Gonorrhea		Syphilis	
Last Known County of Residence	Count	Rate	Count	Rate	Count	Rate
Adams	40	110.2	6	S	<5	S
Allen	2091	530.0	541	137.1	28	7.1
Bartholomew	238	283.3	39	46.4	<5	S
Benton	22	252.0	<5	S	0	0
Blackford	69	580.2	10	S	0	0
Boone	248	325.8	39	51.2	<5	S
Brown	29	185.3	8	S	<5	S
Carroll	118	574.9	21	102.3	<5	S
Cass	132	350.4	11	S	<5	S
Clark	462	368.2	128	102	21	16.7
Clay	97	366.6	35	132.3	0	0
Clinton	99	302.5	14	S	<5	S
Crawford	26	249.1	<5	S	0	0
Daviess	89	264.4	26	77.3	0	0
Dearborn	72	140.6	13	S	<5	S
Decatur	61	231.1	5	S	<5	S
Dekalb	110	248.9	15	S	<5	S
Delaware	563	501.2	188	167.4	<5	S
Dubois	78	179.1	9	S	<5	S
Elkhart	917	444.3	165	79.9	6	S
Fayette	55	235.4	10	S	<5	S
Floyd	297	367.5	83	102.7	9	S
Fountain	25	149.4	7	S	0	0
Franklin	23	99.6	<5	S	0	0

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Fulton	30	147.4	<5	S	<5	S
Gibson	74	224.9	11	S	<5	S
Grant	261	394.3	73	110.3	<5	S
Greene	76	243.6	22	70.5	<5	S
Hamilton	850	228.7	152	40.9	11	S
Hancock	272	315.7	52	60.4	<5	S
Harrison	59	147.5	7	S	<5	S
Hendricks	529	283.8	130	69.8	5	S
Henry	119	243.2	18	S	<5	S
Howard	369	440.2	81	96.6	<5	S
Huntington	85	231.1	13	S	<5	S
Jackson	187	402.5	26	56	0	0
Jasper	58	173.0	6	S	0	0
Jay	34	169.7	7	S	0	0
Jefferson	97	293.4	14	S	<5	S
Jennings	58	210.0	14	S	<5	S
Johnson	528	314.6	101	60.2	8	S
Knox	138	382.6	29	80.4	<5	S
Kosciusko	191	237.7	28	34.8	<5	S
LaGrange	31	75.8	5	S	<5	S
Lake	2762	551.7	764	152.6	34	6.8
LaPorte	447	400.2	101	90.4	<5	S
Lawrence	88	195.2	18	S	<5	S
Madison	743	560.7	212	160	24	18.1
Marion	10047	1037.4	3615	373.3	227	23.4

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Marshall	104	224.4	16	S	0	0
Martin	15	S	<5	S	0	0
Miami	93	262.7	7	S	<5	S
Monroe	525	376.8	131	94	7	S
Montgomery	79	204.8	11	S	0	0
Morgan	133	181.6	35	47.8	<5	S
Newton	12	S	<5	S	0	0
Noble	117	246.7	13	S	<5	S
Ohio	<5	S	<5	S	0	0
Orange	40	203.7	<5	S	0	0
Owen	29	134.7	<5	S	0	0
Parke	68	412.5	11	S	<5	S
Perry	40	208.2	8	S	0	0
Pike	15	S	<5	S	<5	S
Porter	417	237.8	77	43.9	<5	S
Posey	42	167.7	8	S	<5	S
Pulaski	21	169.6	<5	S	<5	S
Putnam	80	213.0	14	S	<5	S
Randolph	62	256.0	10	S	0	0
Ripley	41	140.3	<5	S	0	0
Rush	29	172.1	<5	S	0	0
Scott	61	22.4	15	S	0	0
Shelby	107	434.0	16	S	<5	S
Spencer	35	77.4	8	S	<5	S
St Joseph	1710	8588.6	338	1697.6	6	S

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality	Chlamydia		Gonorrhea		Syphilis	
Last Known County of Residence	Count	Rate	Count	Rate	Count	Rate
Starke	26	112.0	<5	S	0	0
Steuben	60	171.8	6	S	<5	S
Sullivan	44	212.0	9	S	0	0
Switzerland	14	S	<5	S	0	0
Tippecanoe	876	464.0	172	91.1	9	S
Tipton	16	S	<5	S	0	0
Union	12	S	<5	S	<5	S
Vanderburgh	1162	646.2	349	194.1	34	18.9
Vermillion	40	259.5	5	S	<5	S
Vigo	509	479.5	274	258.1	20	18.8
Wabash	65	211.9	9	S	0	0
Warren	17	S	0	0	0	0
Warrick	150	227.7	28	43	8	S
Washington	50	177.3	10	S	0	0
Wayne	218	329.7	50	75.6	<5	S
Wells	49	171.6	6	S	<5	S
White	40	160.5	9	S	0	0
Whitley	64	184.2	14	S	0	0
Total	31,385	457.4	8,574	125	544	7.9

