Indiana Department of Health

CLINICIAN UPDATES

GUY CROWDER, MD, MPHTM
CHIEF MEDICAL OFFICER

ERIC HAWKINS, MS
STATE EPIDEMIOLOGIST

2/28/2025

OUR MISSION:

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

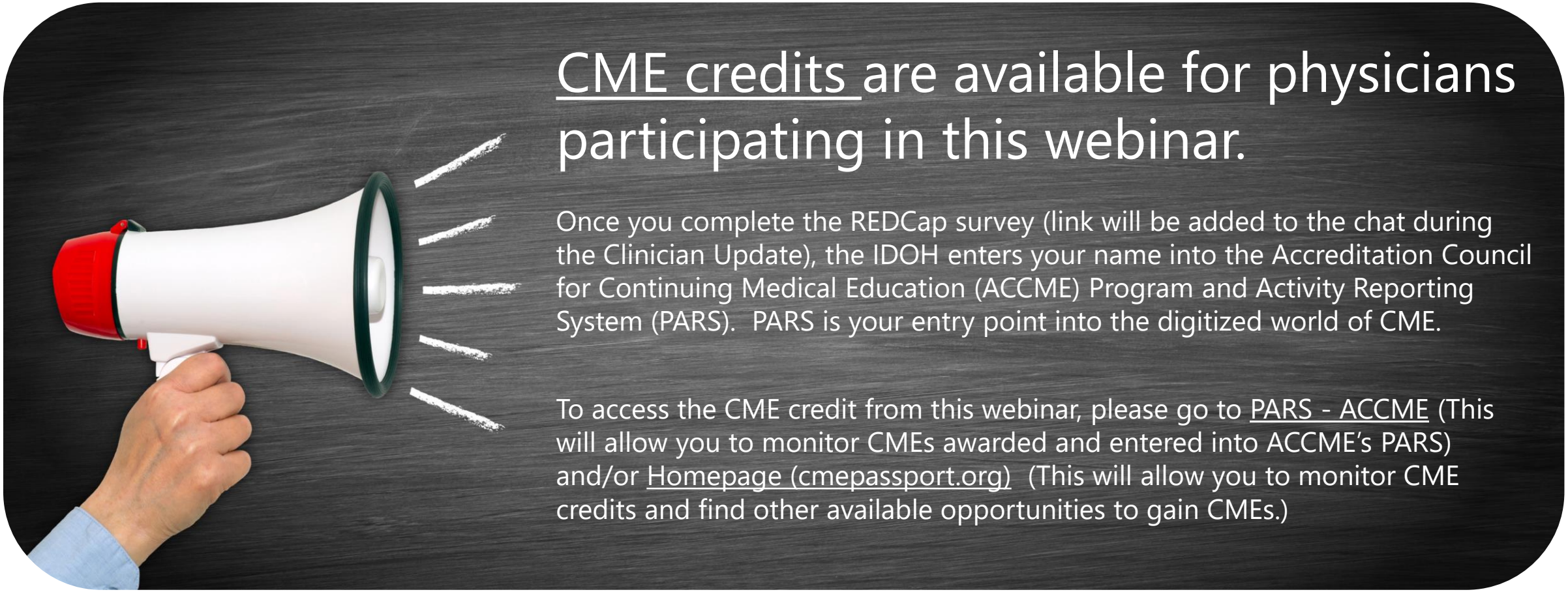
OUR VISION:

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

Conflict of interest

We have no conflicts of interest to disclose

CMEs



https://redcap.isdh.in.gov/surveys/?s=XKYETLM9DYLRWHK4

H5N1

Indiana Department of Health

Key Points

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

H5 Avian Flu Update - National

National situation summary

Person-to-person spread

NONE

There is no known person-to-person spread at this time.

Current public health risk

LOW

The current public health risk is Low.

Cases in the U.S.

70 cases

Deaths in U.S.

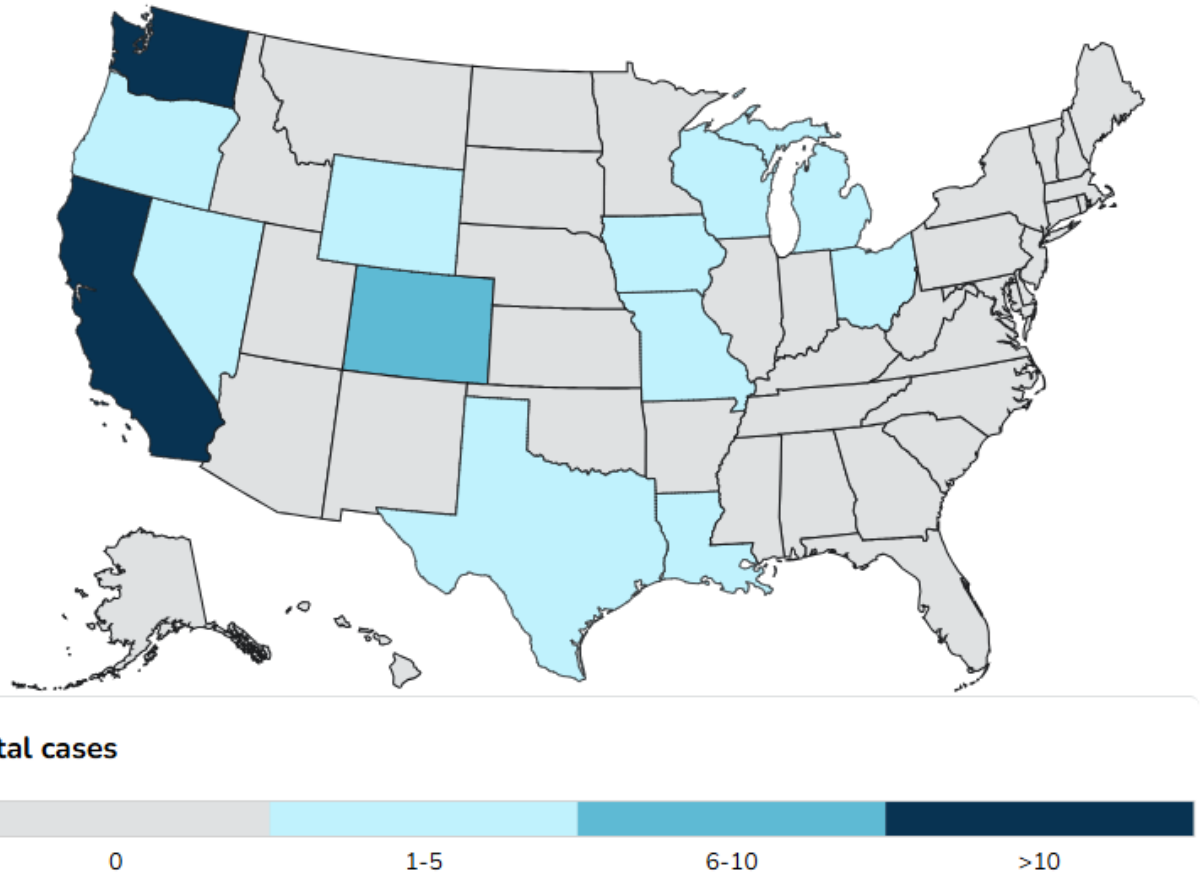
1 cases

Indiana Department of Health

H5 Avian Flu Update - National

National Total Cases: 70

Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡



Indiana Department of Health

H5 Avian Flu Update - National

National flu surveillance (since February 25, 2024)

Specimens tested	Human cases
136,134+ specimens tested that would have detected influenza A(H5) or other novel influenza viruses	**6** case detected through national flu surveillance

Targeted H5 surveillance (since March 24, 2024)

Total people monitored	Total people tested	Human cases
15,200+ after exposure to infected animals	**830+** after exposure to infected animals	**64** cases detected through targeted H5 surveillance

Indiana Department of Health

H5 Avian Flu Update - National

Detections in Animals

- **12,215** wild birds detected as of 2/25/2025 | Full Report
- **51** jurisdictions with bird flu in wild birds
- **166,065,938** poultry affected as of 2/25/2025 | Full Report
- **51** jurisdictions with outbreaks in poultry
- **973** dairy herds affected as of 2/21/2025 | Full Report
- **16** states with outbreaks in dairy cows

H5 Avian Flu Update - Indiana

- Detections in Indiana
  - Avian flu has been detected in wild and commercial bird flocks
  - No dairy cattle detections to date
  - **No human cases of H5N1**
- Monitoring
  - Monitoring of exposed persons occurring in several counties by LHD staff
  - IDOH staff work with LHDs to provide guidance/consultation
  - Usually for 10 days, longer if exposure is related to dairy/cattle
- Testing and PEP
  - Testing and PEP being offered to all exposed individuals, providing through LHDs
  - IDOHL conducting testing

Notes from the Field: Seroprevalence of Highly Pathogenic Avian Influenza A(H5) Virus Infections Among Bovine Veterinary Practitioners — United States, September 2024

Weekly / February 13, 2025 / 74(4);50–52

https://www.cdc.gov/mmwr/volumes/74/wr/mm7404a2.htm

Highly Pathogenic Avian Influenza A(H5N1) Virus Infection of Indoor Domestic Cats Within Dairy Industry Worker Households — Michigan, May 2024

Weekly / February 20, 2025 / 74(5);61–65

https://www.cdc.gov/mmwr/volumes/74/wr/mm7405a2.htm

Clinical Considerations

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

CDC's full recommendations for clinicians may be found here.
Antiviral recommendations for those with severe infections can be found here.

Influenza A

Indiana Department of Health

Preparing for Influenza A/H5 (bird flu)

1. Maintain situational awareness of H5 Bird Flu - https://www.cdc.gov/bird-flu/situation-summary/index.html?cove-tab=0
2. Ask specific questions regarding potential risk factors for patients with compatible respiratory symptoms or who mention wanting H5 (bird flu) testing –
   - Does the patient work at a facility with known sick/dead birds?
   - Does the patient have exposure to sick/dead wild birds (i.e., handling without PPE)?
   - Does have patient work or live on a dairy farm?
   - Does the patient have contact with a known human H5 case?
   - Is the patient currently under active monitoring by public health for H5 exposure?
3. Stay up-to-date on infection control, testing, and treatment recommendations – https://www.cdc.gov/bird-flu/site.html#hcp
4. Do **not** turn away patients who come in seeking influenza testing and mention exposure to bird flu.

Influenza A – Seasonal vs. H5

Seasonal Influenza

- Virus Types – A/H1, A/H3, B
- Test When – Clinically compatible symptoms are present
- Subtyping – Recommend to request influenza A subtyping when patient is severely ill (i.e., hospitalized)
  - Can be done at hospital or commercial labs
  - IDOH Lab will take hospitalized, influenza A specimens for subtyping

Novel Influenza A (H5)

- Virus Type – A/H5
- Test When – Clinically compatible symptoms are present AND risk factors for exposure are present
- Subtyping – Recommended for anyone who meets compatible symptoms and has risk factors OR for anyone who is being actively monitored by public health
  - Can be done, upon specific request, at Quest, LabCorp, and ARUP
  - IDOH Lab

Influenza A – Seasonal Testing

Seasonal Influenza

- The IDOH Laboratory offers PCR testing for influenza surveillance. This functions as part of a national influenza surveillance system where specimens assist with vaccine candidacy, oseltamivir surveillance, etc.
- Currently, the IDOH Laboratory is seeking specimens from hospitalized patients where a result of Influenza A and no subtyping has been performed. Other laboratories are also able to assist in this testing.
- Typically, an upper respiratory specimen (such as a Nasopharyngeal or Nasal swab) in Viral Transport Media (VTM) or Universal Transport Media (UTM) is requested.
  - These specimens must be refrigerated between 2-8C and ***received*** at the IDOH Laboratory within 3 days of collection. Specimens frozen within 3 days and transported on dry ice will extend this timeline.
- These specimens should be submitted through LimsNet in the virology module with Influenza as the virus suspected.
- <u>This test is performed for most incoming specimens and will detect if a specimen is a Novel Influenza.</u>
  - Typical TAT for results is 2-3 business days.

Influenza A – H5 Testing

Novel Influenza A (H5)

- The IDOH Laboratory offers PCR testing for H5 influenza surveillance. Specimens submitted for H5 testing should follow the guidance of the IDOH IHAN. This includes IDOH pre-approval from IDOH IDEPD.
  - https://www.in.gov/health/emergency-preparedness/files/IHAN-HPAI-1.22.25.pdf
- Typically, a Nasopharyngeal swab in Viral Transport Media is requested.
  - Additional specimen types may be requested.
  - These specimens must be refrigerated between 2-8C and ***received*** at the IDOH Laboratory within 3 days of collection.
    - Specimens frozen within 3 days and transported on dry ice in an insulated shipper will extend the transit time.
- These specimens should be submitted through LimsNet in the virology module with Other, Influenza H5 as the virus suspected.
- These specimens will have results typically within 1 business day; weekend and after-hours testing may be performed depending on risk factors.

Influenza A – Seasonal vs. H5

Seasonal Influenza

1. Most specimens qualify under this algorithm.
2. Specimens are screened with a Flu A, Flu B, & SARS-CoV-2 PCR.
3. Specimens with an Influenza A PCR result are then subtyped by a CDC Influenza A subtyping PCR.
   - This will identify Influenza A/H3, Influenza A 2009 H1 Pandemic, H3N2v (Swine Flu), and Influenza A unsubtypeable
4. Any specimen with an Influenza A unsubtypeable result will be reviewed with additional testing performed at IDOH and/or CDC.

Novel Influenza A (H5)

1. These specimens have additional risk factors and/or already have an Influenza A unsubtypeable result.
2. These specimens are prioritized and tested on our Influenza A subtyping PCR, H5 PCR Assay, and/or Biofire 2.1 Respiratory Viral Panel.
3. An Influenza H5 positive result would be a presumptive positive and the IDOH Lab would forward the specimen to CDC for confirmation.

Questions?

