



Indiana
Department
of
Health

CLINICIAN UPDATES

GUY CROWDER, MD, MPHTM
CHIEF MEDICAL OFFICER

ERIC HAWKINS, MS
STATE EPIDEMIOLOGIST

5/23/2025

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.





Indiana
Department
of
Health

Conflict of Interest Statement

No members of the planning committee and no presenters have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters of this activity.



Indiana
Department
of
Health


Accreditation Statement

The Indiana Department of Health is accredited by the Indiana State Medical Association to provide continuing medical education for physicians.

Designation Statement

The Indiana Department of Health designates this live activity for a maximum of *1 AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CMEs



CME credits are available for physicians participating in this webinar.

Once you complete the REDCap survey (link will be added to the chat during the Clinician Update), the IDOH enters your name into the Accreditation Council for Continuing Medical Education (ACCME) Program and Activity Reporting System (PARS). PARS is your entry point into the digitized world of CME.

To access the CME credit from this webinar, please go to [PARS - ACCME](#) (This will allow you to monitor CMEs awarded and entered into ACCME's PARS) and/or [Homepage \(cmepassport.org\)](#) (This will allow you to monitor CME credits and find other available opportunities to gain CMEs.)



Indiana
Department
of
Health

DIVISION OF FAMILY HEALTH DATA AND FATALITY PREVENTION

JAMIE SMITH, MS, MPH
DIVISION DIRECTOR

05/23/2025

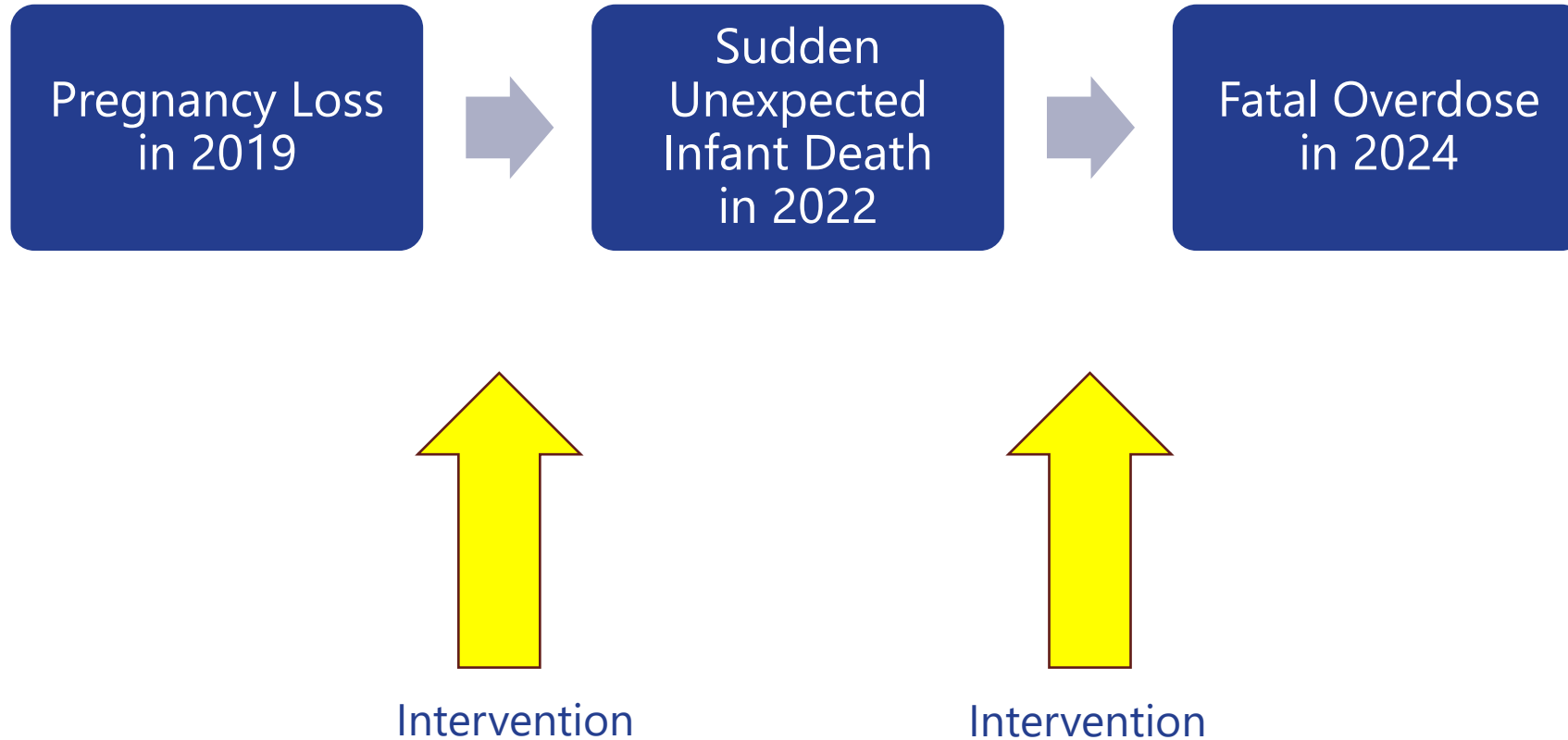
DFP reviews the following types of deaths

- Maternal mortality
- Fetal-Infant mortality
- Child fatality
- Suicide fatality
- Overdose fatality

Fatality review: How do we stop deaths from happening?

- More than WHAT happened to WHO; also HOW and WHY
- How many things went wrong that led up to the death?
- How many opportunities were there to have prevented it from happening?
- Who could have done something?
- What got missed?
- What gaps were there?
- What do deaths have in common?
- How can we improve outcomes, services and systems?
- Were services provided to the surviving family members?
- Is the investigation complete?

DFP data connections: Families may experience multiple fatalities



DFP: This is what we do

Child Fatality Review and Prevention	Fetal-Infant Mortality Review and Prevention	Suicide-Overdose Fatality Review and Prevention	Maternal Mortality Review and Prevention	Sudden Unexpected Infant Death/Sudden Death in the Young Case Registry	Family Interviews	Drowning Registry	SUID Subcommittee and Advanced Review Team
Trauma-Informed Communities	Handle with Care	Adverse Childhood Experiences	Lactation After Loss	Infant Safe Sleep and SUID Prevention	Bereavement Programs	Maternal Deaths due to Violence Prevention	DNA Research Project
Fire Safety	Home Safety	Bullying Prevention	Firearm Injury Prevention	Pediatric Poisoning Prevention	SDY Prevention (AEDs, SUDEP)	Drowning Prevention and Water Safety	Stillbirth Awareness and Prevention
Training Coroners and Other First Responders on Death Scene Investigation Best Practices	Infant Mortality Epidemiology	Child Fatality Epidemiology	Maternal Mortality Epidemiology	Fetal Mortality Epidemiology	Perinatal Epidemiology	Children's Health Epidemiology	Surveillance Epidemiology
		Home Visiting Epidemiology	My Healthy Baby Data	Adult Suicide and Overdose Fatality Epidemiology	Stillbirth, Birth, and Death Certification Trainings		

DFP: This is what we do

Child Fatality Review and Prevention	Fetal-Infant Mortality Review and Prevention	Suicide-Overdose Fatality Review and Prevention	Maternal Mortality Review and Prevention	Sudden Unexpected Infant Death/Sudden Death in the Young Case Registry	Family Interviews	Drowning Registry	SUID Subcommittee and Advanced Review Team
Trauma-Informed Communities	Handle with Care	Adverse Childhood Experiences	Lactation After Loss	Infant Safe Sleep and SUID Prevention	Bereavement Programs	Maternal Deaths due to Violence Prevention	DNA Research Project
Fire Safety	Home Safety	Bullying Prevention	Firearm Injury Prevention	Pediatric Poisoning Prevention	SDY Prevention (AEDs, SUDEP)	Drowning Prevention and Water Safety	Stillbirth Awareness and Prevention
Training Coroners and Other First Responders on Death Scene Investigation Best Practices	Infant Mortality Epidemiology	Child Fatality Epidemiology	Maternal Mortality Epidemiology	Fetal Mortality Epidemiology	Perinatal Epidemiology	Children’s Health Epidemiology	Surveillance Epidemiology
		Home Visiting Epidemiology	My Healthy Baby Data	Adult Suicide and Overdose Fatality Epidemiology	Stillbirth, Birth, and Death Certification Trainings		

Addressing mental health: Handle with Care

- A partnership between law enforcement, schools, and mental health providers.
- The HWC program aims to ensure that children who are exposed to crime, violence, or abuse receive appropriate interventions so they can succeed in school to the best of their ability.
- Indiana counties with Handle with Care: 31 (64 school districts)
- Individual HWC notifications for March (as of what has been reported to IDOH by 4/23): 728

Handle with Care: Goals for 2025-2026

- More counties
- Emergency Department pilot
- Child Care Center pilot
- Statewide notification system

Infant safe sleep materials

ASL Safe Sleep Video

Music/With Closed Captioning - <https://f.io/vPWHeLbb>

Music/Without Closed Captioning -
<https://f.io/6CFmabW0>

Fully Silent/Without Closed Captioning -
https://f.io/_qbzJ8h1

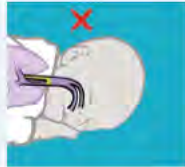


Back is Best for Safe Sleep

The safest way to place your baby for sleep is on their back.



Some parents worry their baby will choke if they sleep on their back, but they're actually less likely to choke than if they are placed to sleep on their stomach. Here's why:



The Trouble with Tummy Sleep:

When a baby sleeps on their stomach, their food tube (esophagus) is on top of their air tube (trachea), so any food or fluid they spit up could pool at the opening of their trachea, making it possible for them to aspirate or choke.

Back Sleep = Easy Breathing:

When a baby sleeps on their back, their air tube (trachea) is on top of their food tube (esophagus). If a baby spits up while on their back, the food and fluid will run back into their stomach and not into their lungs.



What About Side Sleeping?

No, not safe. A baby that's placed on their side to sleep is more likely to roll onto their stomach, putting them at risk for SIDS. In fact, some research suggests they may be at an even higher risk for SIDS than if they were only to sleep on their stomach. To reduce the risk of SIDS and choking, babies should be placed completely on their backs every time they sleep.