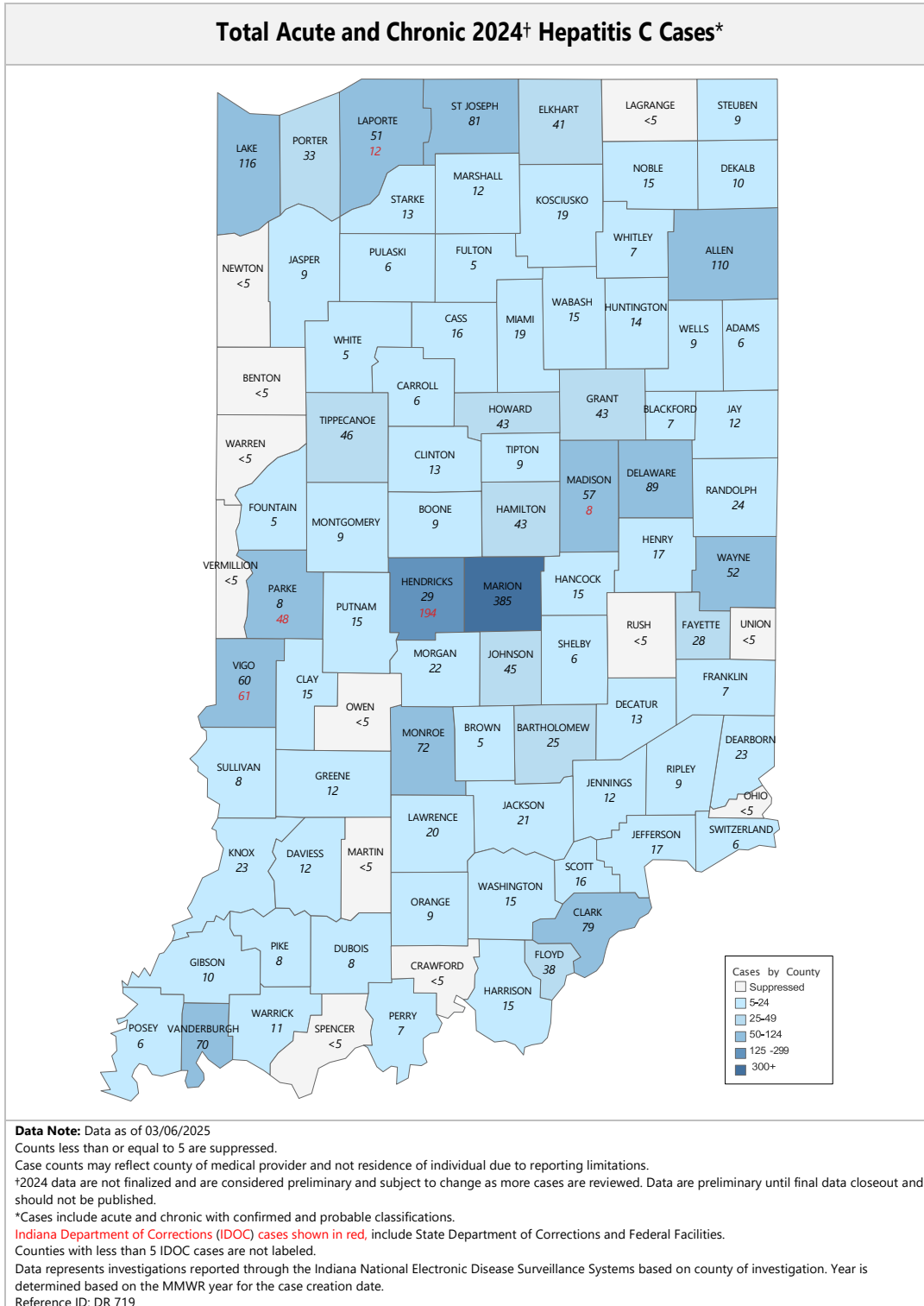
Note: Data are suppressed(s) "S" when counts are <5 or if determined identifiable

Note: Rates are based on 2023 Census Data

Hepatitis C

JAN. 1 – DEC. 31, 2024

TOTAL CHRONIC AND ACUTE HEPATITIS C CASES



Hepatitis B

JAN. 1 – DEC. 31, 2024

AGE_RANGE	Acute*
< 18	0 (SD)
18-29	10 (SD)
30-39	20 (SD)
40-49	33 (3.9)
50-59	20 (2.4)
60-69	19 (SD)
≥ 70	12 (SD)
Total	114