Layne Mounsey, MPH
Respiratory Epidemiologist & Influenza Coordinator
Lmounsey@health.in.gov
317-495-4115

Brian Pope
Virology & Biological Preparedness Division Director
bpope1@health.in.gov
317-921-5555

H5 Avian Flu Resources

- H:5 Bird Flu Current Situation - https://www.cdc.gov/bird-flu/situation-summary/index.html
- USDA Detections of Highly Pathogenic Avian Influenza - https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/livestock
- CDC HAN – Accelerated Subtyping of Influenza A in Hospitalized Patients https://www.cdc.gov/han/2025/han00520.html#print
- CDC – Avian Influenza (Bird Flu) Website https://www.cdc.gov/bird-flu/index.html
- Highly Pathogenic Avian Influenza A(H5N1) Virus Infections in Humans | New England Journal of Medicine
- https://www.cdc.gov/mmwr/volumes/74/wr/mm7404a2.htm
- https://www.cdc.gov/mmwr/volumes/74/wr/mm7405a2.htm

Measles

Indiana Department of Health

Texas Measles Outbreak

- **Current Status**: as of 2/28, the Texas outbreak has reached 146 cases
  - 20 (13.6%) hospitalizations
  - 1 death
  - 0-4 years – 31.5%
  - 5-17 years – 47.9%
  - 18+ years – 17.1%
- **Geographical Spread:** concentrated in West Texas, mostly in Gaines County, and some cases in New Mexico
  - 9 total TX counties affected

Indiana Department of Health

https://www.dshs.texas.gov/news-alerts/measles-outbreak-feb-21-2025

Measles in Kentucky

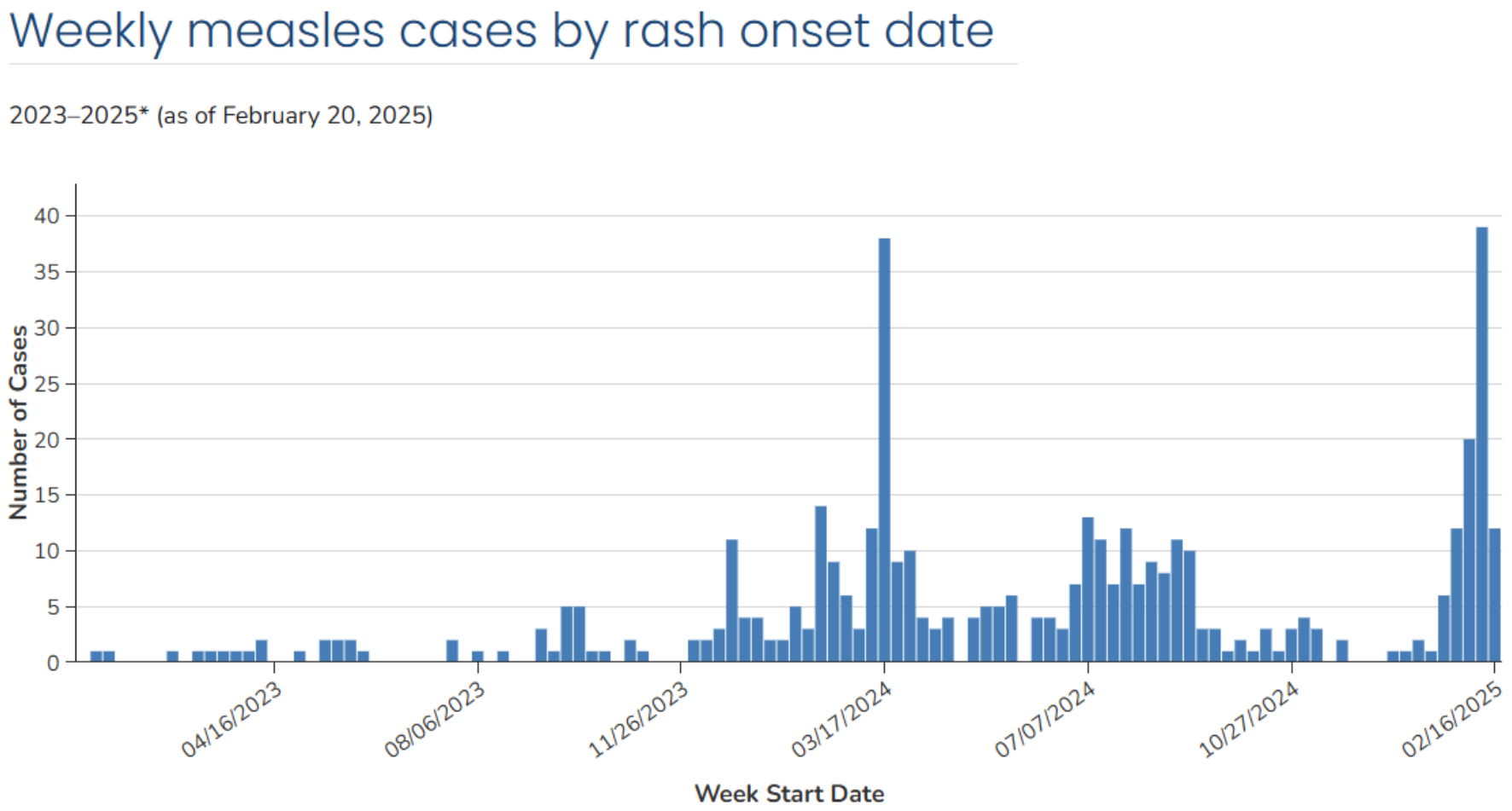
Per release on Feb. 26:

- Adult case of measles in Frankfort, KY
- Patient had traveled internationally to country with measles transmission
- Patient was at Planet Fitness on 2/17

Indiana Department of Health

Link to KY press release

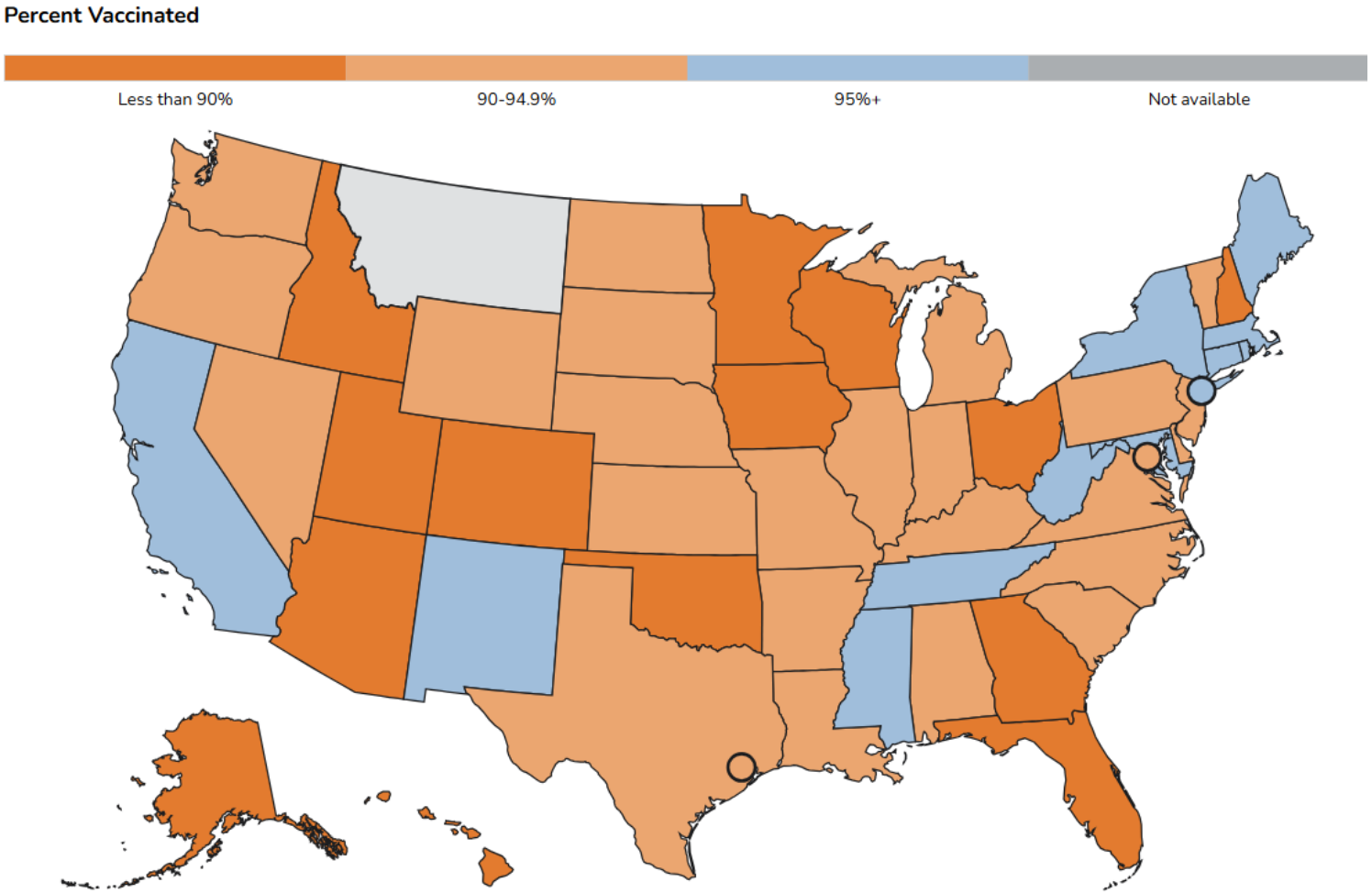
Measles in the U.S.



Indiana Department of Health

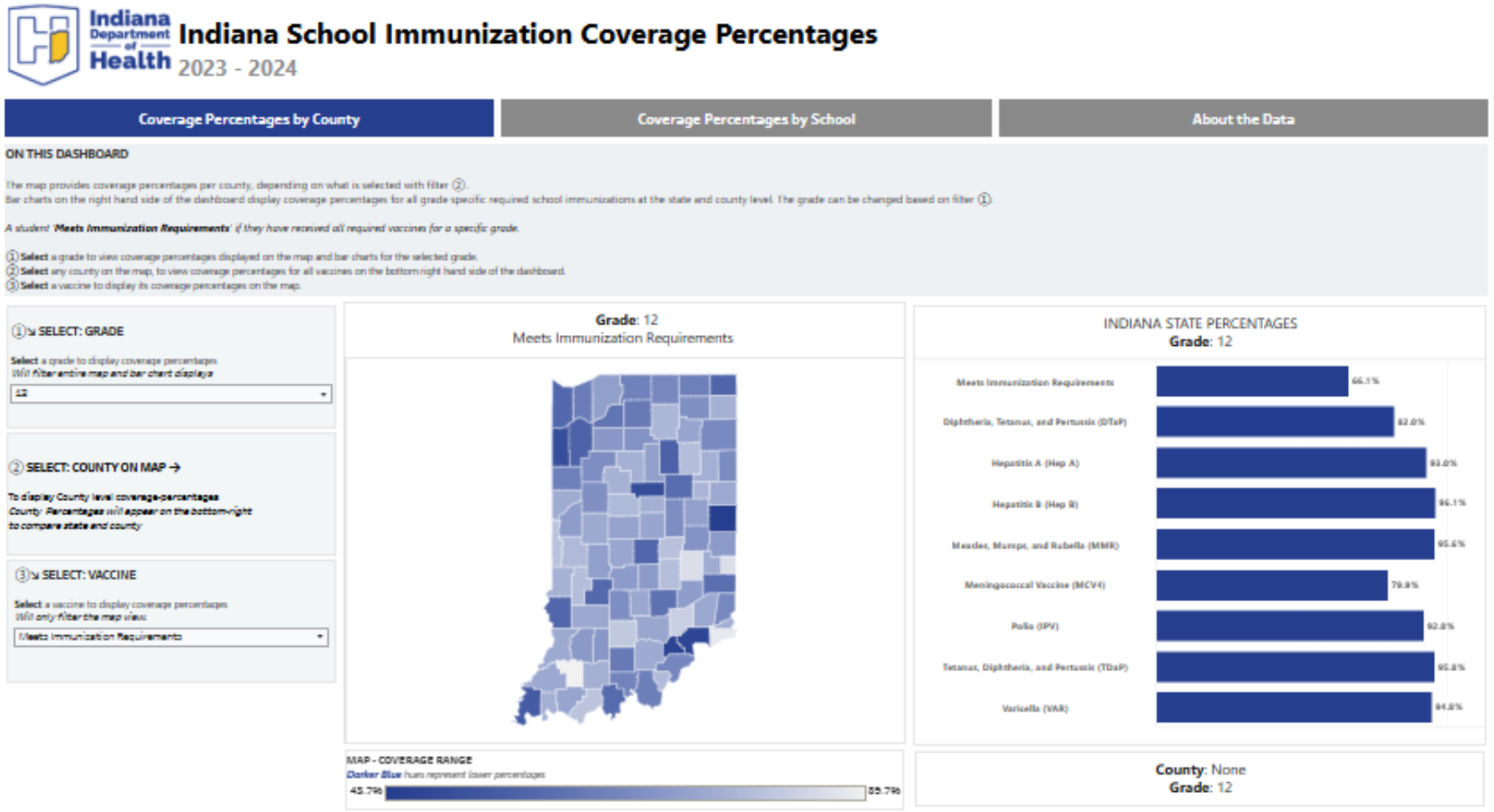
https://www.cdc.gov/measles/data-research/index.html