Back Sleep = Even with Reflux:

Even babies with reflux should sleep on their backs. Propping their head up or raising the crib or mattress won't help and can be dangerous because the baby might slide into a position that makes it hard to breathe. It's safest for



I SPY
safe sleep

Find each of these safe sleep items:



Safe Sleep Away from Home



Babies sleep... a lot! And whenever they sleep, it should be in a safe place. When your baby needs to sleep away from home, like in a motel, hotel, or at a friend or family member's house, make sure they have a safe place to sleep. If a crib isn't available, choose another safe sleep option.

✓ Safe Places for Baby to Sleep



Pack n' Play

A great crib alternative. Use only a thin, firm mattress with a tight sheet—no blankets, pillows, or toys. It's portable and easy to transport.



Playpen or Play Yards

Sturdy with mesh sides. Use a thin mattress and keep it free of toys, blankets, and other items.



Bassinet or Cradle

Safe if locked in a non-rocking position. Your baby should sleep flat on their back.

✗ Unsafe Places for Baby to Sleep



Inflatable Mattress or Waterbeds

Too soft—your baby's face could be covered, making it hard to breathe.



Bouncers, Car Seats, or Swings

Not safe for long sleep. It's hard for babies to keep their heads up, and if their heads fall forward, their airways can close and lead to suffocation. They could also shift down into a position that closes their airways.



Pods, Nests, or Crescent Shaped Pillows

Too soft and can cause overheating or suffocation.



Sofas, Couches, or Chairs

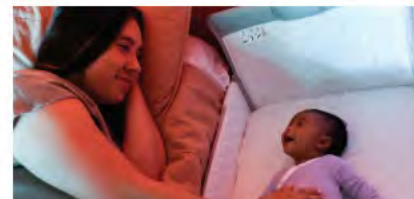
Babies can get wedged against the side or back of the couch, sofa, or chair, making it hard to breathe.

No room for a crib/portable crib



What if the caregiver says, "I do not have enough room for a crib?"

- ✦ Suggest a portable crib to be placed next to the adult bed.
- ✦ Ask about re-arranging a room or temporarily removing other furniture.
- ✦ Assist with finding bassinets or cribs with footprints that are smaller.



Safe Sleep for Your Baby

Share your room, not your bed, to help keep your baby safe.



New parents get a lot of advice, and some of it can be confusing. Here's what you need to know about safe sleep for your baby.

Experts Say Room-share, Not Bed-share

The American Academy of Pediatrics (AAP) recommends it's safest for babies to sleep in the same room as you, but not in the same bed. This is called room-sharing, or when your baby sleeps on a different sleep surface, like a crib or bassinet, in your bedroom. They recommend room-sharing for at least the first 6 months to help your baby sleep safely.



Why Room-share?

When you room-share, you can easily check on your baby and respond to their needs. This can offer a feeling of security without the hazards of co-sleeping, helping your baby and you get back to sleep safely! Room-sharing is also a great way to bond with your baby and can help with breastfeeding. Studies show room-sharing can even lower the risk of Sudden Infant Death Syndrome (SIDS).

Why Not Bed-share?

Sharing a bed with your baby can be deadly. Babies can suffocate on soft blankets and pillows on your bed. As you move around during sleep, your body, arm, or even your hair can fall across your baby's face and accidentally block their breathing.



Tips for Safe Room-sharing Sleep:

- ✦ Clear the crib: remove pillows, blankets, and stuffed animals.
- ✦ Back is best: always place your baby on their back to sleep.
- ✦ Keep them cool: dress your baby in layers and remove any hats.
- ✦ Try a pacifier: studies suggest pacifiers can lower the risk of SIDS. If you choose to breastfeed, wait until it's going well before introducing a pacifier to your baby. Avoid pacifiers that are connected to onesies or have stuffed animals attached.



Talk About It

Ask your healthcare provider or reach out to your local health department with questions about safe sleep for your baby. Help is available! Remind anyone who cares for your baby about the importance of safe infant sleep.

Infant safe sleep: Goals for 2025-2026

- Assessment of education provided at hospitals
- Consistent messaging from multiple sources
- Focus groups and development of NICU-specific materials
- Other kinds of targeted materials

WARN training



Indiana
Department
of
Health

WATER SAFETY: REDUCING DROWNING DEATHS IN INDIANA

ALLIE HOUSTON
PREVENTION PROGRAMS DIRECTOR

OLIVIA HESLER
ADOLESCENT FATALITY PREVENTION
COORDINATOR

8/5/2024

- Local data
- Retention ponds
- Children with eloping behaviors

Water safety: Goals for 2025



Local communities begin implementation of drowning prevention initiatives.

Examples of what we learn from fatality review and family interviews

Infant death, pregnancy loss, and maternal mental health (family mental health)

- Parents get mixed messages about infant safe sleep and don't know what to do.
- There should be information available for medical providers, so they feel more comfortable talking about the hard stuff.
 - Pregnancy loss awareness
 - Lactation after a loss
- Implement Count The Kicks in Indiana and raise awareness on the importance of monitoring fetal movement.

Stillbirth awareness and prevention

- Link to maternal mortality and poor outcomes for subsequent births
- Count the Kicks statewide



Questions?

Jamie Smith

Division Director

jamismith@health.in.gov





Indiana
Department
of
Health

LEAD UPDATES

PAUL KRIEVINS

LEAD AND HEALTHY HOMES DIRECTOR

5/23/25

FDA Update- Capillary Tube False Positives

On 4/24, [FDA issued an alert to healthcare providers](#)

Key Points:

- Using ASP Global's RAM Scientific SAFE-T-FILL Micro Capillary Blood Collection tubes with Magellan's LeadCare systems can cause **false positive results**.
- This does not apply to Lead Care supply kits purchased through Magellan or their authorized suppliers.
- If used, interpret results with caution and consider re-testing with a different method or specimen type.

Blood Lead Test Reporting

Recent confusion during conversation with providers over what must be reported to IDOH.

Any person that examines blood for lead must report results to IDOH not later than one week after receiving the result and must include:

Patient Name	Patient DOB	Patient Gender	Patient Race	Date of Test	Type of Test (C/V)
Result Value	Patient Address	Patient Phone #	Submitter Name	Submitter Address	Submitter Phone #

This applies to all test results, including non-elevated results

Blood Lead Test Reporting

Providers must submit reports in an electronic format

- Exception for low volume (<50/yr). Can be faxed.
- Prefer direct EMR connection to ensure timely submission
- Do not send results exclusively to a local health department

If a provider fails to provide complete information within 10 days of notification by IDOH, civil penalties of up to \$1,500 per test may be assessed.

Questions?

Paul Krievins

Division Director

Lead and Healthy Homes

pkrievins@health.in.gov





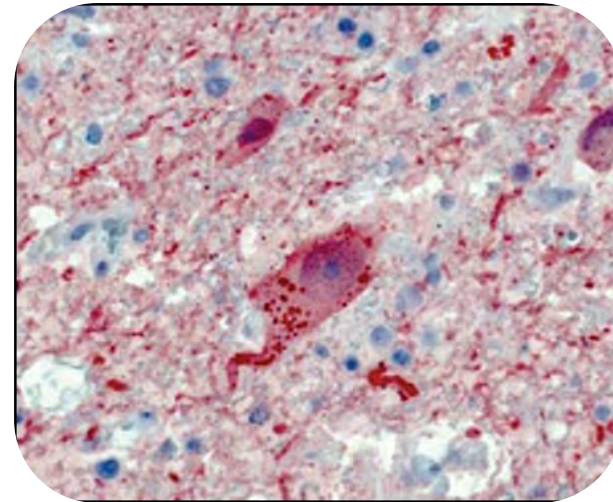
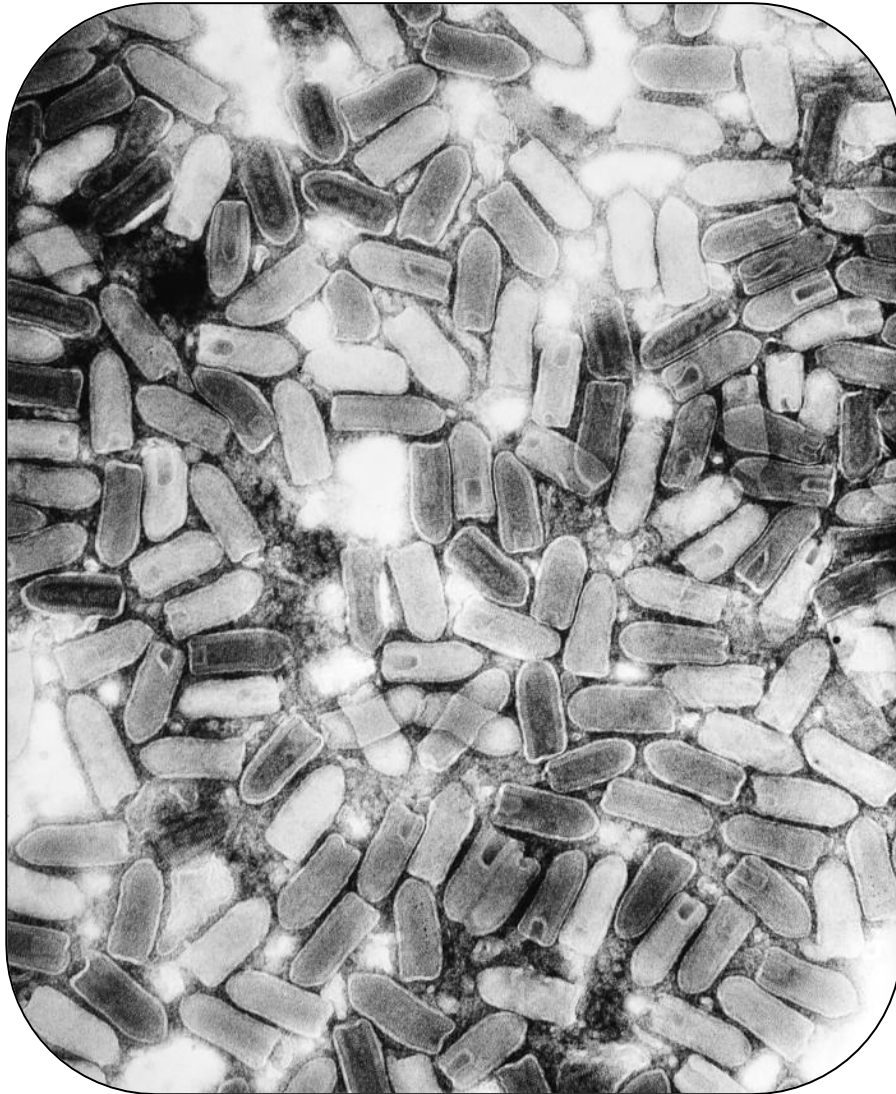
Indiana
Department
of
Health

