

May 15, 2026

Hantavirus Awareness and Clinical Considerations

SUMMARY

The Centers for Disease Control and Prevention (CDC) recently issued a [Health Alert Network \(HAN\)](#) notification regarding hantavirus infections identified among travelers associated with a cruise in South America. **The risk in Indiana remains low.**

BACKGROUND

Hantaviruses are primarily spread through exposure to infected rodent urine, droppings, or saliva, particularly in enclosed spaces with rodent activity. Andes virus, confirmed as the cause of this hantavirus outbreak, is the only type of hantavirus that has been documented to spread from person-to-person. Although rare, spread between people has typically required close, prolonged contact with a symptomatic person. This could include direct physical contact, prolonged time spent in close or enclosed spaces, and exposure to the infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding). Person-to-person transmission has not been documented with the hantavirus strains typically identified in North America.

RECOMMENDATIONS FOR CLINICIANS

Early symptoms may include fever, myalgias, headache, nausea, vomiting, and fatigue, followed by cough and shortness of breath in more severe cases.

Clinicians are encouraged to maintain awareness and obtain relevant exposure histories when indicated: [Clinical Overview of Hantavirus | Hantavirus | CDC](#). If hantavirus is on the differential, the patient should be placed in an AIIR and proper PPE (gown, gloves, eye protection, N95 respirator or higher) should be used.

Clinicians should consider hantavirus infection in patients who present with:

- Febrile illness with rapid progression to respiratory symptoms
- Thrombocytopenia or hemoconcentration
- Had direct physical contact, or spent time in close or enclosed spaces, with a symptomatic person with confirmed or suspected Andes virus infection or with any objects contaminated by their body fluids.
- Had exposure to an infected person's saliva, respiratory secretions, or other body fluids (e.g., kissing, sharing utensils, handling contaminated bedding).
- Experienced a breach in infection prevention and control precautions that resulted in potential contact with body fluids of a patient with suspected or confirmed Andes virus infection.

- History of rodent exposure, cleaning rodent-infested areas

FOR MORE INFORMATION

- The Centers for Disease Control and Prevention's (CDC's) [hantavirus website](#)

Requests for testing and reporting cases of hantavirus can be made to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125 during business hours (Monday – Friday, 8:15 a.m. – 4:45 p.m.) or 317-233-1325 after hours.

Vitamin K for Newborns

SUMMARY

Vitamin K deficiency bleeding (VKDB) occurs when babies cannot stop bleeding in their body. VKDB is easily preventable with one dose of vitamin K after birth.

Vitamin K from food or prenatal vitamins does not easily cross the placenta, so babies are born with little vitamin K in their bodies. Babies need vitamin K within six hours after birth so their blood can clot.

Newborns who do not get a vitamin K shot are 81 times more likely to develop severe bleeding than those who do get the shot. According to the CDC, early VKDB occurs in 1 in 60 newborns and is fatal for one out of every five babies with the condition. Babies are at higher risk for VKDB until they start eating solid foods at 6 months of age, and there are often no warning signs.

RECOMMENDATIONS FOR CLINICIANS

Since 1961, the American Academy of Pediatrics has recommended a single shot of vitamin K be given at birth. The dose is released slowly over six months. Studies show that vitamin K shots are safe. There have been no reported cases of an allergic reaction in newborns. Clinicians are encouraged to discuss the benefits of vitamin K with all expecting mothers.

ADDITIONAL INFORMATION

- [CDC website](#)
- [American Academy of Pediatrics](#)



Water Safety

SUMMARY

With the start of the summer months approaching, the Indiana Department of Health (IDOH) encourages clinicians to discuss water safety and drowning prevention with families, particularly those with young children. Two-thirds of drowning deaths occur between May and August, according to the Centers for Disease Control and Prevention.

In Indiana, drowning remains a leading cause of death among children ages 1 to 4 years old. Drowning is a leading cause of unintentional injury-related death in children ages 14 years and younger. Young children are at highest risk around residential pools, retention ponds, and other open water settings. Infants are most likely to drown in bathtubs.

RECOMMENDATIONS FOR CLINICIANS

Clinicians can help reinforce prevention messaging by encouraging families to take multiple steps to prevent drowning, including:

- **Barriers and alarms** – Four-sided fencing, self-latching gates, pool covers, and alarms
- **Active Supervision** – Constant, active adult supervision around water
- **Water Competency** – Swim lessons and water competency training for children
- **Life Jackets** – Proper use of U.S. Coast Guard approved life jackets
- **Emergency Preparation** – CPR training and basic water rescue skills. Have a phone available to call 911.

ADDITIONAL INFORMATION

- IDOH [website](#)
- [National Drowning Prevention Alliance](#)

Increased Detection of Medetomidine in the Illicit Drug Supply

SUMMARY

IDOH has identified increased levels of medetomidine, a veterinary sedative, in the illicit drug supply in Indiana. Surveillance data has demonstrated increasing detections of medetomidine in both syringe service program residue testing and postmortem toxicology testing.

Medetomidine is often found alongside fentanyl and other substances and may contribute to prolonged sedation, respiratory depression, hypotension and severe withdrawal symptoms.

RECOMMENDATIONS FOR CLINICIANS

Clinical considerations include:

- Sedation and respiratory depression that may outlast naloxone effects



- Bradycardia and hypotension
- Potential severe withdrawal symptoms after prolonged exposure, including agitation, tachycardia, hypertension, nausea, and vomiting
- Need for intensive monitoring and supportive care in severe cases

Because medetomidine is not an opioid, naloxone may not fully reverse symptoms. Naloxone should still be administered in suspected overdoses due to frequent co-exposure with opioids.

Clinicians caring for patients with suspected overdose or withdrawal should be aware that presentations may resemble xylazine-associated toxicity and may require prolonged management.

ADDITIONAL RESOURCES

- [CDC HAN advisory on medetomidine](#)
- [IDOH drug overdose data](#)
- [IDOH naloxone information](#)
- [Additional information on medetomidine from the Drug Enforcement Administration](#)
- [Medetomidine increases and withdrawal from the CDC](#)
- [The Center for Forensic Science Research and Education](#)

FOR MORE INFORMATION

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Increasing Detection of Orphines in the Illicit Drug Supply

SUMMARY

IDOH has also detected an increase of an emergent subclass of novel synthetic opioids referred to as orphine analogues or orphines. Orphines have been identified in the illicit drug supply in 23 states, including Indiana. The substance continues to diversify, with at least six different analogues identified to date.

These substances have been commonly detected alongside other opioids (such as nitazenes and fentanyl), benzodiazepines, and stimulants. Indiana surveillance has detected multiple orphine analogues - brorphine, cychlorphine, spirochlorphine and SR_17018 - in syringe service program residue testing within the last two years. Brorphine is the only analogue included in postmortem toxicology testing, but more are being added to the testing panel.

Because orphines are so potent, symptoms may not fully resolve after a single dose of naloxone; administration of additional doses of naloxone may be necessary.



RECOMMENDATIONS FOR CLINICIANS

Clinical considerations related to orphines include:

- Additional doses of naloxone may be needed to treat overdoses
- Central nervous system and respiratory depression may outlast naloxone effects
- Treatment should be supportive and careful not to precipitate acute withdrawal

ADDITIONAL RESOURCES

- [IDOH drug overdose data](#)
- [IDOH naloxone information](#)
- [Legislative Analysis and Public Policy Association](#)
- [The Colombo Plan](#)
- [The Center for Forensic Science Research and Education](#)

FOR ADDITIONAL INFORMATION

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