U.S. MMR Rates



Indiana Department of Health

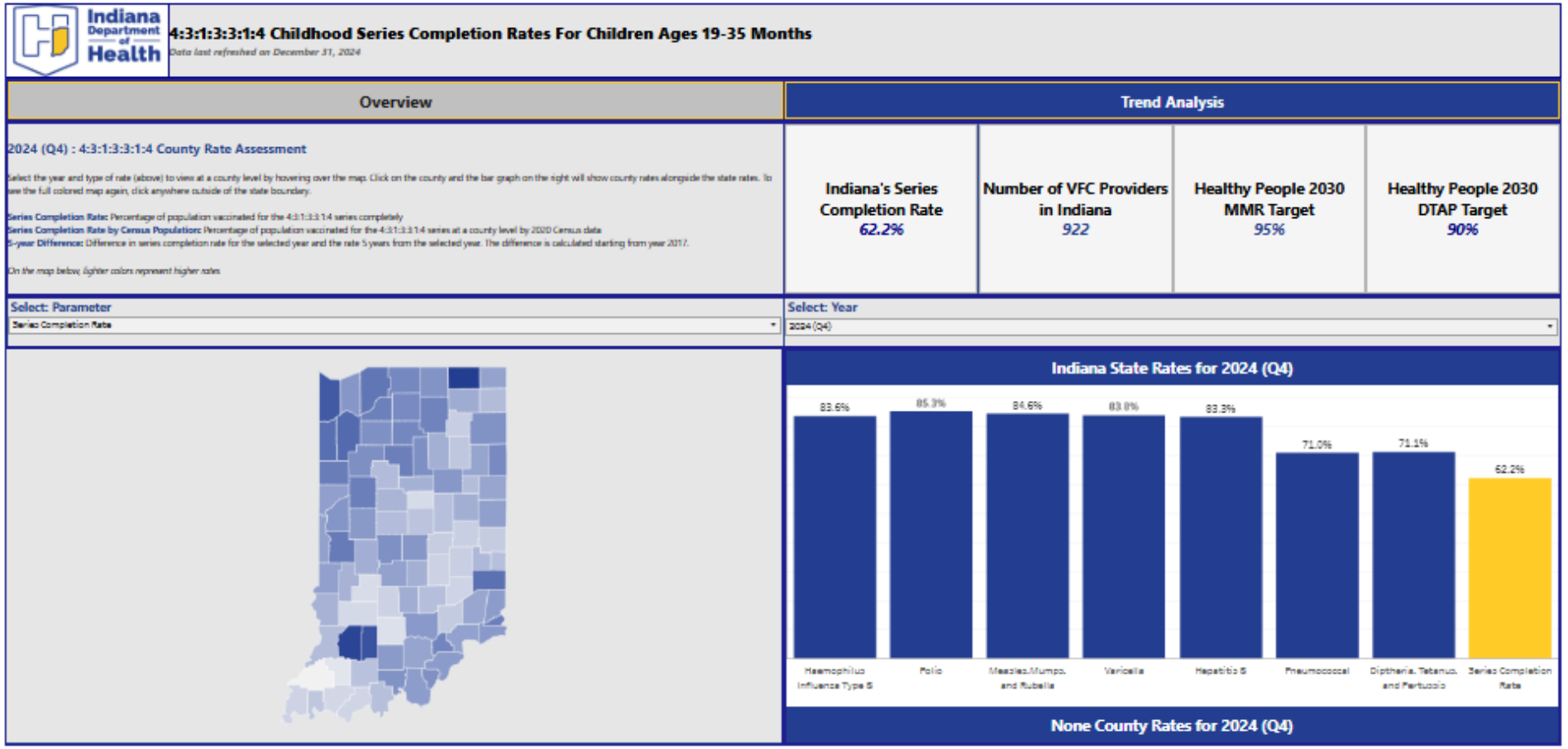
Indiana Vaccination Rates: Schools



Indiana Department of Health

https://www.in.gov/health/immunization/school-immunization-data/

Indiana Vaccination Rates: 4:2:1:3:3:1:4



Indiana Department of Health

https://www.in.gov/health/immunization/immunization-data/county-rate-assessment/

Respiratory Updates

Indiana Department of Health

Midwest Biofire Respiratory Data 2/16 – 2/22

BIOFIRE® Syndromic Trends

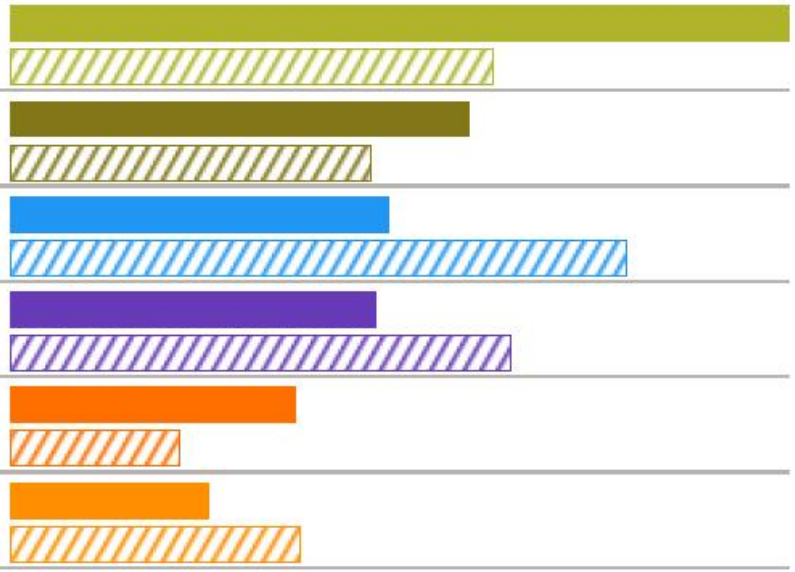
Midwest Region

Respiratory Report
RP2.1

Weekly Detection Rates (%)

15% Region Co-Detection Rate*

High Activity (>3%)	One Week	Three Months
Influenza A H1-2009	13.4	8.3
Influenza A H3	7.9	6.2
Human Rhinovirus/Enterovirus	6.5	10.6
Respiratory Syncytial Virus	6.3	8.6
Coronavirus OC43	4.9	2.9
SARS-CoV-2	3.4	5.0



Indiana Department of Health

National Respiratory Snapshot

Overall respiratory illness activity in **the United States**

High

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

Emergency department visits in **the United States**

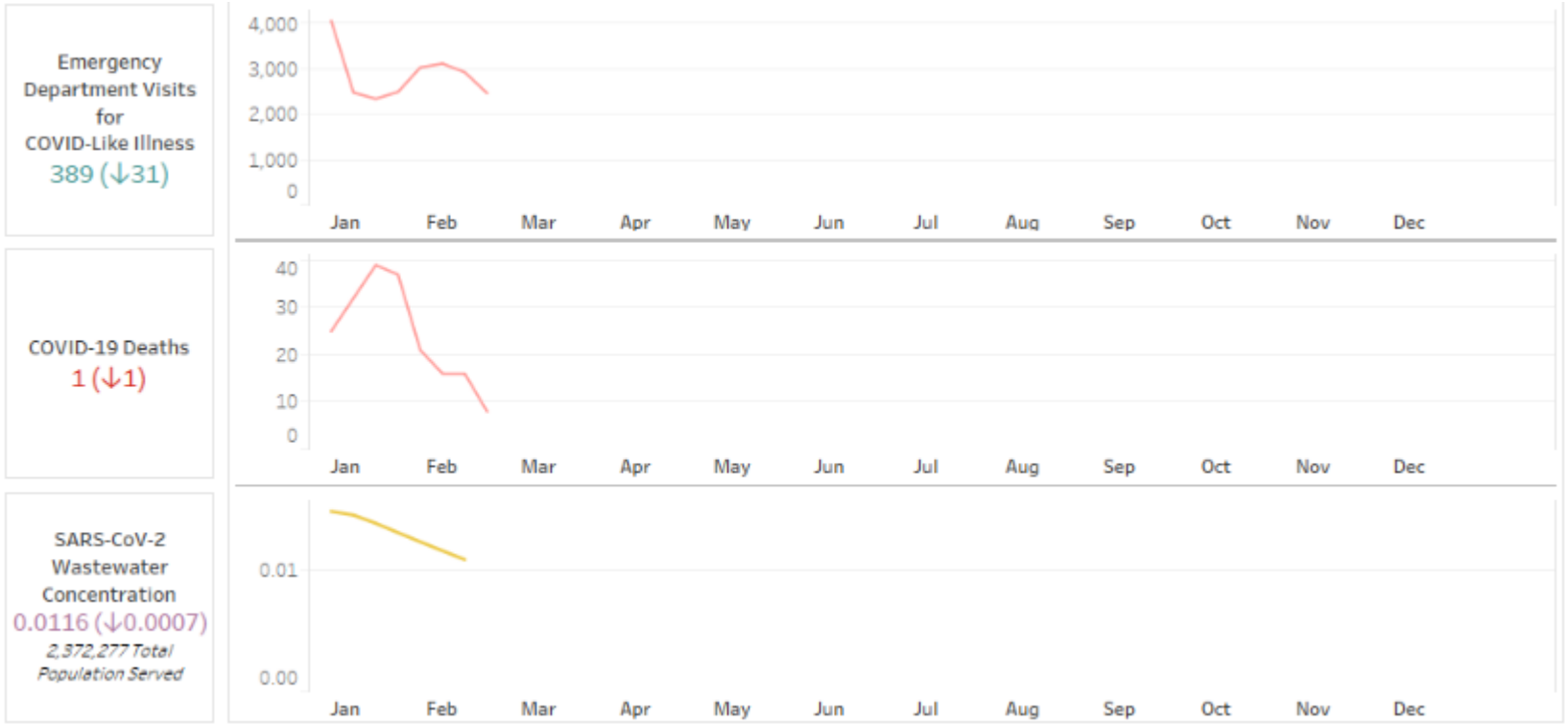
COVID-19	Flu	RSV
Low Decreasing ↘	Very High Increasing ↗	Moderate Decreasing ↘

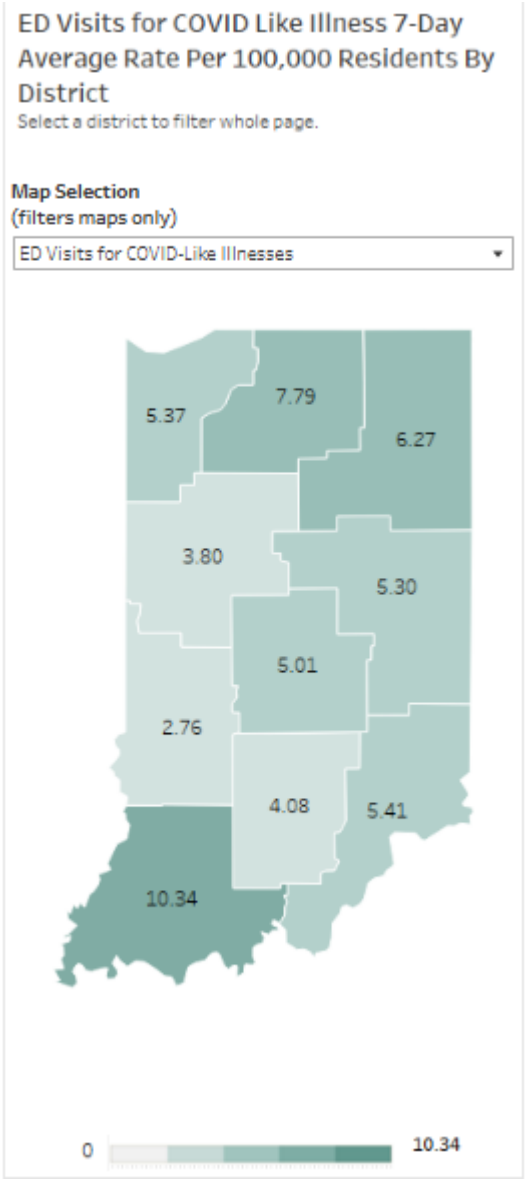
Indiana Department of Health

https://www.cdc.gov/respiratory-viruses/data/index.html

Indiana COVID-19 Home Dashboard

Data are updated as of 2/25/2025 and refreshed on a weekly basis every Wednesday by 5 p.m.

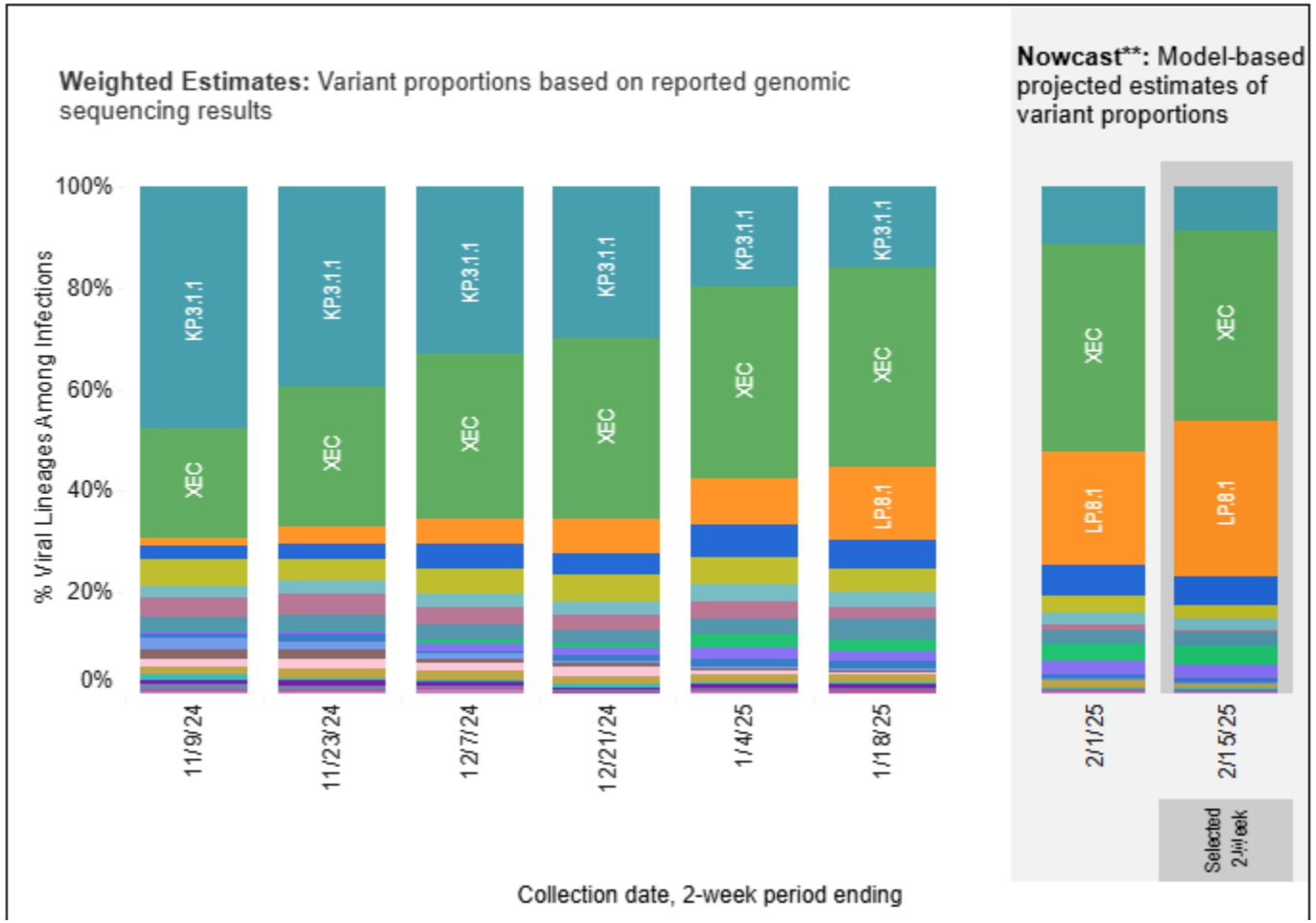




Indiana Department of Health

https://www.in.gov/health/idepd/respiratory-disease/coronavirus/covid-19-dashboard/