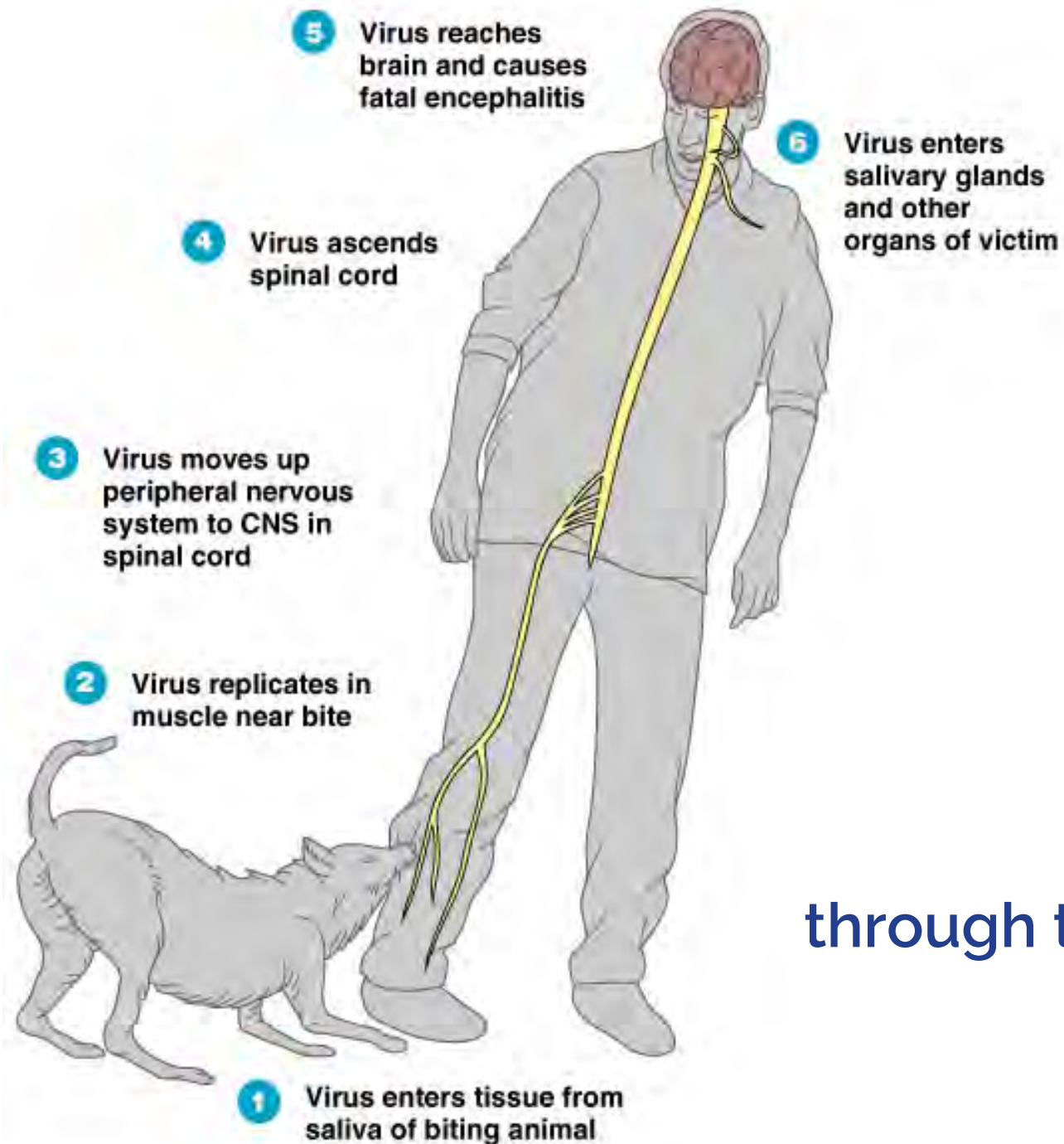
RABIES REMINDERS

ERIK OHANNESIAN
RABIES EPIDEMIOLOGIST

5/23/25

Rabies is a viral infection that causes acute, rapidly progressive neurologic disease.





Rabies is transmitted in saliva through the bite of an infected animal.

The incubation period for rabies in humans is typically 3–12 weeks.

AUGUST						

SEPTEMBER						

OCTOBER						

The incubation period for rabies in humans is typically 3–12 weeks.

AUGUST						

SEPTEMBER						

OCTOBER						

Bats, skunks, raccoons, and foxes are all considered high-risk species for rabies in Indiana.



Big brown bats: Connor Long, Wikimedia Commons; Striped skunk: CC0 Creative Commons; common raccoon: Dr. Lloyd Glenn Ingles © California Academy of Sciences; red fox: Gerald and Buff Corsi © California Academy of Sciences.

Bats are the primary reservoir for rabies in Indiana.

Bat bites inflict very limited injury, leading to underestimation of risk from bat exposures.



Wound inflicted by canine teeth of big brown bat.
Picture was taken on the same day as the bite.
Photo: CDC.

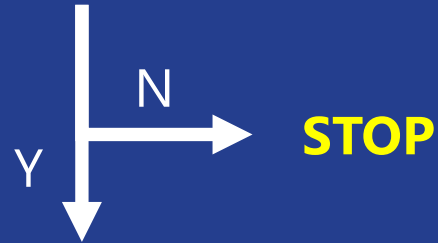
Small prey animals do not typically carry rabies.



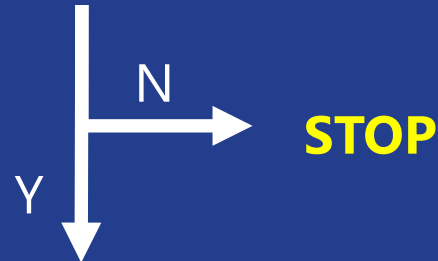
Eastern chipmunk: Oleksii Voronin, Wikimedia Commons; Eastern cottontail rabbit: Peter Broster, Wikimedia Commons; Eastern grey squirrel: Birdphotos.com, Wikimedia Commons.

Risk assessment approach

Did sufficient contact occur to allow rabies virus transmission?



Was the animal rabid or potentially rabid?



Public health recommendation for rPEP

Sources of information

Animal bite report

Medical record

Patient and/or proxy interviews

10-day post-bite quarantine*

Rabies testing

Risk estimation

* Dogs, cats, and ferrets ONLY

All animal rabies testing in Indiana is conducted by the state health department.

Rabies testing requested through ADDL is referred to our lab.



Days post presentation	0	3	7	14	28
Where to go	Hospital ED	Hospital infusion clinic +/- PCP, pharmacy, LHD			
Unvaccinated Immune competent	RIG + Vaccine	Vaccine	Vaccine	Vaccine	
Unvaccinated Immune compromised	RIG + Vaccine	Vaccine	Vaccine	Vaccine	Vaccine
Previously vaccinated	Vaccine	Vaccine			

rPEP Reporting

A decision to provide PEP must be reported to the Indiana Department of Health

- This PEP data can be used to assess usage across the state
- A completed state animal bite report can be submitted with this information to fulfill this requirement
- Infection preventionists can also assist in bite/PEP reporting

Questions?

Erik Ohannesian

Rabies Epidemiologist

Office: 317-232-3084

Mobile: 317-646-4637

erohannesian@health.in.gov





Indiana
Department
of
Health

MEASLES UPDATE

5/23/2025

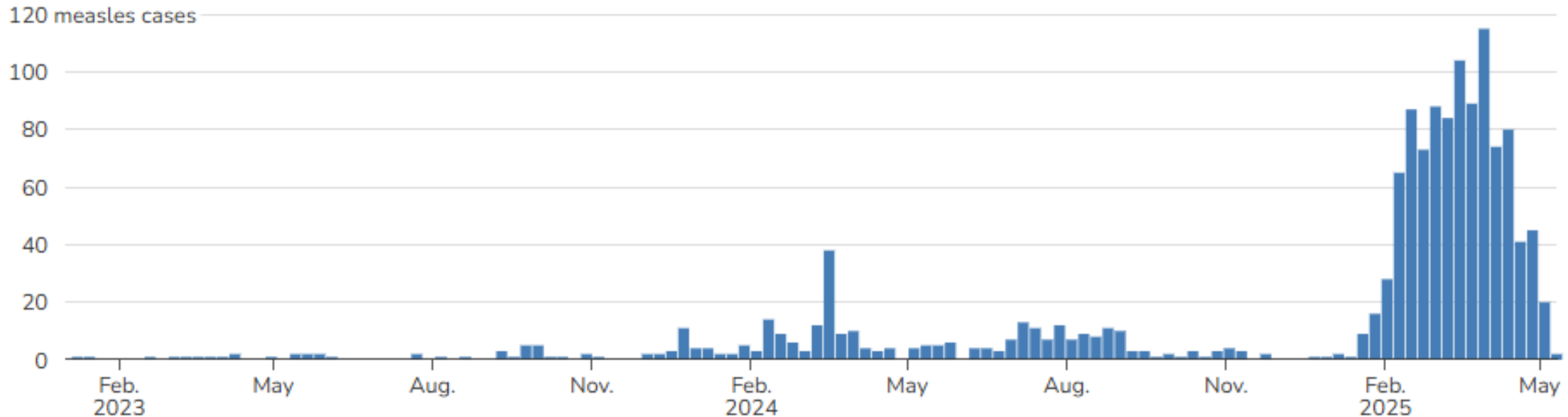
Current Measles Trends – U.S.