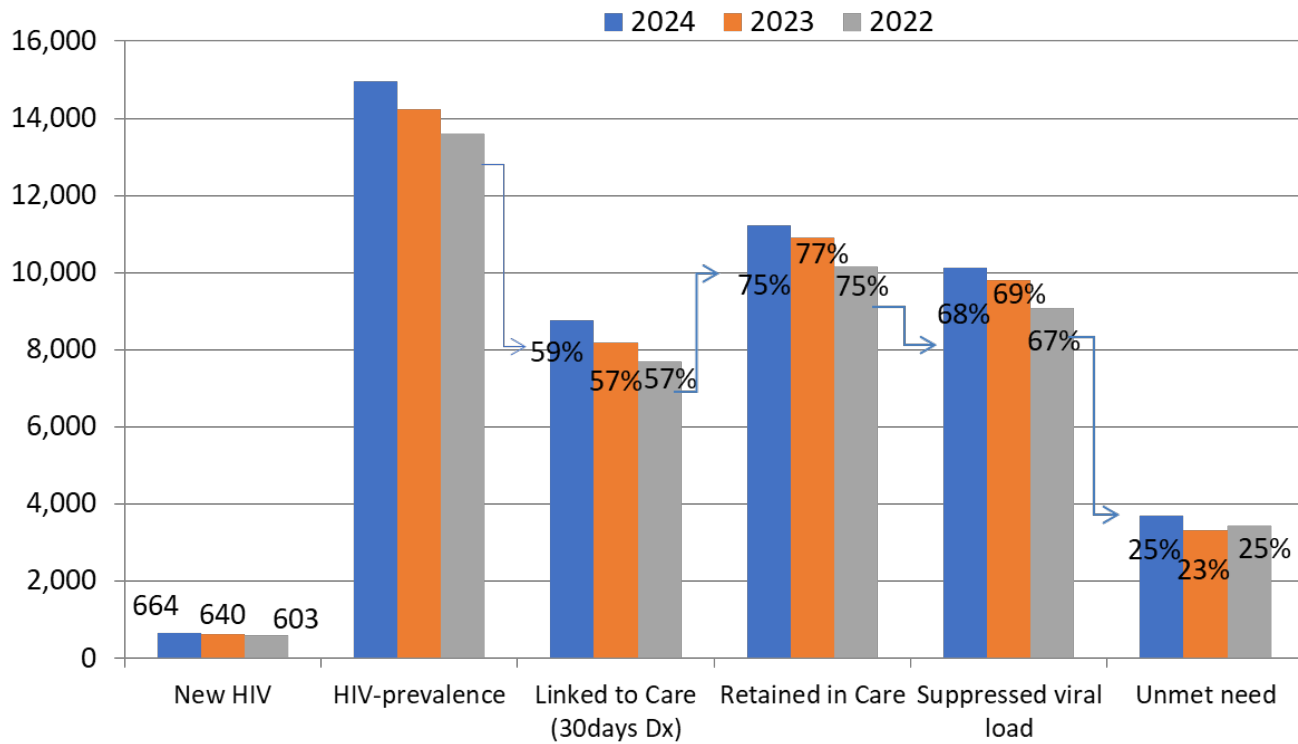
RACE	Acute
American Indian or Alaska Native	<5 (SD)
Asian	<5 (SD)
Black or African American	17 (SD)
Multi-Racial	<5 (SD)
Native Hawaiian or Other Pacific Islander	<5 (SD)
Other	<5
Unknown	<5
White	90 (1.6)
Total	114

ZIP COALITION	Acute*
1	8 (SD)
2	7 (SD)
3	11 (SD)
4	≤5 (SD)
5	21 (3.3)
6	≤5 (SD)
7	33 (1.7)
8	≤5 (SD)
9	7 (SD)
10	9 (SD)
Total	114

SEX	Acute*
Male	76 (2.2)
Female	36 (1.1)
Unknown	0
Total	114

Note: Note: data from 2024 are preliminary and subject to change. Cases identified through IDOC and FCI are also included in these case counts in the table. **Technical Notes:** Reported cases of acute and chronic hepatitis B must meet the certain clinical and laboratory criteria for classification. See the references listed for more information on classification. **Clinical:** An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis and either a) jaundice, or b) elevated serum alanine aminotransferase levels > 100 IU/L. **Laboratory:** Hepatitis B surface antigen (HBsAg) positive AND Immunoglobulin M (IgM) antibody to hepatitis B core antigen (IgM anti-HBc) positive (if done). *A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B "e" antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT) including genotype) result does not require an acute clinical presentation to meet the surveillance case definition. **Reference:** <https://ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-and-chronic-2024/>

Surveillance Trends



- Of those living with HIV, 75% (2024) vs 75% (2022) are retained in care (past 12 months)
- Of those living with HIV, 68% (2024) vs 67% (2022) have a suppressed VL

Surveillance Trends

Indiana HIV/AIDS Surveillance

Table1. Newly Reported Indiana HIV and AIDS Cases, Reported 2011-2024

Year	HIV		AIDS		HIV/AIDS
	Count	%	Count	%	Total
2011	372	74%	129	26%	501
2012	405	80%	104	20%	509
2013	364	80%	90	20%	454
2014	421	82%	94	18%	515
2015*	543	87%	78	13%	621
2016	413	78%	94	22%	507
2017	444	81%	103	19%	547
2018	419	80%	103	20%	522
2019	455	83%	94	17%	549
2020	369	82%	79	18%	448
2021	449	86%	70	14%	519
2022	503	83%	100	17%	603
2023*	522	82%	118	18%	640
2024*	556	84%	108	16%	664
Avg.					
		445	97		
				543	
Std. Dev.					
		64	16		
				66	
Range					
		(381-509)	(81-113)		
				(477-609)	
*Significant Differences					

Figure1. Newly Reported Indiana HIV and AIDS Cases, Reported 2011-2024