Weighted and Nowcast Estimates in United States for 2-Week Periods in 10/27/2024 – 2/15/2025



Nowcast Estimates in United States for 2/2/2025 – 2/15/2025

USA

WHO label	Lineage #	%Total	95%PI
Omicron	XEC	37%	32–43%
	LP.8.1	31%	24–39%
	KP.3.1.1	9%	7–11%
	MC.10.1	6%	4–9%
	XEC.4	4%	2–7%
	XEQ	3%	1–6%
	LF.7	3%	2–4%
	MC.1	2%	2–3%
	LB.1.3.1	2%	1–3%
	XEK	1%	1–2%
	KP.3	1%	0–1%
	JN.1.16	1%	0–1%
	MC.19	0%	0–1%
	BA.2.86	0%	0–1%
	KS.1	0%	NA
	KP.1.1.3	0%	NA
	LB.1	0%	NA
	KP.2.3	0%	NA
	KP.2	0%	NA

Indiana Department of Health

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

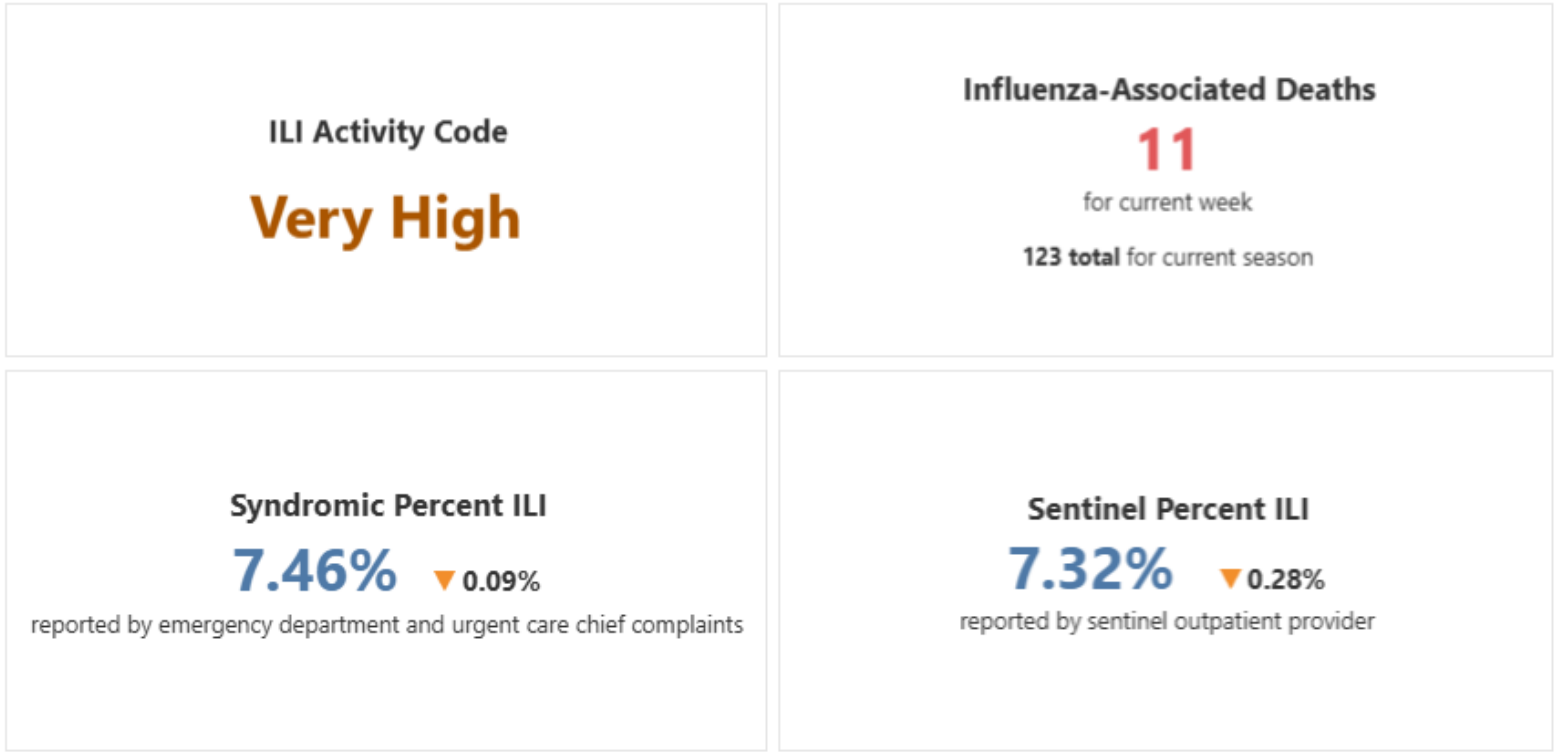
Indiana Influenza Dashboard

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

Indiana Influenza-Like Illness (ILI) Surveillance – Week ending February 15, 2025

This influenza "flu" dashboard is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospitals, healthcare professionals, and the community with the gene 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.



Indiana Department of Health

https://www.in.gov/health/idepd/respiratory-disease/influenza/influenza-dashboard/

Indiana Influenza Dashboard

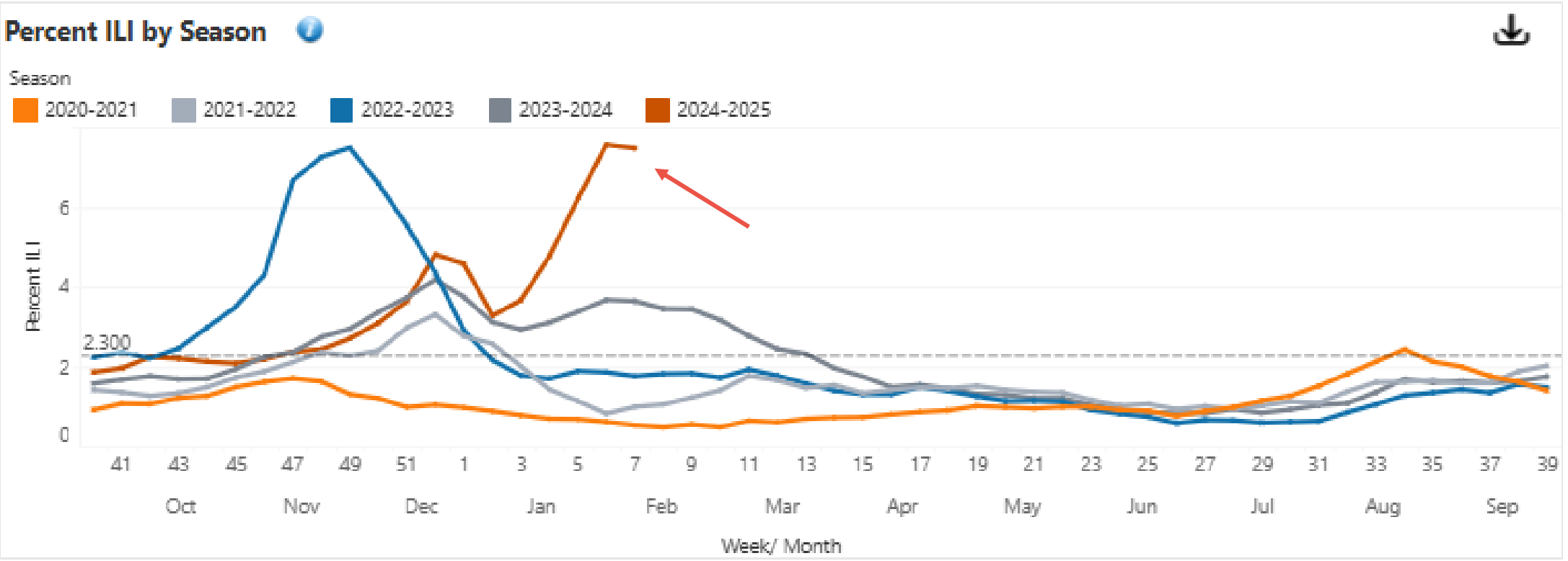
Data were last refreshed on January 20, 2025. Data are refreshed weekly.
Observed Current Week - January 5, 2025 - January 11, 2025

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

Emergency Department and Urgent Care Visits for ILI

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

Percent ILI by Season



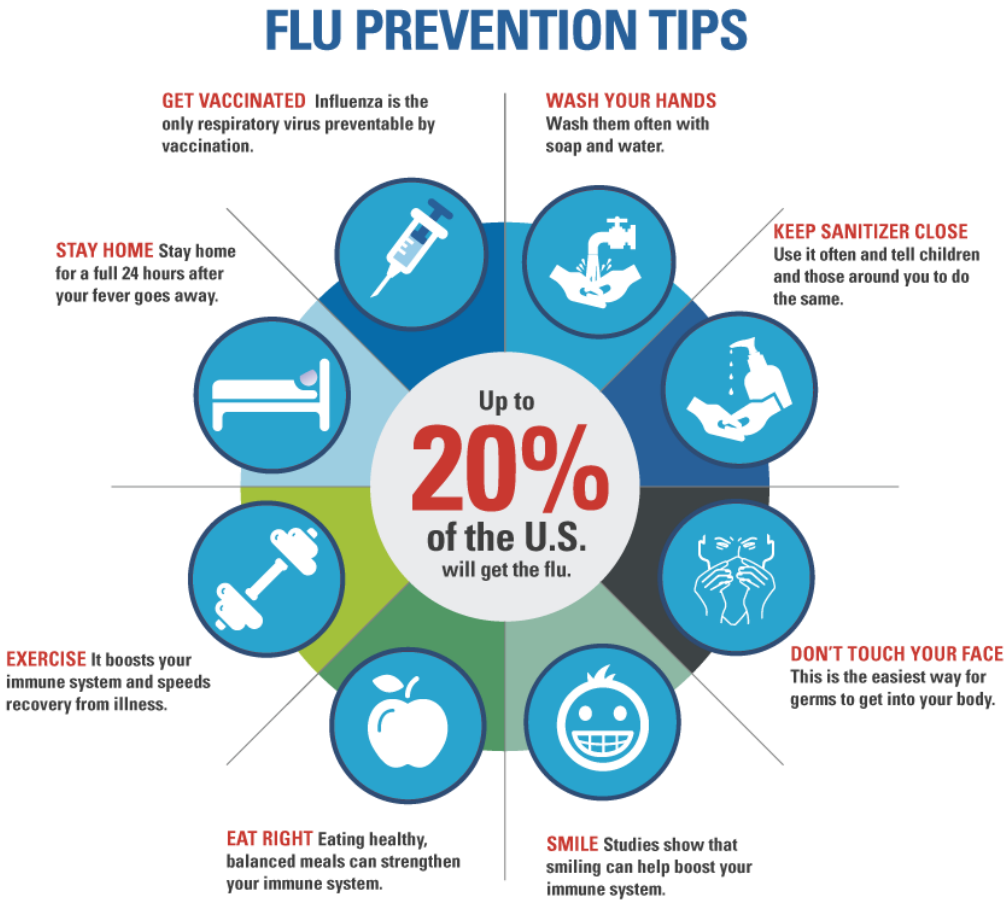
Indiana Department of Health

https://www.in.gov/health/idepd/respiratory-disease/influenza/influenza-dashboard/

Influenza Vaccine Reminder

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

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



Indiana Department of Health

Flumist

Last webinar:

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

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

Update:

Flumist still not available

Indiana Department of Health

Pediatric Influenza-Associated Encephalopathy

Summary

What is already known about this topic?

Influenza-associated encephalopathy or encephalitis (IAE), including acute necrotizing encephalopathy (ANE), is a rare and potentially fatal complication of influenza. No national IAE surveillance exists.

What is added by this report?

During late January 2025, CDC received anecdotal reports of critically ill children with IAE, including deaths with ANE. Data from the Influenza-Associated Pediatric Mortality Surveillance System was investigated and revealed the median proportion of pediatric influenza deaths with IAE during the 2010–11 through 2024–25 influenza seasons was 9%. IAE was identified in 13% (nine of 68) of deaths during the 2024–25 influenza season (through February 8, 2025), including four with ANE.

What are the implications for public health practice?

It is not known whether cases observed in the 2024–25 season vary from expected numbers. Clinicians should consider IAE in children with influenza and abnormal neurologic signs or symptoms. Influenza vaccination is recommended for all persons aged ≥6 months while influenza viruses are circulating.

Flu ANE MMWR

Pediatric Influenza-Associated Encephalopathy

- Monday, Feb. 24, CDC released a “Call for Cases” regarding pediatric influenza-associated encephalopathy and encephalitis.
- CDC is investigating several reports of **pediatric influenza-associated encephalopathy and encephalitis** including acute necrotizing encephalopathy since January 2025. This includes 2 deaths.
- There is no national surveillance or surveillance in Indiana for pediatric influenza-associated encephalopathy and encephalitis to know if these cases are within or above what is expected.
- Cases of pediatric influenza-associated encephalopathy and encephalitis can be reported to CDC at severeflu@cdc.gov or sent to Layne Mounsey at LMounsey@health.in.gov (IN’s Influenza Coordinator).
  - If sending directly to CDC, DO NOT include any HIPPA identifiers.