- As of May 16, a total of **1,024** measles cases were reported by 31 jurisdictions in 2025
 - This includes 14 outbreaks that account for 92% of cases (947 of 1,024)
- **Age breakdown of cases**
 - Under 5 years: 303 (30%)
 - 5-19 years: 388 (38%)
 - 20+ years: 325 (32%)
 - Age unknown: 8 (1%)
- **Vaccination status**
 - Unvaccinated or Unknown: 96%
 - One MMR dose: 1%
 - Two MMR doses: 2%
- **Hospitalization – 13%**
- **Deaths – 3**

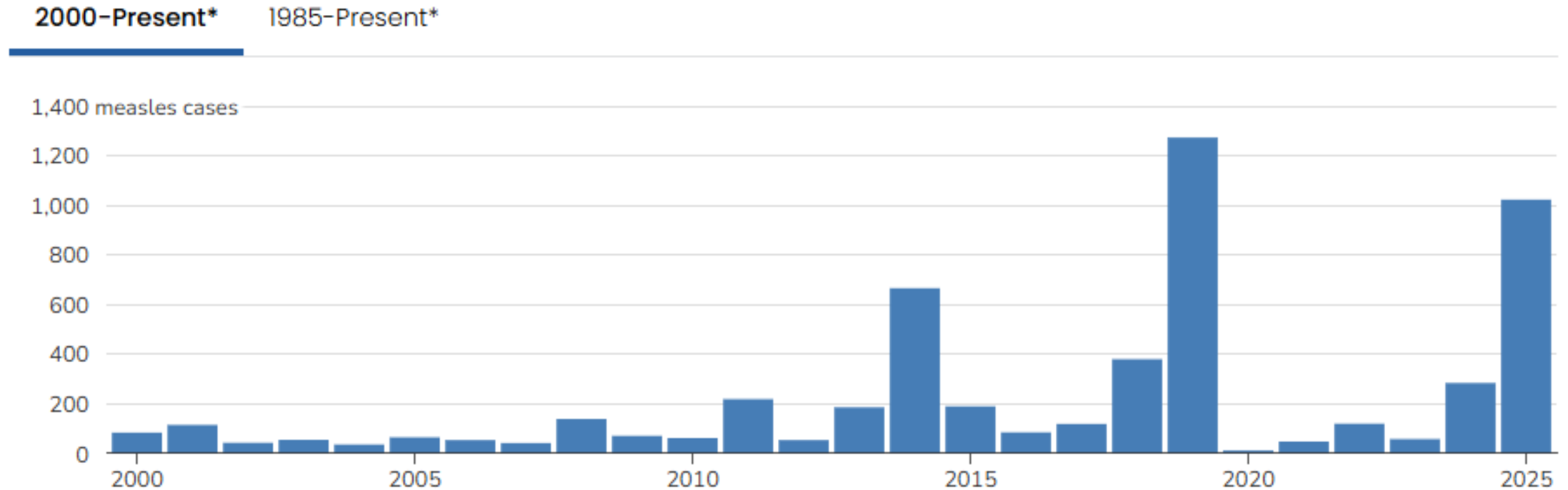
Current Measles in the United States

Weekly measles cases by rash onset date

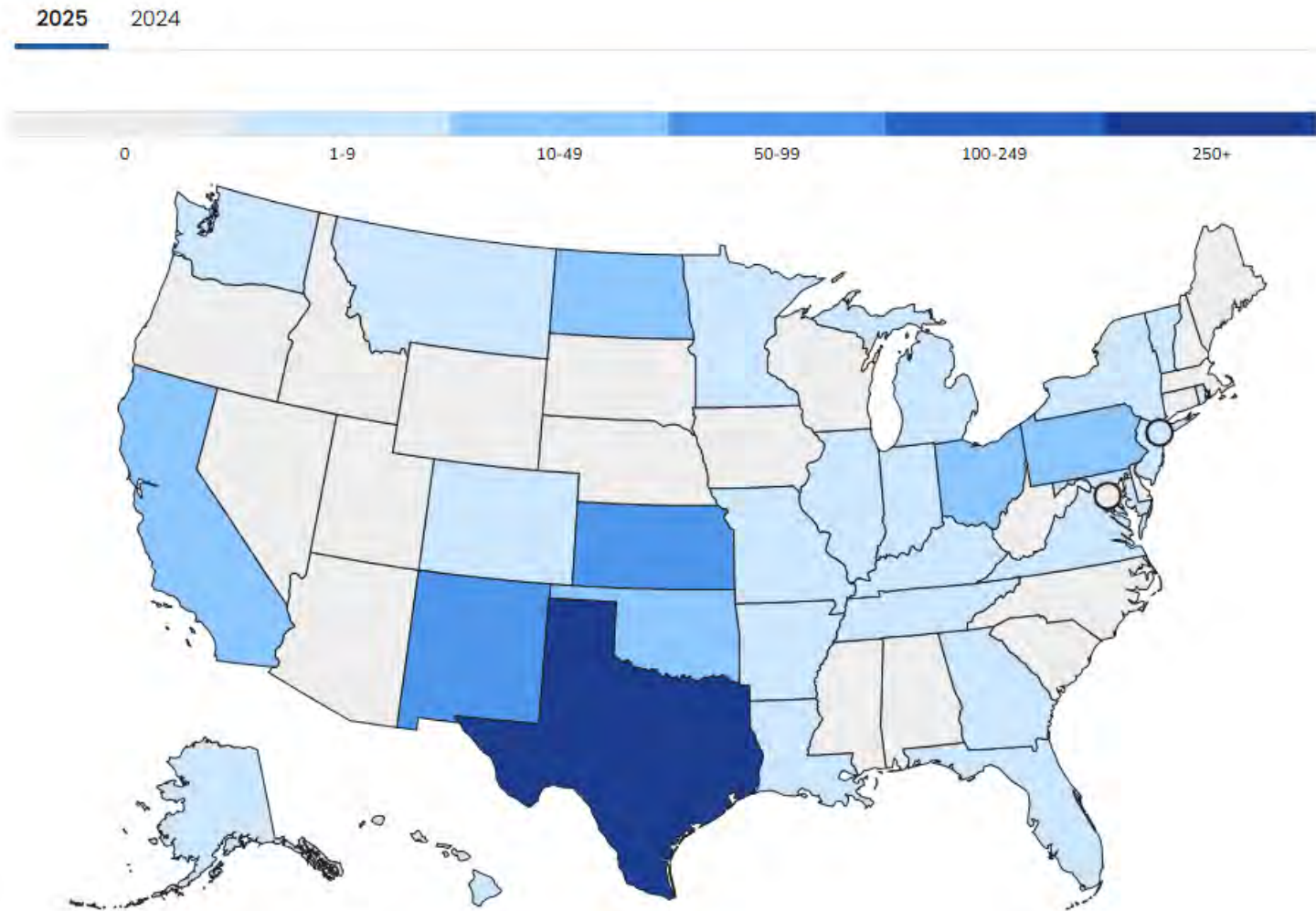
2023–2025* (as of May 15, 2025)



Measles in the United States



Current Measles Trends



Measles in Indiana

Indiana Measles Resources and Information

The Indiana Department of Health is investigating an outbreak of measles and working with local health officials to help stop the spread of infection. The current reported cases are connected to each other but at this time there are no known links to outbreaks in other states.

2025 Measles Outbreak Cases

County	Cases
Allen	8

This table will be updated weekly by 2 p.m. Friday. Data are provisional and subject to change.

Measles is caused by a highly contagious virus that spreads easily from person to person. It is an airborne disease, meaning it spreads through the air when an infected person breathes, coughs, sneezes, or talks. The virus can stay alive in the air and on surfaces for up to two hours. If one person has it, up to 9 out of 10 people nearby will become infected if they are not protected. Two doses of MMR (measles, mumps, rubella) vaccine are highly effective at preventing measles.



Measles Testing Guidance for Providers

Measles testing should be performed for patients who:

- Meet the clinical case definition for measles (generalized maculopapular rash; and fever $\geq 101^{\circ}\text{F}$; and cough, coryza, or conjunctivitis) AND
- Within the 21 days prior to symptom onset, had an elevated risk of exposure to measles including:
 - Had a known exposure to measles, or
 - Traveled internationally or to an area with known measles cases, or
 - Had contact with someone with a febrile rash illness, particularly if those individuals had traveled internationally or to an area with known measles cases

Testing guidance reminder

To avoid false positive results, testing is **discouraged** for patients with clinical presentation inconsistent with measles and no known increased risk of exposure to measles

Testing is also **discouraged** if the patient was recently vaccinated and has NO epidemiologic risk factors

Measles Vaccination Recommendations

Children

- First dose at 12-15 months, second dose 4-6 years (minimum 28-day interval between each dose)

Adults

- Born before 1957: Immunity is assumed to be present from natural infection
- Born 1957-1968: A single dose recommended if no documentation of live vaccine administration or not contraindicated, or check a titer
- Born after 1968:
 - If received two documented doses of MMR, no additional doses needed
 - If no documentation: Provide additional dose if not medically contraindicated or check a titer. In some cases, a second dose may be needed.

Centers for Disease Control and Prevention (CDC) recommends that healthcare workers have two documented doses of MMR.

IHAN and FAQ for Providers

- See the following link for the recent Indiana Health Alert Network (IHAN) about measles
 - <https://www.in.gov/health/files/Measles-IHAN-April-2025.pdf>
- See the following link for frequently asked questions:
 - https://www.in.gov/health/idepd/files/Measles-FAQs-for-Healthcare-Providers_March2025.pdf
- To sign up for IHAN messages
 - <https://ihan-in.org/agreement.php>



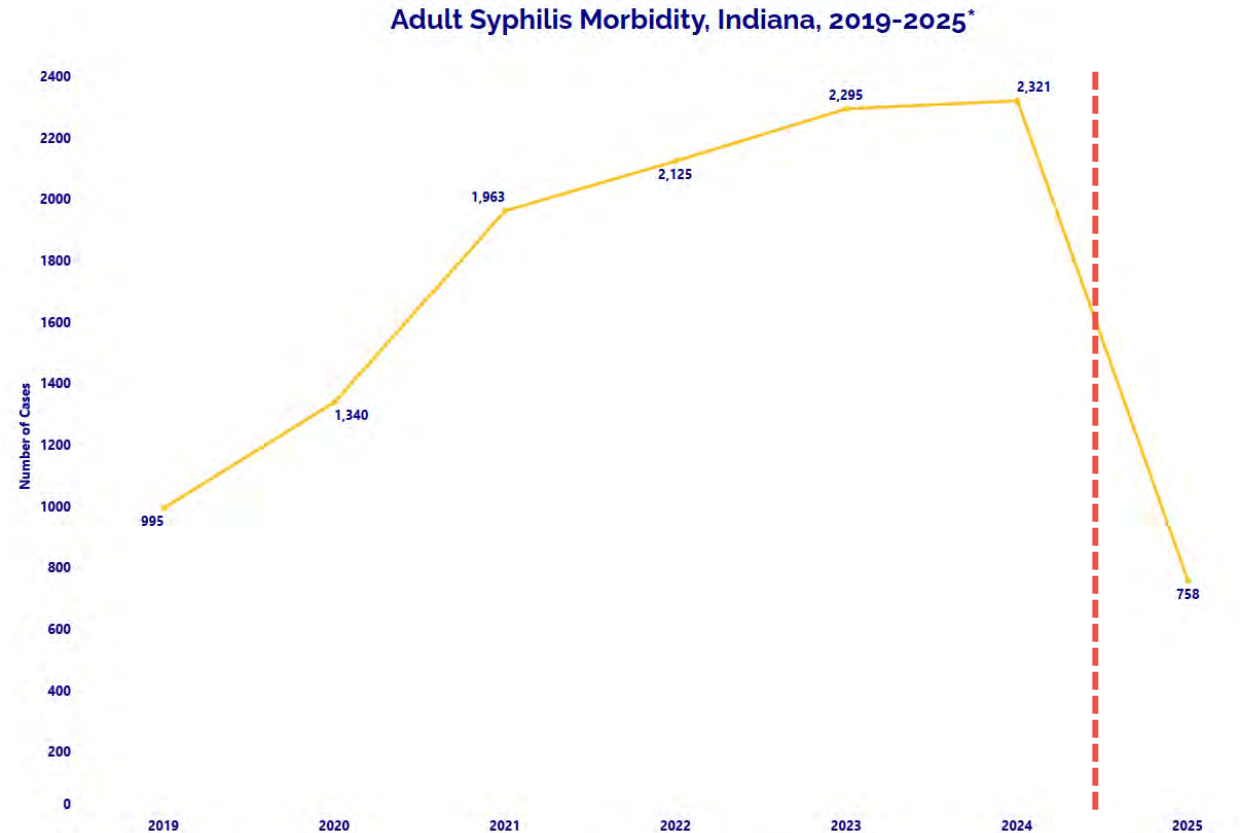
Syphilis



Indiana
Department
of
Health

Adult Syphilis Morbidity

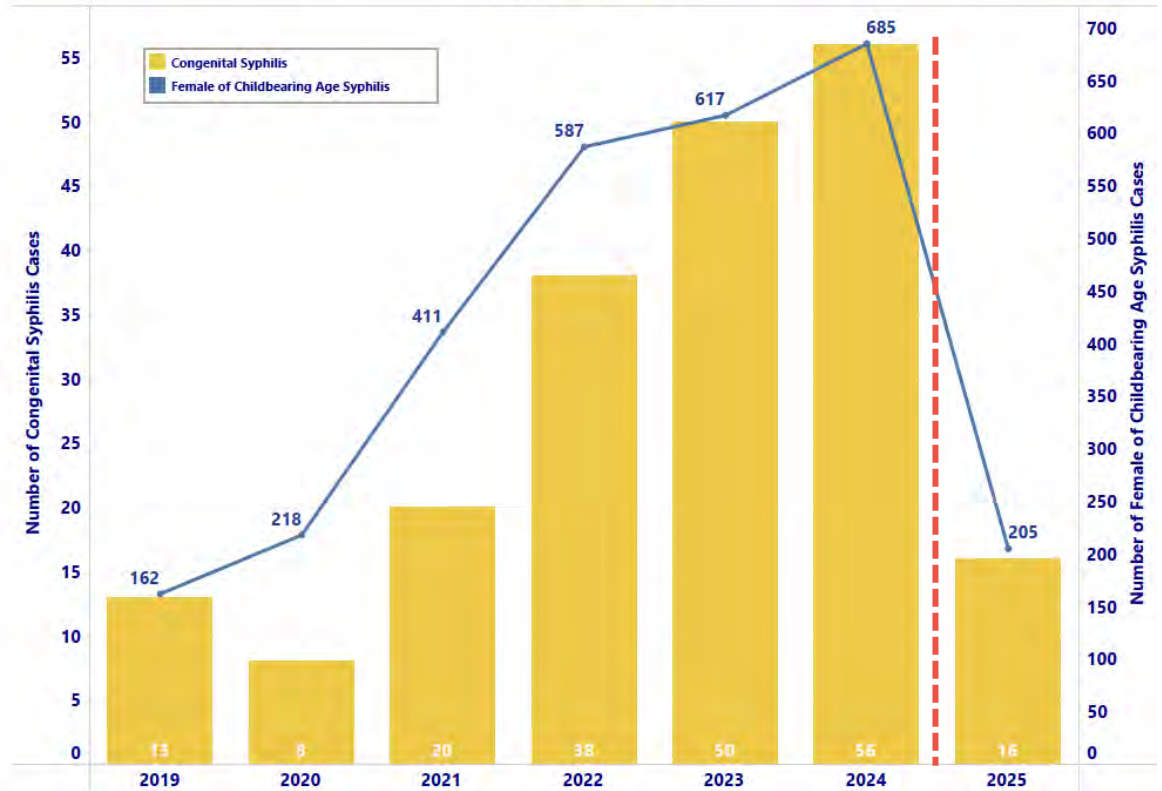
- Rates of adult syphilis have been on the rise since 2014 in Indiana, reaching 33.9 (per 100,000) in 2023.
- There have been **758 cases** of adult syphilis reported in 2025*, **down 6.7% compared to this time last year.**



Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2023 there was a 285% increase in congenital syphilis (CS) cases reported.
- There have been **16 cases** of CS reported in 2025*, **down 15.8% compared to this time last year.**
- Of the 16 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 **205 cases** of adult syphilis among females of childbearing age in 2025*, **down 8.5% compared to this time last year.**

Congenital and Female of Childbearing Age (15-44) Syphilis Cases, Indiana 2019-2025*



IDOH Syphilis Task Force Updates

The National Network of STD Clinical Prevention Training Centers is offering an STI Intensive Course

- June 3, 4, and 5 (8:45 a.m.-12:30 p.m. EST each day)
- “The STI Intensive Course is a three 1/2-day didactic virtual course which provides registered participants with training in the most recent advancements in sexual history taking, the diagnosis and management of viral and bacterial STIs, and STI & HIV prevention. Free CME/CNE is offered for this course!”
- Registration:
https://courses.nnptc.org/class_information.html?id=4126

VIRTUAL STI INTENSIVE COURSE
Presented by the NYC STI Prevention Training Center



STI INTENSIVE COURSE
June 3rd-5th, 2025 — 8:45 AM-12:30 PM EST

The STI Intensive Course is a **three 1/2-day** didactic virtual course, which provides registered participants with training in the most recent advancements in sexual history taking, the diagnosis and management of viral and bacterial STIs, and STI & HIV prevention.

Target Audience: Physicians, physician assistants, nurse practitioners, nurses, and other clinical healthcare professionals who see patients with or at risk for sexually transmitted infections (STIs). Free CME/CNE is offered for this class.

Presented by the NYC Prevention Training Center core faculty

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





Infectious Diseases of Public Health Importance



Indiana
Department
of
Health

National Respiratory Snapshot

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

Very Low

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.

Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is

**VERY
LOW**

Emergency department visits in **the United States**

COVID-19

Very Low
Decreasing ↘

Flu

Low
Decreasing ↘

RSV

Very Low
Decreasing ↘

RSV Hospitalization Rates Among Infants and Young Children 10/24 – 2/25

Summary

What is already known about this topic?

Maternal respiratory syncytial virus (RSV) vaccine and nirsevimab, a long-acting monoclonal antibody, help prevent infant RSV-associated hospitalizations; these products became widely available in the United States during the 2024–25 RSV season.

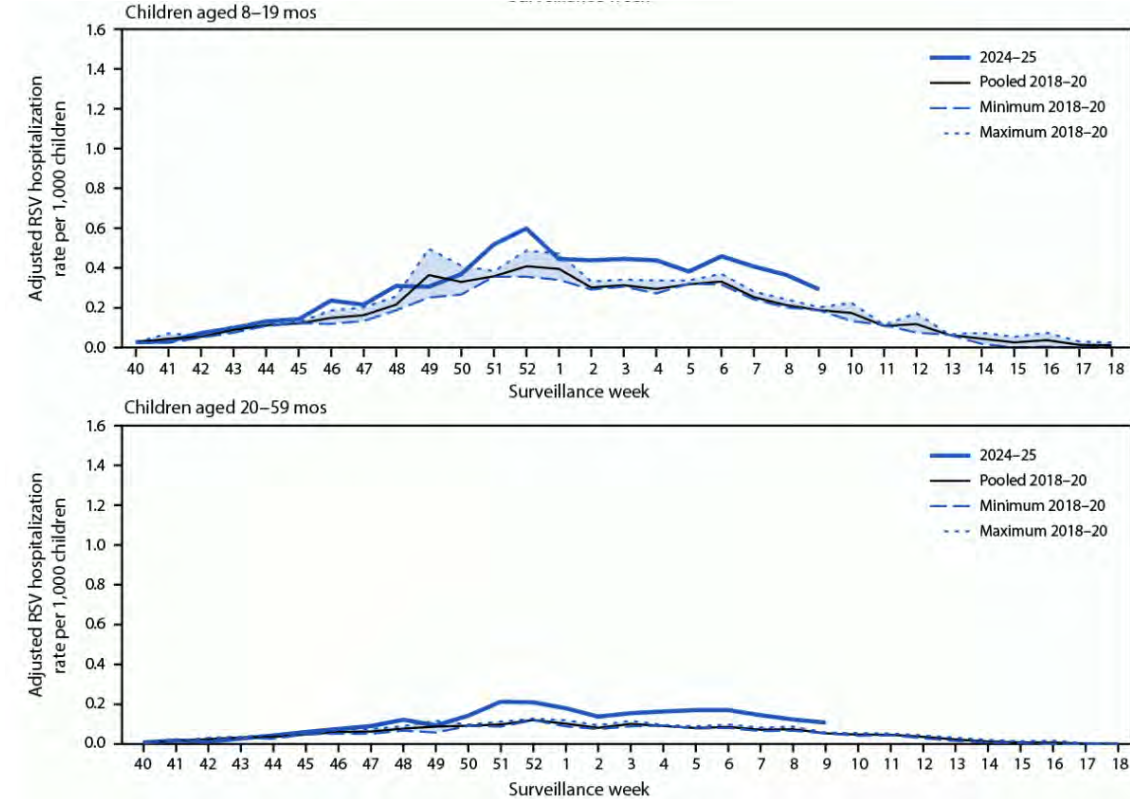
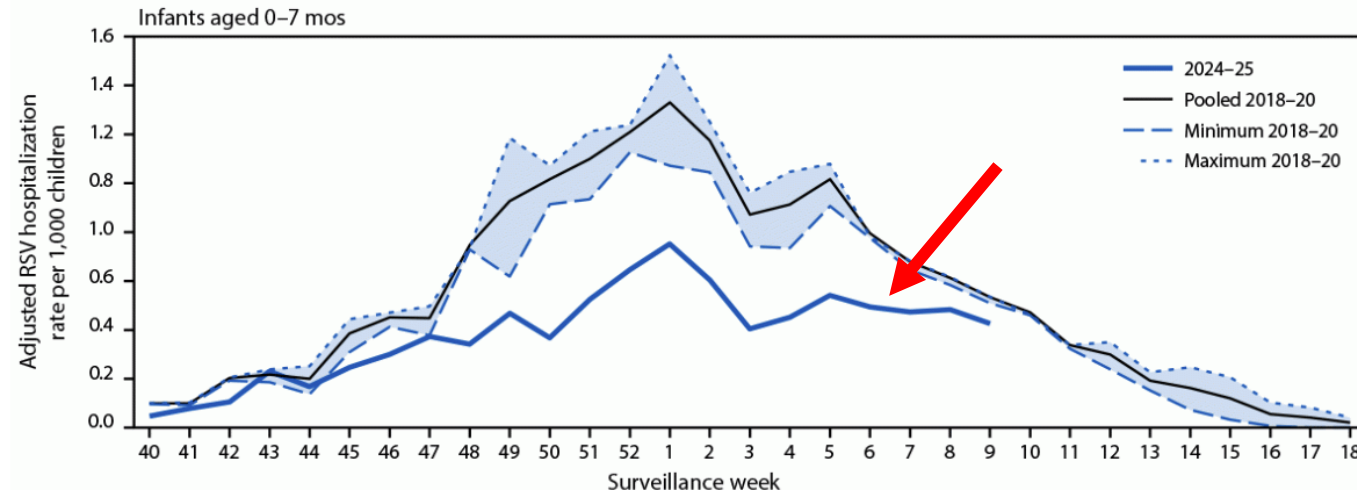
What is added by this report?