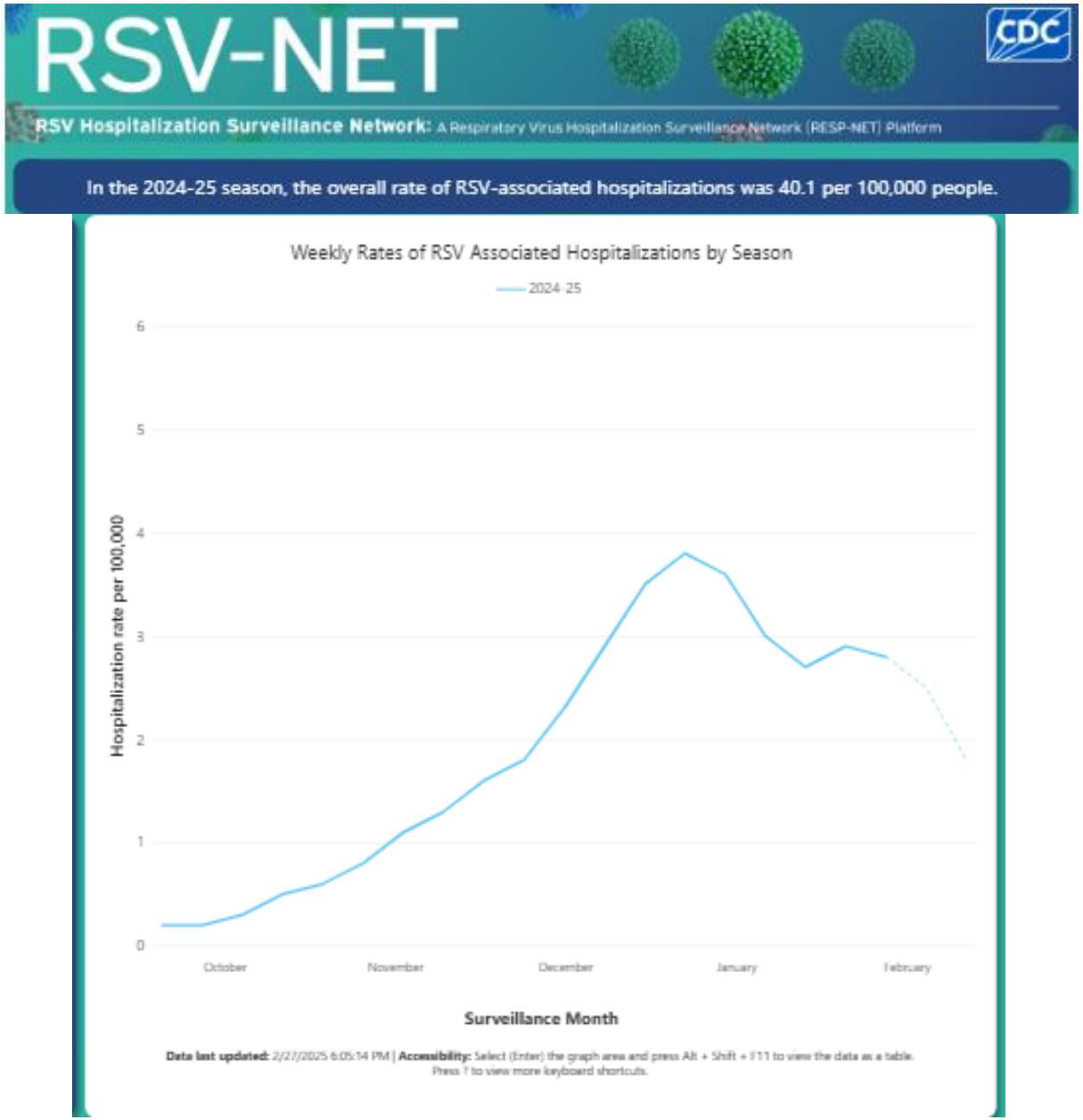
Criteria for Pediatric Influenza-Associated Encephalopathy & Encephalitis

Criteria for reporting pediatric influenza-associated encephalopathy and encephalitis cases:

1. Age <18 years
2. Admitted to an acute care hospital or pronounced dead between October 1, 2024 and May 30, 2025.
3. Laboratory-confirmed influenza virus infection within 14 days preceding hospital presentation, during hospitalization, or in respiratory specimens collected post-mortem
4. Documented neurologic abnormalities (meeting 1 or more of the following):
   - Diagnosis of encephalopathy or encephalitis
   - Neurologic signs or symptoms
   - Neuroimaging abnormalities
   - Electroencephalogram abnormalities
   - Abnormal brain autopsy findings, if available for children who have died

Report Cases or Questions:

Layne Mounsey, MPH
Respiratory Epidemiologist & Influenza Coordinator
LMounsey@health.in.gov



Indiana Department of Health

https://www.cdc.gov/rsv/php/surveillance/rsv-net.html

RSV Surveillance

Jan. 12 - 18

Respiratory Syncytial Virus	8.9	7.3

Feb. 16 - 22

Respiratory Syncytial Virus	6.3	8.6

Vaccine	Who	What	When
FLU	People 6 months of age and older	Updated 2024–2025 flu vaccine	During flu season. September and October remain the best times for most people to get vaccinated
COVID	Everyone aged 6 months and older should get 1 updated Moderna, Novavax, or Pfizer COVID-19 vaccine to be up to date.	Updated 2024–2025 COVID-19 vaccine	During fall and winter respiratory disease season

Vaccine	Who	What	When
RSV	Adults over 75 and older and adults 60-74 at increased risk of severe RSV	NOT AN ANNUAL VACCINE	In late summer or early fall
RSV	Pregnant women at 32-36 weeks	Pfizer Abrysvo is the only RSV vaccine approved for pregnant women	September through January
RSV	Infants 19 months and younger	Monoclonal antibody shot	October through the end of March

Indiana Department of Health

Indiana Department of Health

https://www.in.gov/health/immunization/files/24_FALL-immunizations-004.pdf

2024-25 COVID-19 Vaccine Effectiveness (VE)

Vaccine effectiveness (VE) of 2024–2025 COVID-19 vaccine:

- 33% against COVID-19–associated emergency department (ED) or urgent care (UC) visits among adults aged ≥18 years
- 45%–46% against hospitalizations among immunocompetent adults aged ≥65 years, compared with not receiving a 2024–2025 vaccine dose
- VE against hospitalizations in immunocompromised adults aged ≥65 years was 40%.
- Analysis was from September ‘24 – January ‘25
  - Included JN.1 variants, including XEC

Indiana Department of Health

COVID VE MMWR

2024-25 Flu Vaccine Effectiveness (VE)

Vaccine effectiveness (VE) of 2024–2025 Influenza vaccines:

- Interim 2024–2025 seasonal influenza VE estimates were derived from four U.S. VE networks.
- Among children and adolescents, VE was 32%, 59%, and 60% in outpatient settings (three networks)
  - 63% and 78% against influenza-associated hospitalization (two networks)
- Among adults, VE was 36% and 54% in outpatient settings (two networks)
  - 41% and 55% against influenza-associated hospitalization (two networks).
- Analysis was from October ‘24 – February ‘25

Indiana Department of Health

Flu VE MMWR

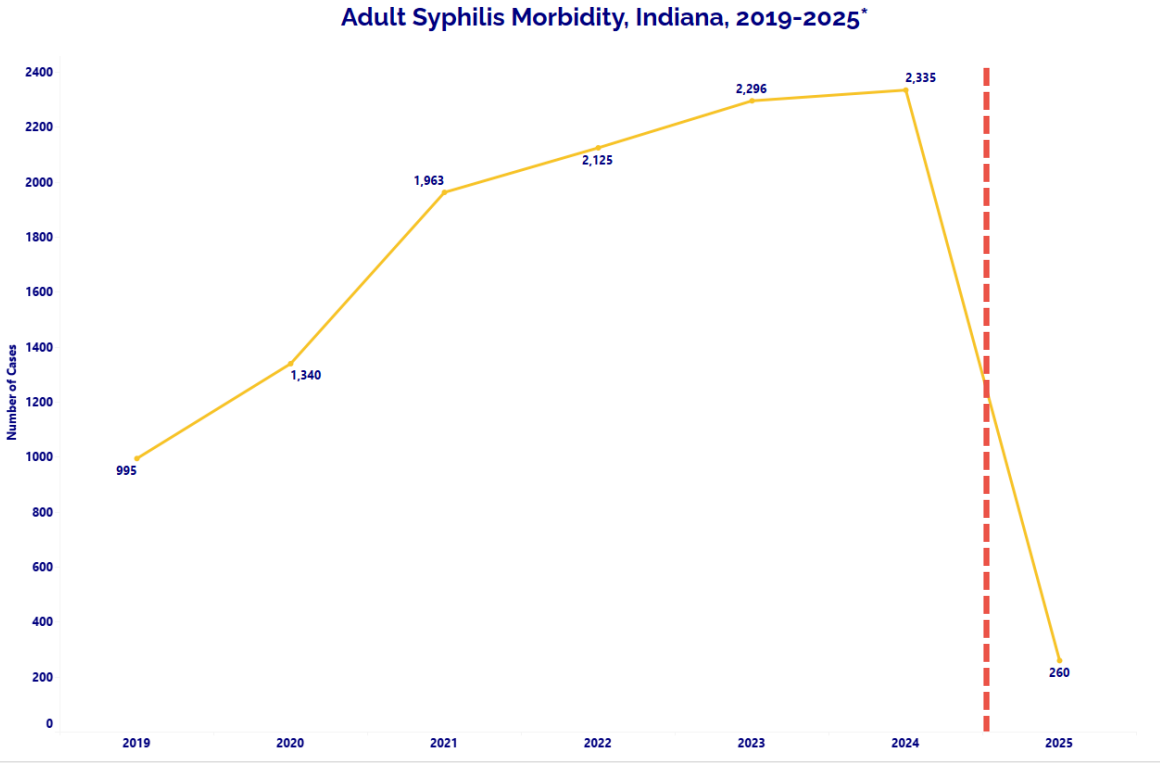
Syphilis

Indiana Department of Health

Adult Syphilis Morbidity

Rates of adult syphilis have been on the rise since 2014 in Indiana, reaching 33.9 (per 100,000) in 2023.

- **There have been 260 cases of adult syphilis reported in 2025*, down 11% compared to this time last year.**

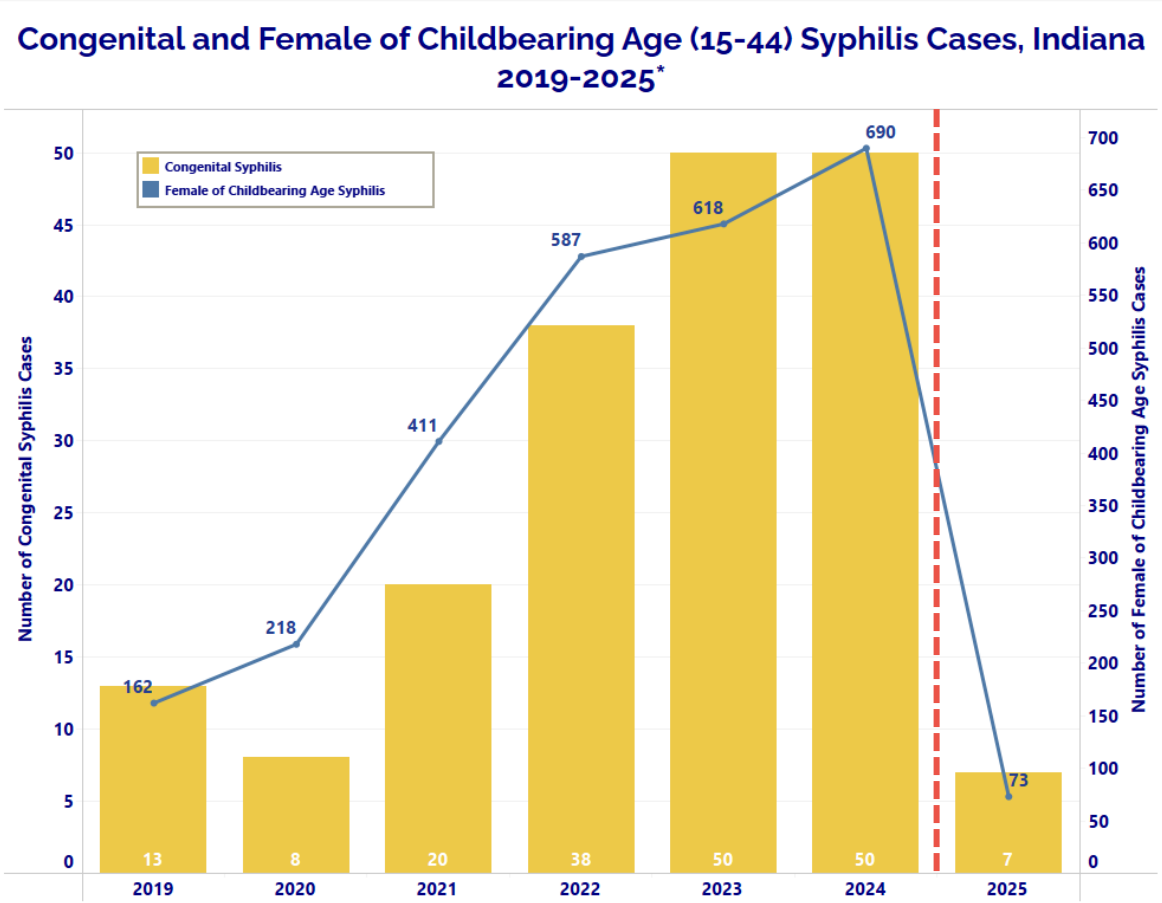


Indiana Department of Health

*2024 and 2025 STI data are preliminary and as of 02/18/2025.

Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2023 there was a 285% increase in congenital syphilis (CS) cases reported.
  - **As of 2/18 there were 7 cases of CS reported in 2025*, up 75% compared to this time last year.**
- Of the 5 CS cases reported this year, there have been no still births
- From 2019-2023 there was a 281% increase in syphilis cases among females of childbearing age (15-44 years old).
  - **There have been 73 cases of adult syphilis among females of childbearing age in 2025*, down 17% compared to this time last year.**



*2024 and 2025 STI data are preliminary and as of 02/18/2025.

Recommendations

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

Congenital Syphilis is Preventable

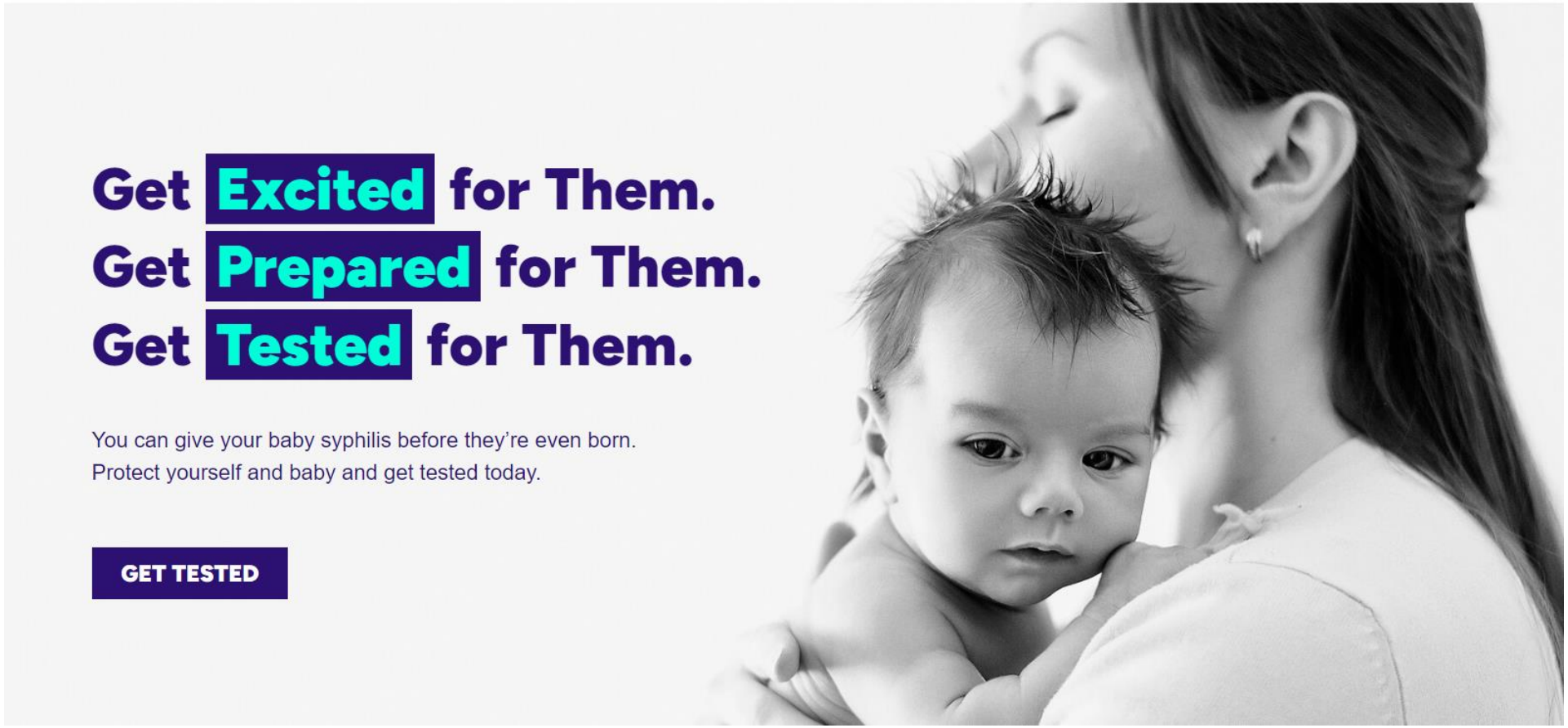
Toolkit can be found here: https://www.in.gov/health/audiences/clinicians/clinical-guidelines-and-references/congenital-syphilis-clinician-toolkit/

Includes:

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

Indiana Department of Health

For Them: Syphilis Awareness Campaign



Indiana Department of Health

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

Infectious Diseases of Public Health Importance

Indiana Department of Health

CDC Call for Cases: Ceftriaxone

Please report adverse events that meet all the following criteria, occurring from September 1, 2024:

1. Occurred within 6 hours after receipt of injectable* ceftriaxone in a non-ICU setting
2. Resulted in death or required cardiopulmonary resuscitation**
3. Not attributed by the treating provider(s) to a cause other than ceftriaxone administration***

**including both intramuscular and intravenous routes of administration*
***cardiopulmonary resuscitation defined as the use of chest compressions and mechanical ventilation or provision of rescue breaths to maintain circulatory flow and oxygenation during cardiac arrest*
****such as known infection, other underlying medical condition, or exposure to a medication or medical product other than ceftriaxone*

Please make reports to IDOH by emailing:

Trent Gulley tgulley@health.in.gov and Haley Beeman hbeeman@health.in.gov.

Healthcare providers should report serious adverse events that might be associated with a medical product to FDA's MedWatch Program and to the product manufacturer.

Listeria

Outbreak Investigation of Listeria monocytogenes: Frozen Supplemental Shakes (February 2025)

Do not sell or serve recalled Lyons ReadyCare and Sysco Imperial Frozen Supplemental Shakes. FDA's investigation is ongoing.

Share | Post | Linkedin | Email | Print

Listeria Outbreak Linked to Supplement Shakes

FOOD SAFETY ALERT

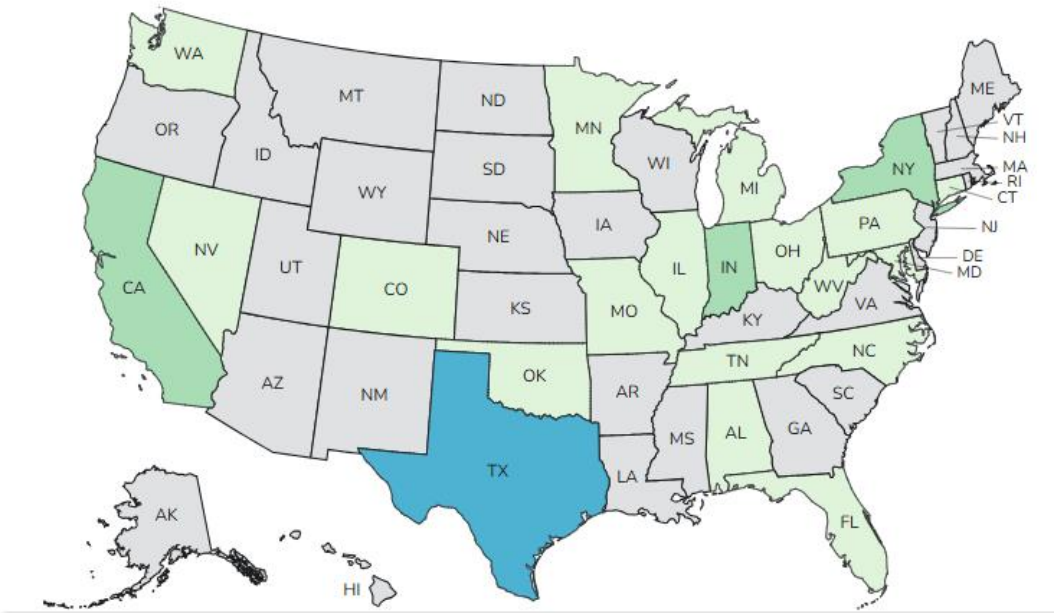
Investigation status: Open
Recall issued: Yes

CDC, FDA and public health officials in several states are investigating a multistate outbreak of *Listeria* infections linked to supplement shakes. Many people in this outbreak lived in long-term care facilities or were hospitalized before becoming sick.

Updates | Locations | Timeline

FAST FACTS

- **Cases**: 38
- **Hospitalizations**: 37
- **Deaths**: 12
- **States**: 21



Indiana Department of Health

Mpox Clade I Update

Two recent cases in USA

- February 2025
  - NY and NH
  - Both cases occurred following travel to affected countries in Africa
- November 2024 and January 2025
  - Cases in California and Georgia, respectively
- No additional cases have been reported

Overall risk in United States is still considered to be **low**

Indiana Department of Health

https://www.cdc.gov/mpox/situation-summary/index.html

CDC Clinical Recommendations

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

¶Persons at risk:

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

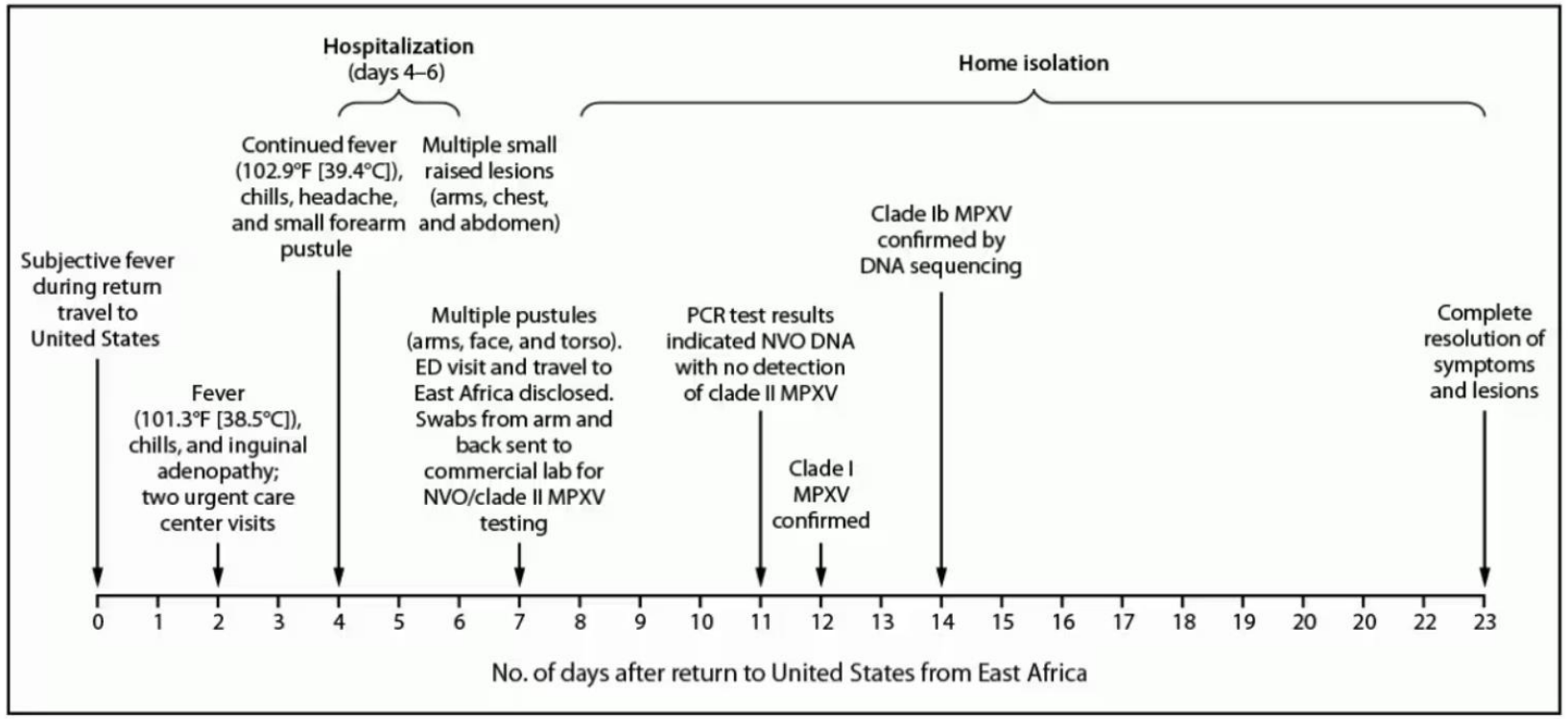
Indiana Department of Health

Reference the IDOH mpox website, clinical guide for mpox, and the CDC HAN for more information

MMWR about mpox case in California

Among 83 identified contacts, five received JYNNEOS vaccine as postexposure prophylaxis. All contacts were monitored for 21 days; no secondary cases were identified.

FIGURE 1. Signs and symptoms; clinical evaluation, findings, and management*; and laboratory results in a case of clade Ib monkeypox virus infection in a traveler to East Africa† — California, 2024



Indiana Department of Health

CA Mpox Clade I MMWR

Other Public Health Updates

Indiana Department of Health

Indiana Cancer Data Dashboard

The data on this dashboard are for a five-year timeframe (2016-2020) to ensure suppression standards are met and were refreshed on Nov. 1, 2024. Data are updated as new information becomes available.
This dashboard provides data from the Indiana State Cancer Registry on the general cancer burden in Indiana. Use the filters to search for specific cancer data. Click a county on the state map to view cancer data at the county level.

Filter Instructions:
· After selecting a filter, click 'Apply Filters' to update the visualizations on the dashboard.
· The 'Apply Filters' button will only appear when a cancer type and the corresponding sex are selected for sex-specific cancers.

New Cases (Incidence) or Deaths (Mortality)	Cancer Type	Sex Filter	Race/Ethnicity
Rate of New Cancers	All	Male and Female	All Race/Ethnicity

Apply Filters
Refresh the webpage to return to the dashboard's original view

Rate of New Cancers

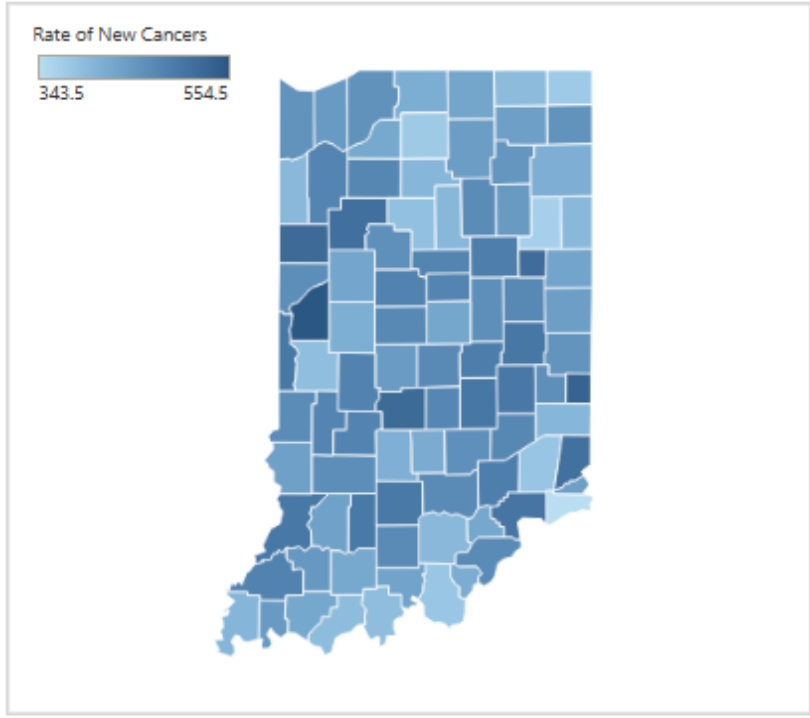
Male and Female
All Race/Ethnicity
450.0
Statewide
Per 100,000 population

Number of New Cancers

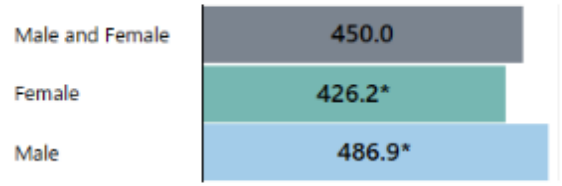
Male and Female
All Race/Ethnicity
180,413
Statewide
Per 100,000 population

All Cancer by New Cancers Data

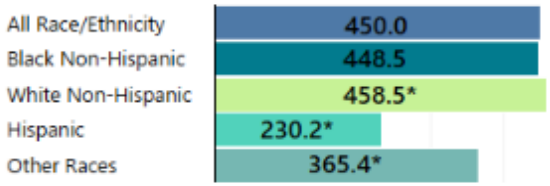
County level data
Map is only affected by cancer type filter and measure filter (incidence or mortality).