In this ecologic analysis comparing RSV-associated hospitalization rates among infants aged 0–7 months during 2024–25 with those during pre–COVID-19 pandemic RSV seasons in two surveillance networks, rates during 2024–25 were lower by an estimated 28% and 43%.

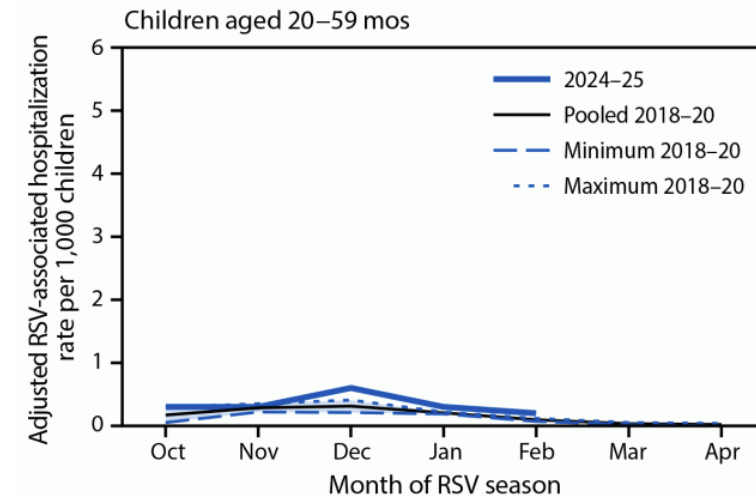
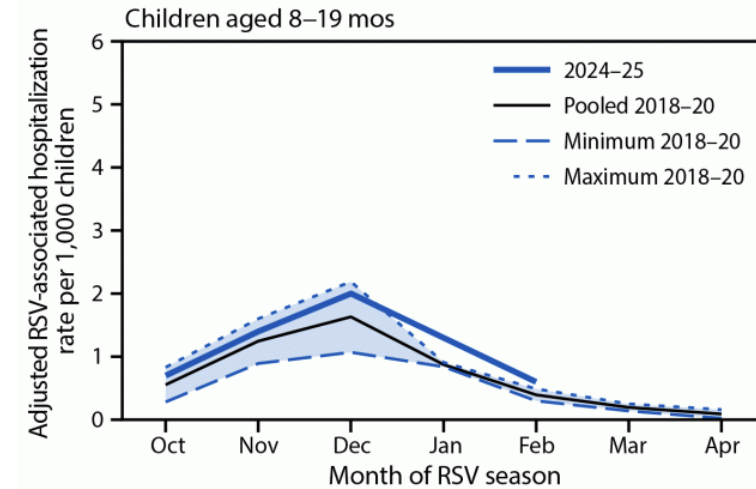
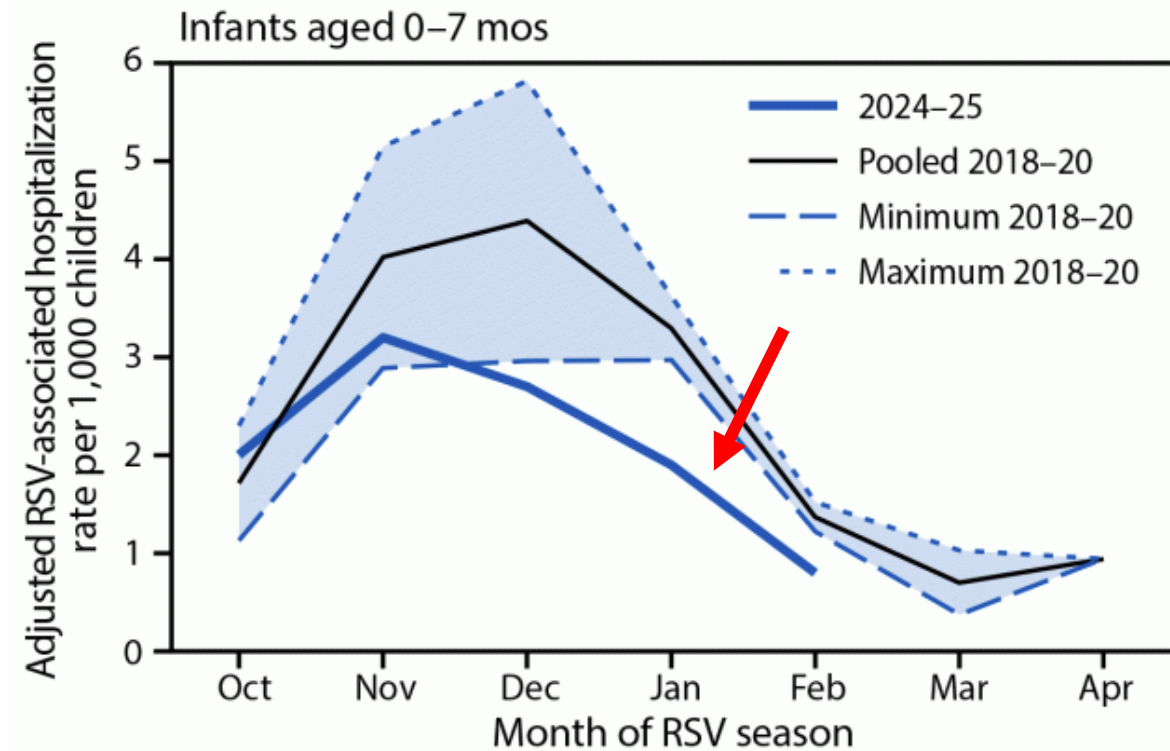
What are the implications for public health practice?

In the first RSV season with widespread availability of maternal vaccine and nirsevimab, RSV-associated hospitalization rates among infants were lower than in prepandemic seasons. Effective health care planning is needed to protect infants as early in the RSV season as possible through maternal vaccination during pregnancy or infant receipt of nirsevimab.

RSV Hospitalization Rates Among Infants and Young Children 10/24 – 2/25

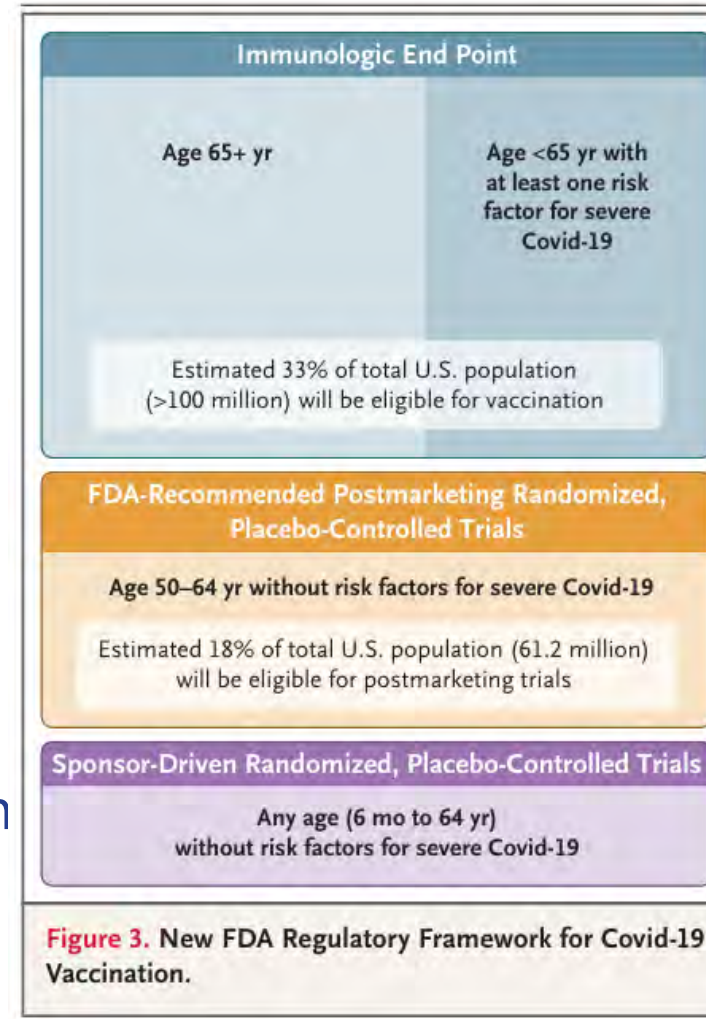


RSV Hospitalization Rates Among Infants and Young Children 10/24 – 2/25



FDA Releases New Regulatory Framework for COVID-19 Vaccination Approval

- New framework for future vaccine candidate approvals
 - Based on age and risk factors for severe COVID-19 infection
- ACIP and VRBPAC upcoming meetings to discuss recommendations and formulation for currently approved vaccines
 - VRBPAC 5/22 approved formulation to continue to be monovalent JN1 vaccine from last season



CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe Covid-19
Asthma
Cancer <ul style="list-style-type: none">Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease ^a <ul style="list-style-type: none">People receiving dialysis
Chronic lung diseases limited to the following: <ul style="list-style-type: none">BronchiectasisCOPD (chronic obstructive pulmonary disease)Interstitial lung diseasePulmonary embolismPulmonary hypertension
Chronic liver diseases limited to the following: <ul style="list-style-type: none">CirrhosisNonalcoholic fatty liver diseaseAlcoholic liver diseaseAutoimmune hepatitis
Cystic fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2 ^a
Gestational diabetes
Disabilities [‡] , including Down's syndrome
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (human immunodeficiency virus)
Mental health conditions limited to the following: <ul style="list-style-type: none">Mood disorders, including depressionSchizophrenia spectrum disorders
Neurologic conditions limited to dementia [‡] and Parkinson's disease
Obesity (BMI ≥30 or ≥95th percentile in children)
Physical inactivity
Pregnancy and recent pregnancy
Primary immunodeficiencies
Smoking, current and former
Solid-organ or blood stem-cell transplantation
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

^a Indicates presence of evidence for pregnant and nonpregnant women.
[‡] Underlying conditions for which there is evidence in pediatric patients.

Figure 2. Underlying Medical Conditions That Increase Risk of Severe Covid-19.
Source: Centers for Disease Control and Prevention.

CDC Call for Cases: Ceftriaxone

Please report adverse events that meet all the following criteria, occurring from Sept. 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

Cave-Associated Histoplasmosis in Returned Travelers

Summary

What is already known about this topic?

Histoplasmosis is a fungal infection that primarily affects the lungs; it is caused by *Histoplasma* organisms, which are often found in soil contaminated with bird or bat droppings. The condition is often misdiagnosed.

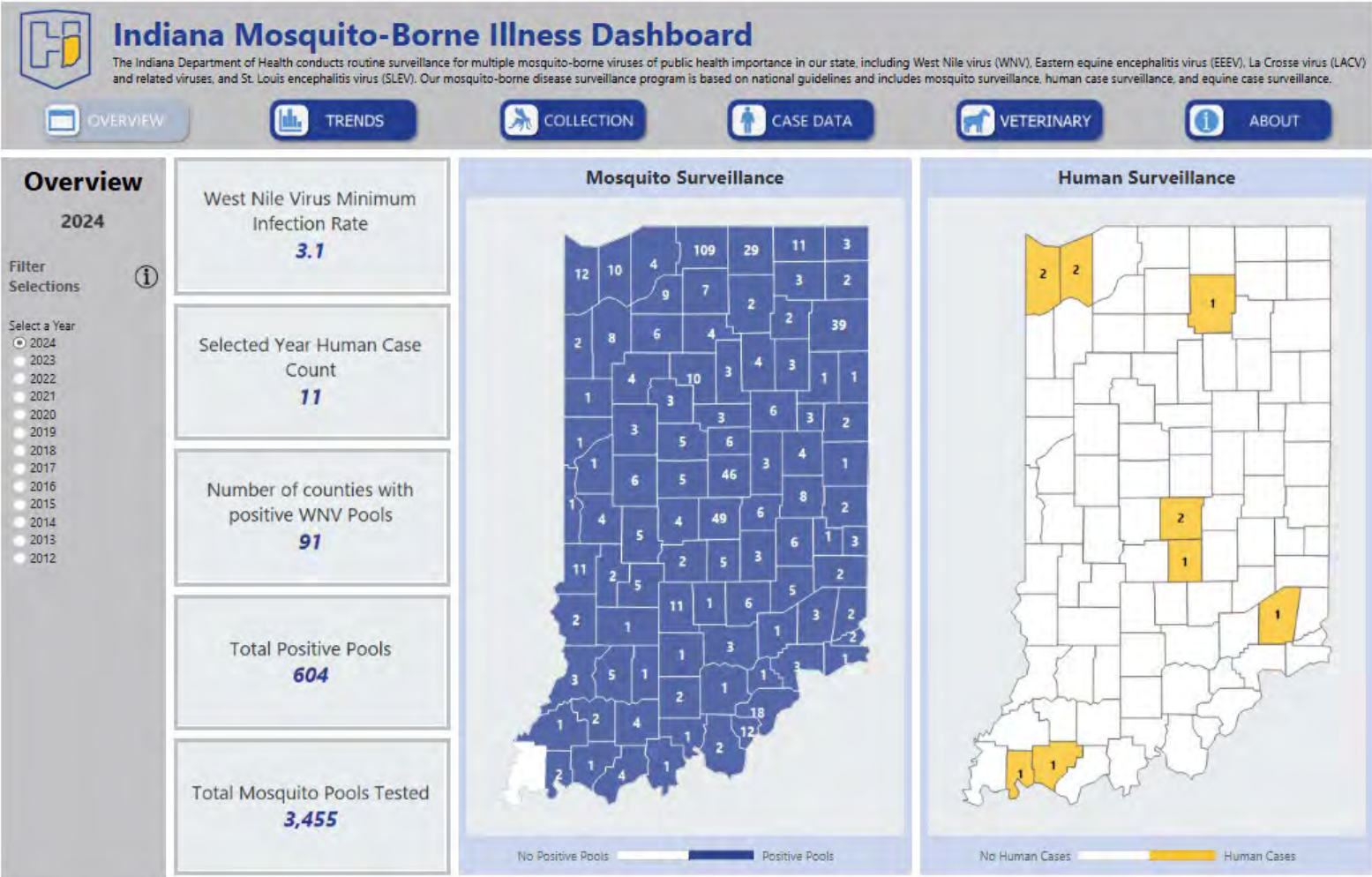
What is added by this report?

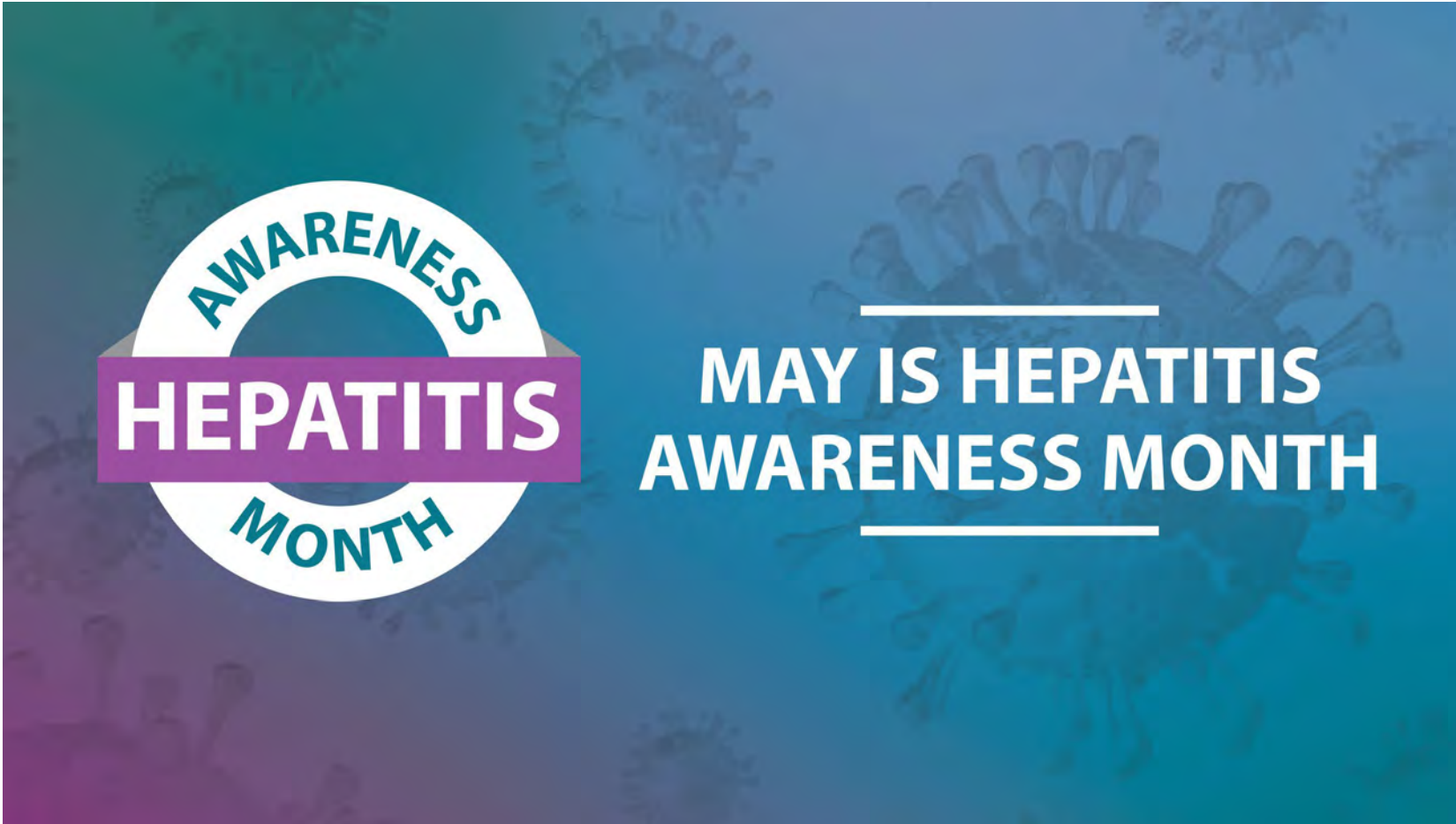
CDC was notified about a cluster of suspected histoplasmosis cases affecting 12 members of an extended family from three U.S. states. They had all visited Venado Caves in Costa Rica, the site of a previous histoplasmosis outbreak associated with contact with bat droppings, the likely source of exposure. Four family members received fungal antigen testing, and two received test results positive for *Histoplasma capsulatum* species complex.

What are the implications for public health practice?

Health care providers should consider a diagnosis of histoplasmosis in patients who have signs and symptoms compatible with the condition, including fever, malaise, cough, headache, chest pain, chills, and myalgias. Obtaining a detailed travel and activity history is necessary to identify exposure to bat or bird droppings in caves or elsewhere.