Rate of New Cancers: All Cancer, All Race/Ethnicity by Sex

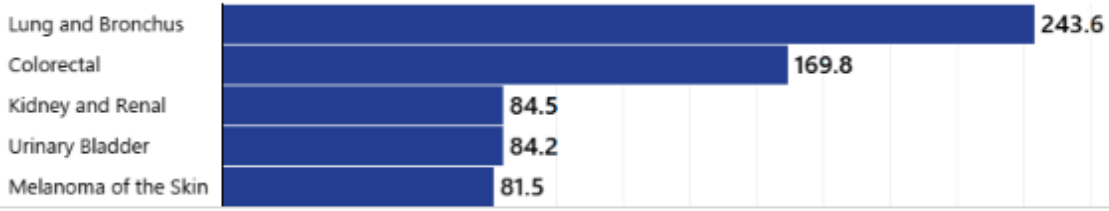


Rate of New Cancers: All Cancer, Male and Female by Race/Ethnicity



Top 5 Cancers by Rate of New Cancers: Male and Female

This graph only updates with new cases/deaths and sex filter.



Indiana Department of Health

https://www.in.gov/health/cdpc/cancer/

FDA Approves New Rapid Acting Insulin

- The FDA approved Sanofi's Merilog (insulin aspart szjj) as a biosimilar to Novolog
  - The 3rd biosimilar insulin approved, but first rapid acting
- Use would be similar to Novolog
  - Subcutaneous injection, 5-10 minutes prior to a meal
- Expected to be released later this year and cost about $35/month
  - Manufacturer working with insurances regarding formularies

May help increase affordability and access to insulin

Merilog FDA Approval

FDA Alerts Patients of Potential to Miss Critical Safety Alerts Due to Phone Settings

- The U.S. Food and Drug Administration is alerting patients of a safety concern regarding diabetes devices, such as continuous glucose monitors (CGMs), insulin pumps and automated insulin dosing systems, that **rely on a smartphone** to deliver critical safety alerts.
- The FDA has received medical device reports in which users report these alerts are not being delivered or not being heard, in cases where the users thought they had configured the alerts to be delivered.
  - In some cases, **missing these alerts may have contributed to serious harm**, including severe hypoglycemia (low blood sugar), severe hyperglycemia (high blood sugar), diabetic ketoacidosis (when the body does not have enough insulin to use blood sugar for energy) and death.
- The FDA has identified, among others, the following hardware and software changes, updates and configurations that may lead to critical alerts not being received as expected:
  - software configuration issues, such as app notification permissions, using “do not disturb” or “focus mode” or the app entering “deep sleep” after a period of not being used;
  - connecting new hardware to the smartphone, such as connecting to car audio or using wireless earphones, that can change the default volume of alerts or prevent delivery of alerts; and
  - smartphone operating system updates that are not supported by the medical device application.

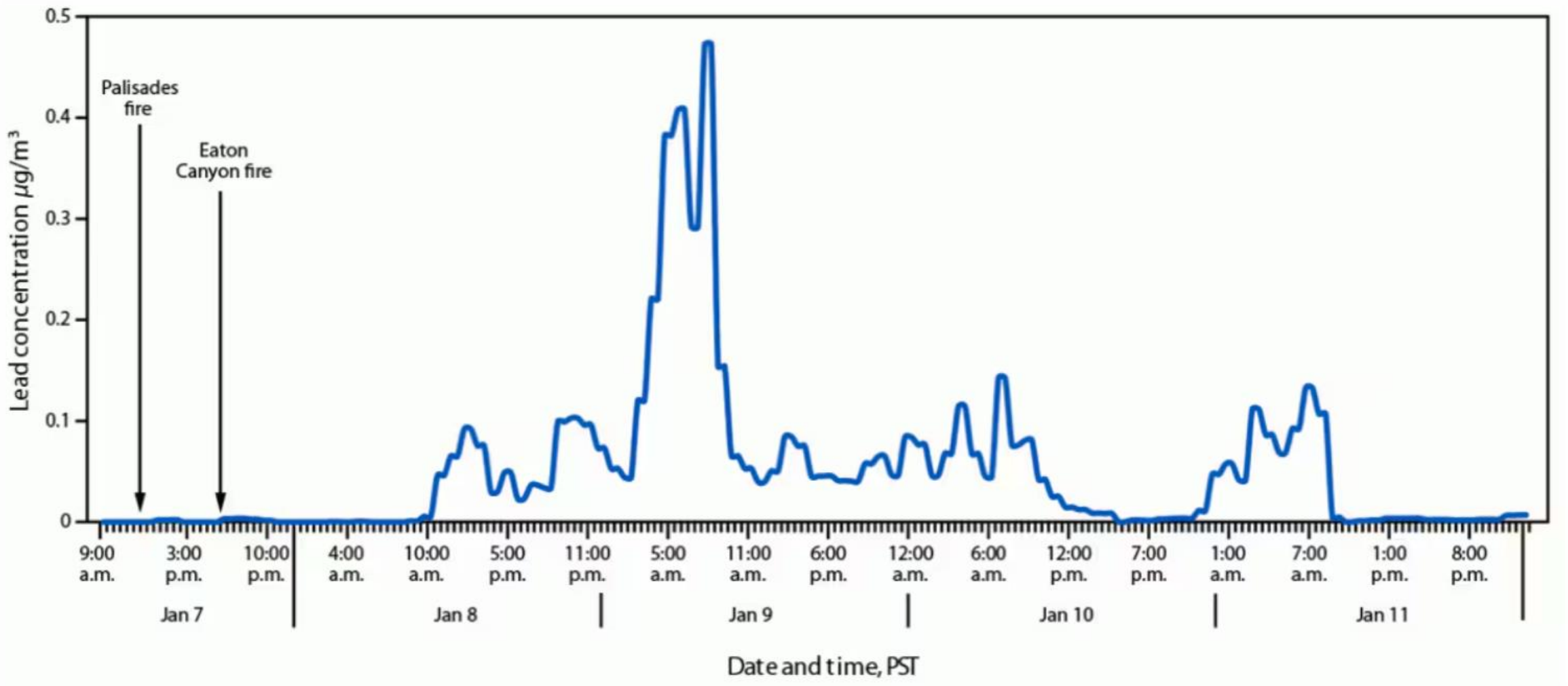
Take home: Make sure your patients know to check their settings to ensure they receive the alerts

FDA News Release February 5, 2025

Wildfire related MMWRs

1. ED visits LA fires
   - Immediately after the 2025 Los Angeles County wildfires began, all-cause emergency department (ED) encounters **decreased** by 9%, concomitant with an **eightfold increase** in the average percentage of ED encounters classified as wildfire-associated.
   - During the analysis period, no differences were observed in the average percentage of ED encounters for cardiorespiratory illnesses.
2. Perfluoroalkyl and polyfluoroalkyl substances (PFAS) in Maui firefighters
   - Median summed concentrations of selected PFAS among Maui County, Hawaii employees approximately 1 month after the 2023 Maui wildfires were **higher among firefighters than among other responder groups**. Sources other than the wildfires could have contributed to the levels.
3. Lead in atmosphere LA fires
   - During the January 2025 Los Angeles fires, ASCENT recorded an **approximate 110-fold increase in $PM_{2.5}$ lead** levels compared with values from the previous few days (see next slide)
   - The presence of heavy metals such as lead is not unusual in urban fire emissions, particularly in California, where legacy pollutants from older infrastructure, industrial sources, and soils can be remobilized during fires

FIGURE. Hourly lead concentrations*,† of particulate matter <2.5 μm in diameter at the Los Angeles Atmospheric Science and Chemistry mEasurement NeTwork site relative to the start of the Palisades and Eaton Canyon fires — Pico Rivera, California, January 7–12, 2025

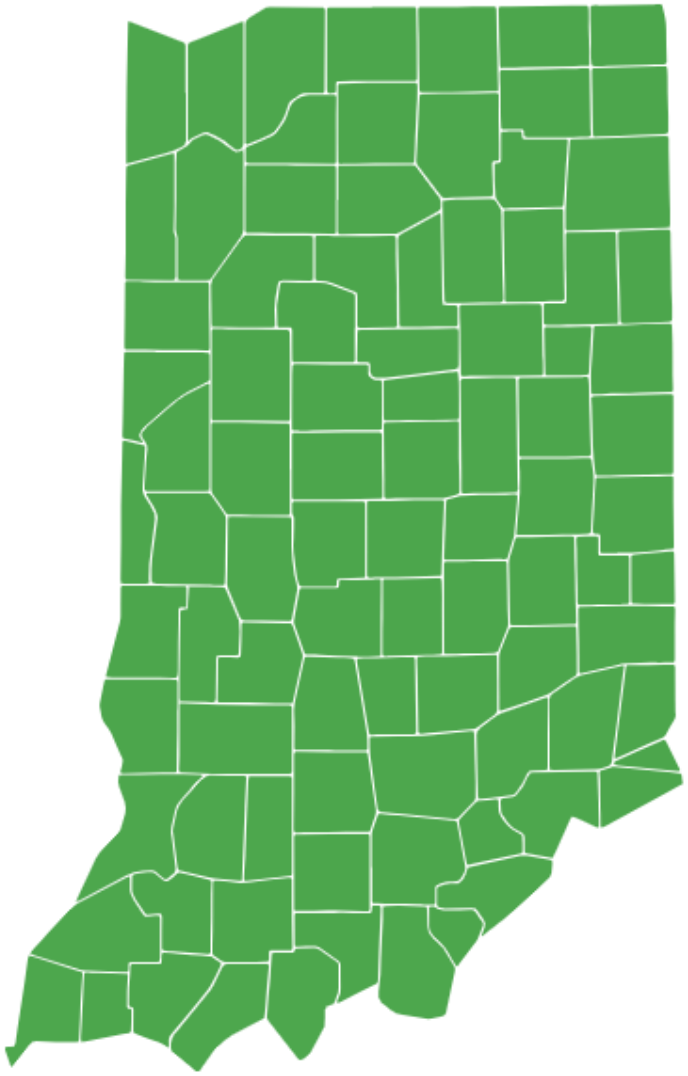


Health First Indiana

Indiana Department of Health

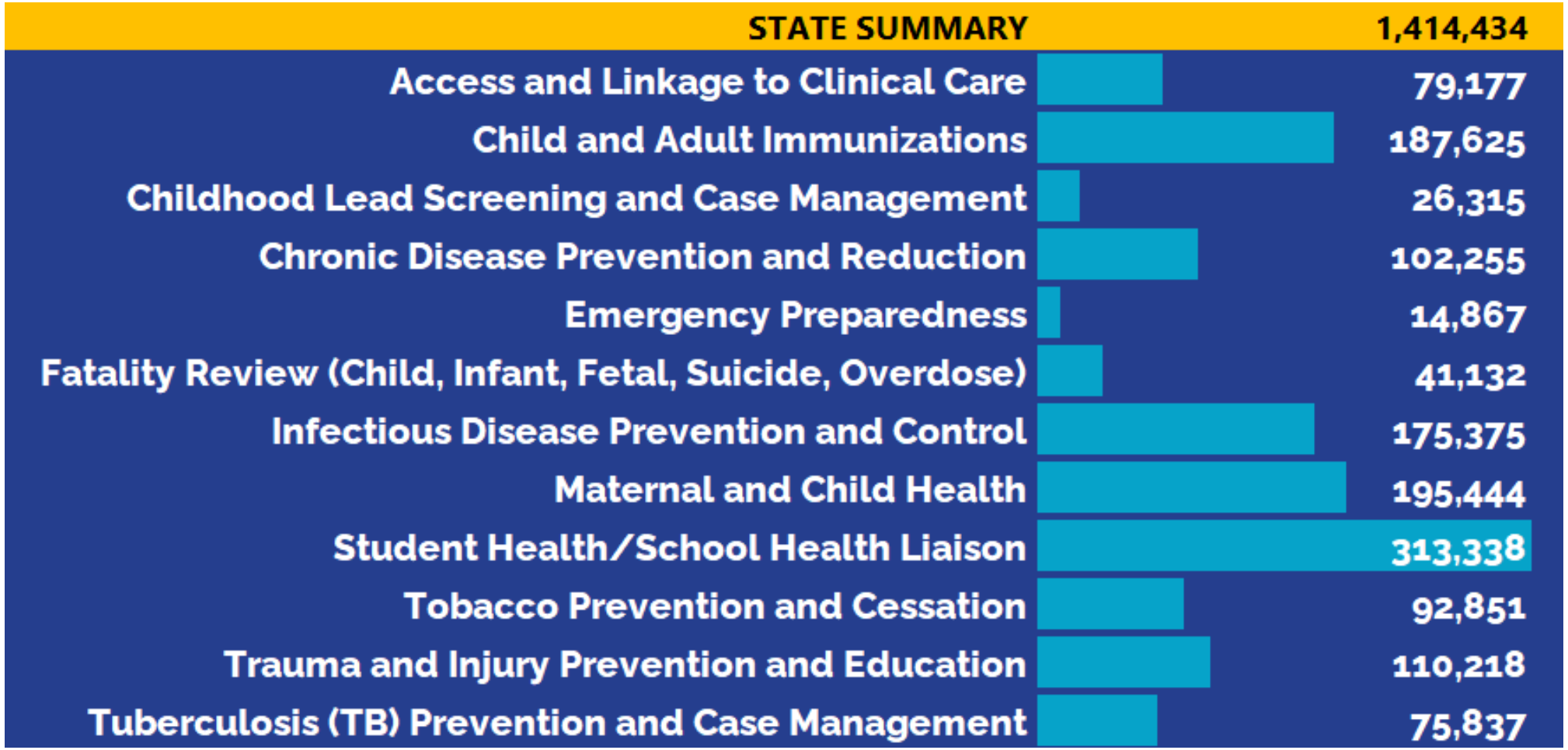
2025 Opt-In Recap

Preventive Services		
Access to and Linkage to Clinical Care	9.32%	
Chronic Disease Prevention	11.33%	
Fatality Review	3.15%	
Health-Related Areas during Emergencies/Disasters	2.95%	
Immunization	8.07%	
Infectious Disease Surveillance and Prevention	4.97%	
Lead Case Management and Risk Assessment	3.06%	81.35%
Maternal and Child Health	10.80%	
School Health Liaison	5.93%	
Tobacco Prevention and Cessation	3.94%	
Trauma and Injury Prevention	9.70%	
Tuberculosis (TB) Control and Case Management	3.82%	
Vital Records	4.31%	
Regulatory Services		
Food Protection	5.35%	
Environmental Public Health	11.33%	18.65%
Tattoo,Body Piercing, Eyelash Safety and Sanitation	1.97%	



Indiana Department of Health

2024 Activity Tracker- 1.4 M+ Services Provided



Indiana Department of Health

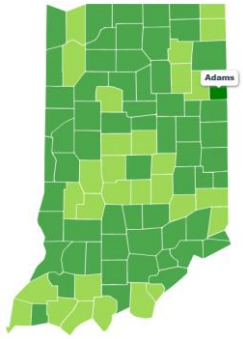
January – December 2024

The total number of services provided does not represent individuals served.