New Indiana Mosquito-borne Illness Dashboard





Clinical Overview of Viral Hepatitis CDC page [link](#)

For questions or assistance please reach out to Roxanne Krepper, MA, IDOH
Viral Hepatitis Prevention Coordinator: RKrepper@health.in.gov

Viral Hepatitis Updates

Viral Hepatitis Newsletter: The Viral Hepatitis Newsletter is a free, email newsletter published by the Indiana Department of Health (IDOH). The purpose of this newsletter is for IDOH to provide relevant and up to date information around the topic of viral hepatitis. [Enroll in the Viral Hepatitis Newsletter](#)

[Viral Hepatitis B & C Case Report Form](#): Please complete this for all newly reported cases. Additional information on Viral Hepatitis Reporting can be found [here](#).

Viral Hepatitis Provider Trainings:

- **Indiana Hepatitis Academic Mentorship Program (IN-HAMP)**
 - Medical education training program for clinicians who are new to treating hepatitis C.
 - **Upcoming Cycle 1: August 7th, 2025, Hybrid-Virtual and in-person**
 - **Upcoming Cycle 2: September 18th, 2025, in-person**
 - If you are a clinician and interested in learning more about IN-HAMP, email inhamp@iu.edu to enroll in Cycle 1 and Cycle 2.
- **The Hepatitis C ECHO** meets online from 12:30-2 p.m. on the first and third Thursdays of each month. [Enroll in Hepatitis C ECHO](#)



Other Public Health Updates



Indiana
Department
of
Health

Today is Don't Fry Day



The National Council on Skin Cancer Prevention has designated the **Friday before Memorial Day** as "Don't Fry Day" to encourage sun safety awareness.

American Stroke Month

Prevention

Up to 80% of strokes may be prevented. Use our tools to help your patients learn how.

Healthy Behaviors

The most effective way to reduce stroke mortality is to prevent a stroke from occurring, to begin with. From healthy living tips to co-morbidity management, it all factors into stroke prevention.

What Every Patient Needs to Know >



American Stroke Month

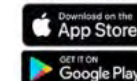
American Stroke Month Toolkit Resources



Heart and Stroke Helper™ App



Download the Heart & Stroke Helper app today at:



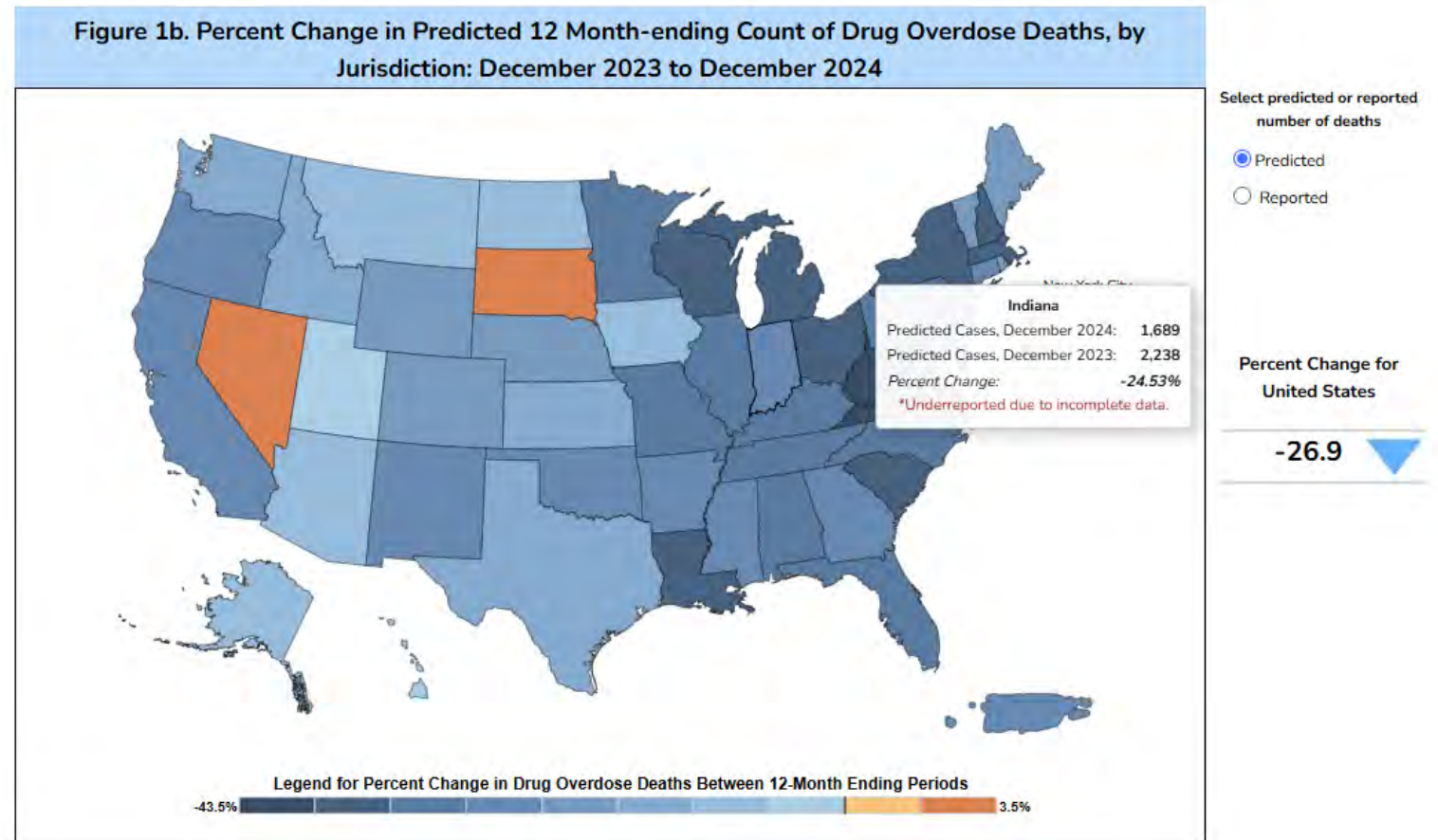
May is Trauma Awareness Month



Predicted Drug Overdose Deaths 2024

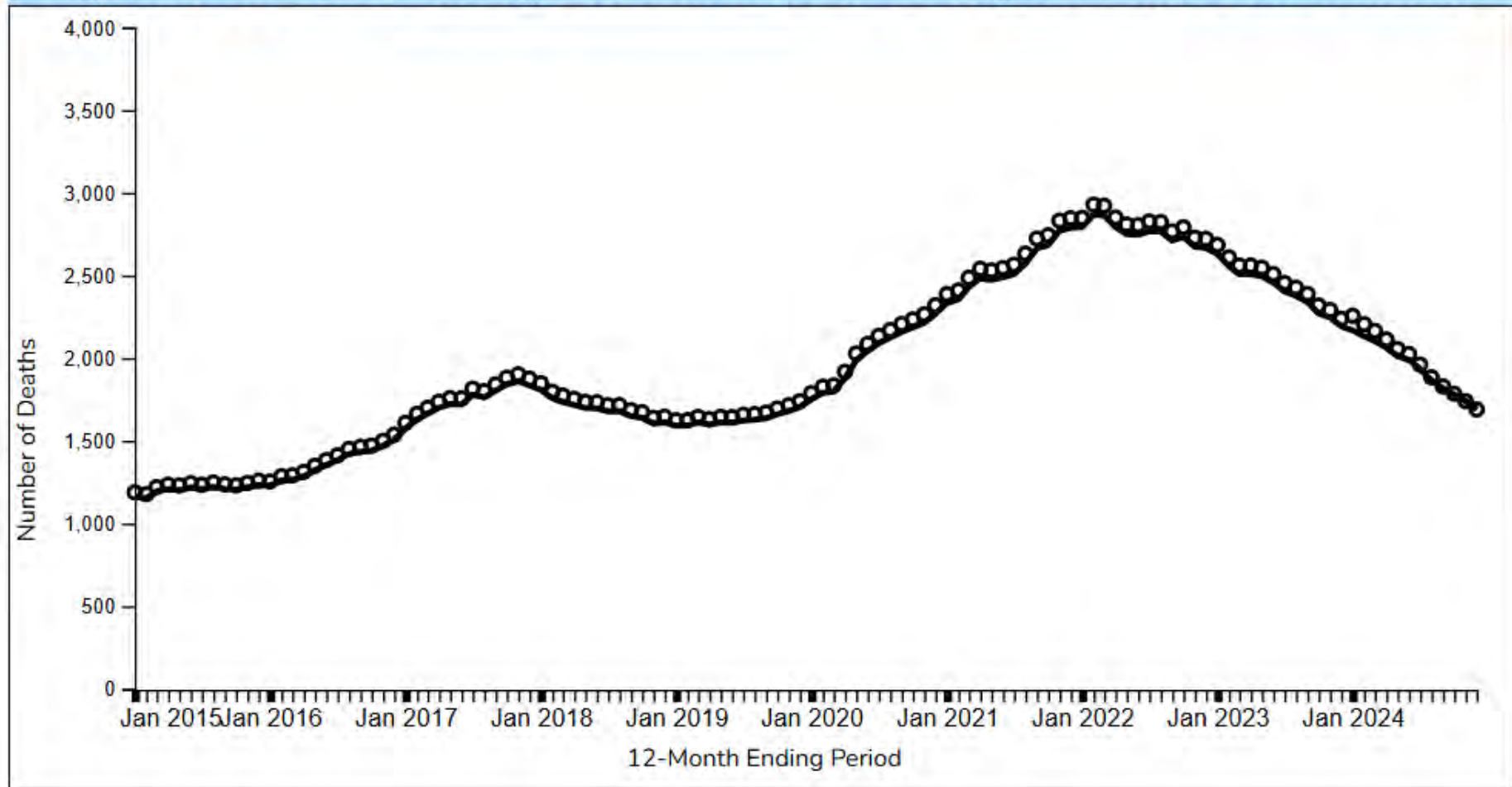
- *Provisional data** release on 5/14/25 from CDC's National Vital Statistics System shows a nearly **27%** decrease in predicted drug overdose deaths in 2024 compared to 2023 on average.
- The decline suggests more than 81 lives saved nationally every day.
- **Indiana – 24.5% decrease**

**Note this is provisional data and is subject to change once finalized*



Predicted Drug Overdose Deaths 2024

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: Indiana



Indiana
Department
of
Health

https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250514.htm

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>

Questions?

CONTACTS:

Guy Crowder, MD, MPHTM

Chief Medical Officer

GCrowder@health.in.gov

Eric Hawkins, MS

State Epidemiologist

ehawkins@health.in.gov

Next call: Noon, June 27