County Information- Health First Indiana

health first INDIANA

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



2023:	**$54,115.70** (Legacy amount from Local Health Maintenance Fund/Trust)

2024:	**$404,232.55**	2024 Adams County Budget
County Match:	Average of county tax levy-related funds distributed to the LHD in the preceding three years (2021, 2022, 2023).	

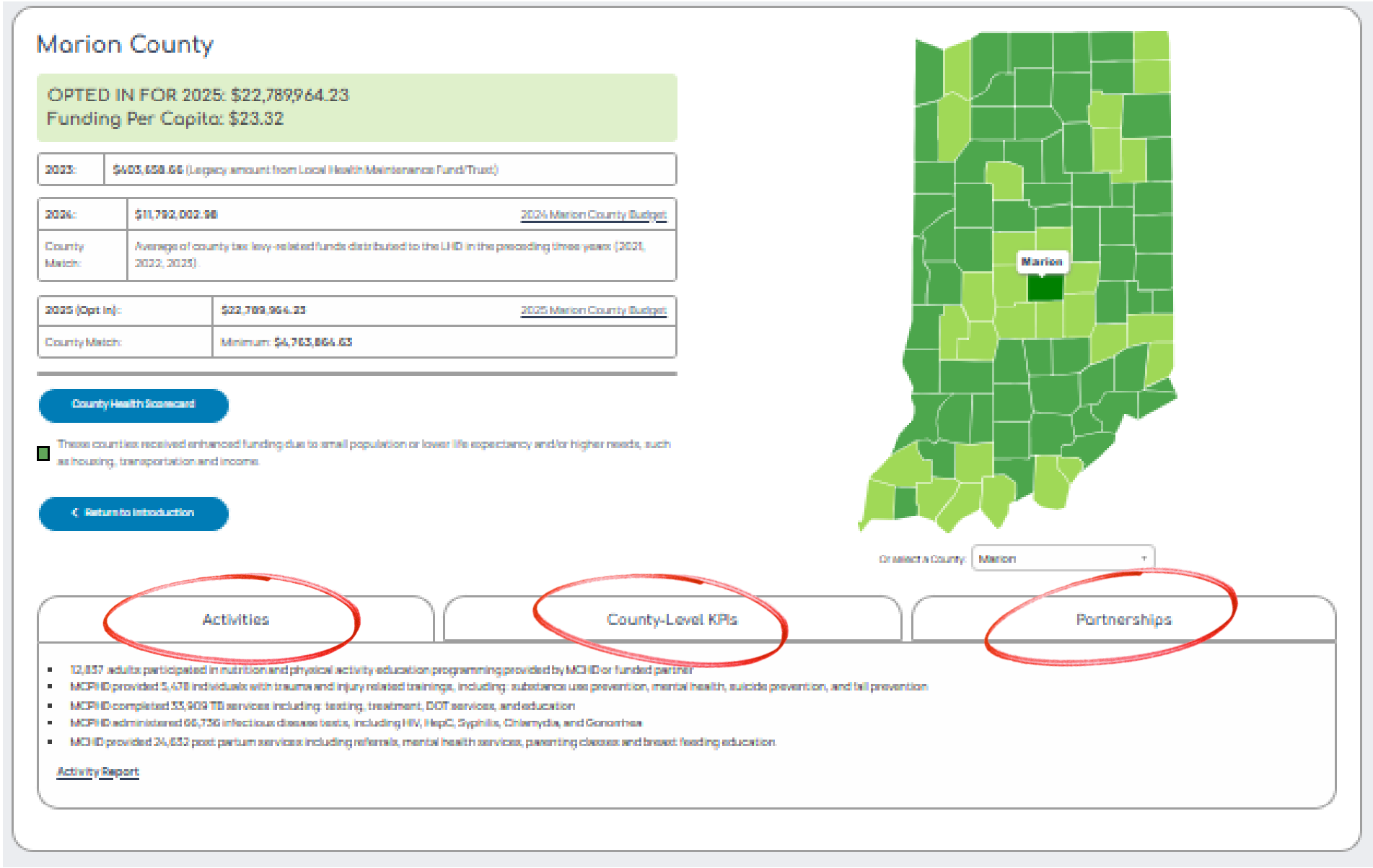
2025 (Opt In):	**$781,245.18**	2025 Adams County Budget
County Match:	Minimum: **$174,568.88**	

County	Topic	Indiana Rate	County Rate	Rank
Adams	Adult Obesity	*44%*	**45.1%**	**#23**
	Children < 3 Years Old Completing Recommended Vaccine Series	*62.2%*	**58.0%**	**#74**
	Infant Mortality Rate	*6.7*	**8.63**	**#65**
	Life Expectancy	*75.6*	**76.5**	**#28**
	Opioid Overdose Rate	*25.07*	**10.5**	**#21**
	Smoking Rate	*17.9%*	**18.8%**	**#33**
	Suicide Rate	*15.77*	**6.69**	**#1**
	Tobacco and Vaping Use During Pregnancy	*6.6%*	**3.3%**	**#5**
	Years of Potential Life Lost Due to Injury (Age-Adjusted)	*2527.14*	**1758.7**	**#24**

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

Indiana Department of Health

https://www.in.gov/healthfirstindiana/your-community-info/



Indiana Department of Health

https://www.in.gov/healthfirstindiana/your-community-info/

Indiana County Health Scorecard

The dashboard below displays county level data for the state of Indiana. Use the drop down menu below to select a topic and filter whole page.

Dashboard refreshed on 1/23/2025.

County At-A-Glance

Statewide Life Expectancy

75.6

Highest & Lowest Ranked Counties

Hamilton	#1
Carroll	#2
Posey	#3
Hendricks	#4
LaGrange	#5
Pulaski	#88
Starke	#89
Grant	#90
Fayette	#91
Scott	#92

Definition

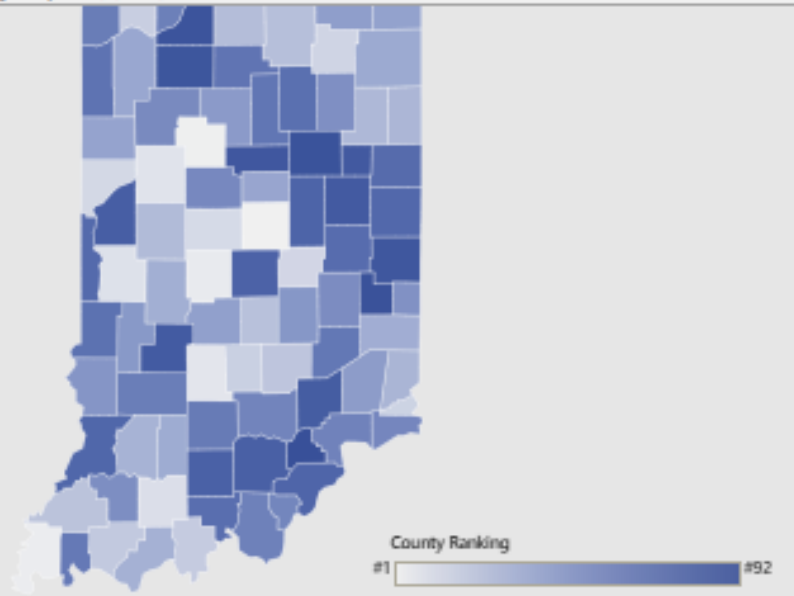
Life Expectancy: Life Expectancy measures the average number of years from birth a person can expect to live, according to current mortality experience (age specific death rates) of the population. Life Expectancy calculations are based on the number of deaths in a given time period and the average number of people at risk for dying during that period, allowing us to compare data across counties with different population sizes.

Year(s) of data used: 2019-2021

Select Topic

Life Expectancy (2019-2021)

- Adult Obesity (2018-2023)
- Children < 3 Years Old Completing Recommended Vaccine Series (2024, Q4)
- Infant Mortality Rate (2019-2023)
- Life Expectancy (2019-2021)
- Opioid Overdose Rate (2018-2022)
- Smoking Rate (2018-2022)
- Suicide Rate (2018-2022)
- Tobacco and Vaping Use During Pregnancy (2022)
- Years of Potential Life Lost Due to Injury (Age-Adjusted) (2020)



County Rankings

County	County Rate	Ranking
Hamilton	81	#1
Carroll	79.5	#2
Posey	79	#3
Hendricks	78.7	#4
LaGrange	78.5	#5
Monroe	78.5	#6
Tippecanoe	78.2	#7
Parke	78.2	#8
Dubois	78.0	#9
Steuben	78.0	#10
Boone	78	#11
Warren	78	#12
Hancock	77.9	#13
Whitley	77.9	#14
Ohio	77.7	#15
Brown	77.5	#16
Porter	77.5	#17
Perry	77.0	#18
Warrick	77.0	#19
Elkhart	77	#20
Bartholomew	76.9	#21
Gibson	76.9	#22
Johnson	76.9	#23
Kosciusko	76.7	#24
Marshall	76.7	#25
Montgomery	76.7	#26
Wells	76.7	#27
Adams	76.5	#28
Dearborn	76.5	#29
Daviess	76.5	#30
Spencer	76.5	#31
Putnam	76.4	#32
Franklin	76.2	#33
Martin	76.2	#34
Allen	76	#35
Jasper	76	#36
Tipton	76	#37
Benton	75.9	#38
DeKalb	75.9	#39
Morgan	75.7	#40
Noble	75.7	#41
Ripley	75.7	#42
Cass	75.5	#43
Clay	75.5	#44
Shelby	75.5	#45
Sullivan	75.5	#46

County	County Rate	Ranking
Sullivan	75.5	#46
St. Joseph	75.5	#47
Union	75.5	#48
Huntington	75.4	#49
Pike	75.4	#50
Rush	75.4	#51
White	75.4	#52
Clinton	75.2	#53
Switzerland	75.2	#54
Floyd	75	#55
Jackson	75	#56
Jefferson	75	#57
Harrison	74.7	#58
LaPorte	74.7	#59
Greene	74.7	#60
Lake	74.7	#61
Lawrence	74.5	#62
Vanderburgh	74.5	#63
Decatur	74.5	#64
Miami	74.5	#65
Fulton	74.4	#66
Newton	74.4	#67
Vigo	74.2	#68
Wabash	74.2	#69
Crawford	74.2	#70
Henry	74.2	#71
Jay	74.2	#72
Vermillion	74.2	#73
Randolph	74.0	#74
Knox	73.9	#75
Clark	73.7	#76
Madison	73.7	#77
Marion	73.7	#78
Orange	73.7	#79
Washington	73.7	#80
Fountain	73.7	#81
Jennings	73.7	#82
Owen	73.5	#83
Delaware	73.0	#84
Blackford	73	#85
Howard	73	#86
Wayne	72.5	#87
Pulaski	72.5	#88
Starke	72.4	#89
Grant	71.9	#90
Fayette	71.7	#91
Scott	69.5	#92

Indiana Department of Health

https://www.in.gov/healthfirstindiana/county-health-scorecard/

Indiana 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.

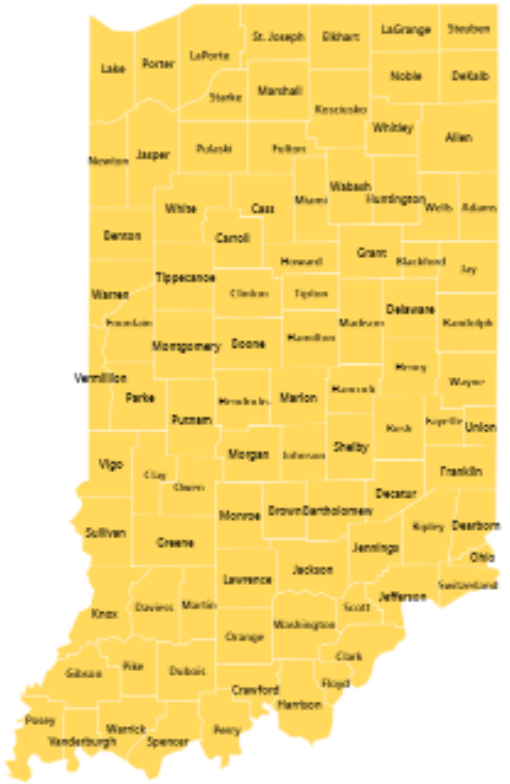
Dashboard refreshed on 10/4/2024.

County Scorecard

State	Topic	Indiana Rate
Indiana	Adult Obesity	44%
	Children < 3 Years Old Completing Recommended Vaccine Series	62.2%
	Infant Mortality Rate	6.7
	Life Expectancy	75.6
	Opioid Overdose Rate	25.07
	Smoking Rate	17.9%
	Suicide Rate	15.77
	Tobacco and Vaping Use During Pregnancy	6.6%
	Years of Potential Life Lost Due to Injury (Age-Adjusted)	2527.14

County Selection

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



Indiana Department of Health

https://www.in.gov/healthfirstindiana/county-health-scorecard/

Ways to connect with us

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

Public Health Day at the Statehouse

Wednesday, March 12
10 a.m.-Noon

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

Indiana Department of Health

Questions?

CONTACT:

Guy Crowder, MD, MPHTM
Chief Medical Officer
GCrowder@health.in.gov

Eric Hawkins, MS
State Epidemiologist
ehawkins@health.in.gov

Next call: Noon, March 28

Supplemental information

Indiana Department of Health

Paxlovid Federal Patient Assistance Program

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

Mpox Testing at the IDOH Laboratory

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

Mpox Clade I/Clade II Subtyping

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