Indiana Department of Health

CLINICIAN UPDATES

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7/25/2025

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

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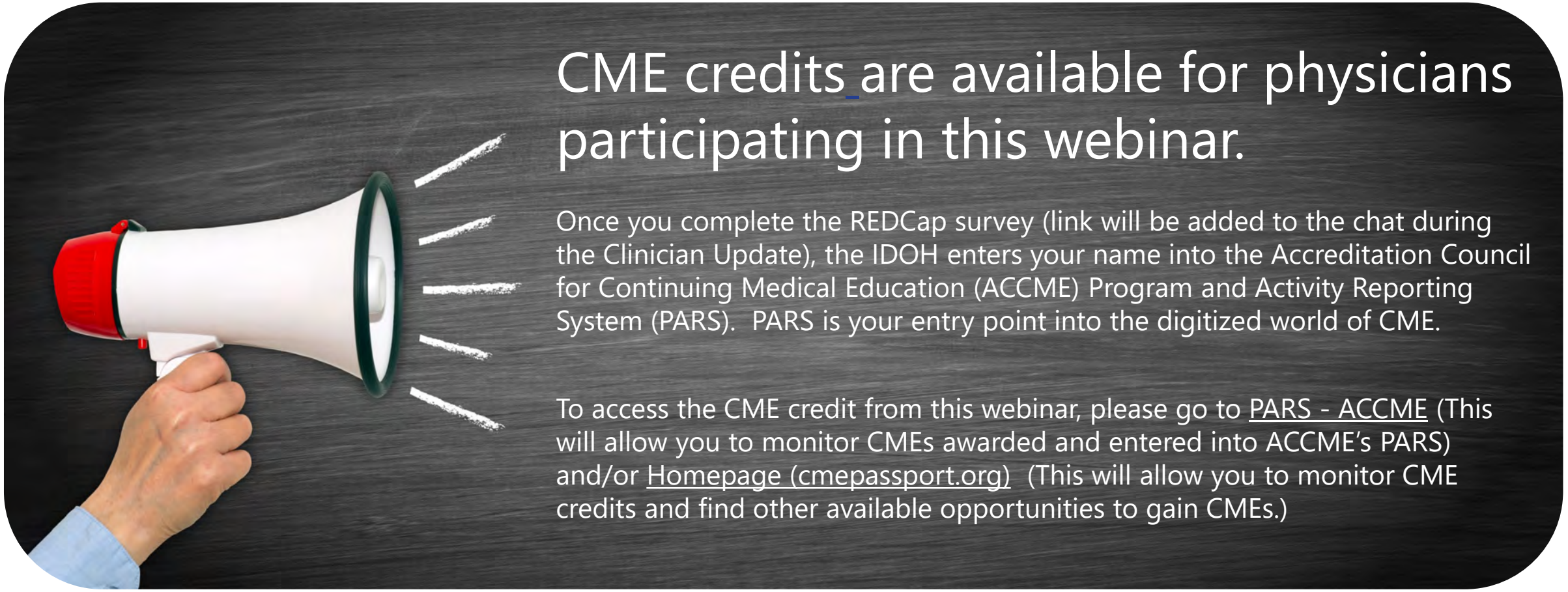
CMEs



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

INDIANA PREGNANCY PROMISE PROGRAM

ELIZABETH WAHL, MSSW, LSW, IMH-E
Pregnancy Promise Program Manager

Indiana Family and Social Services Administration

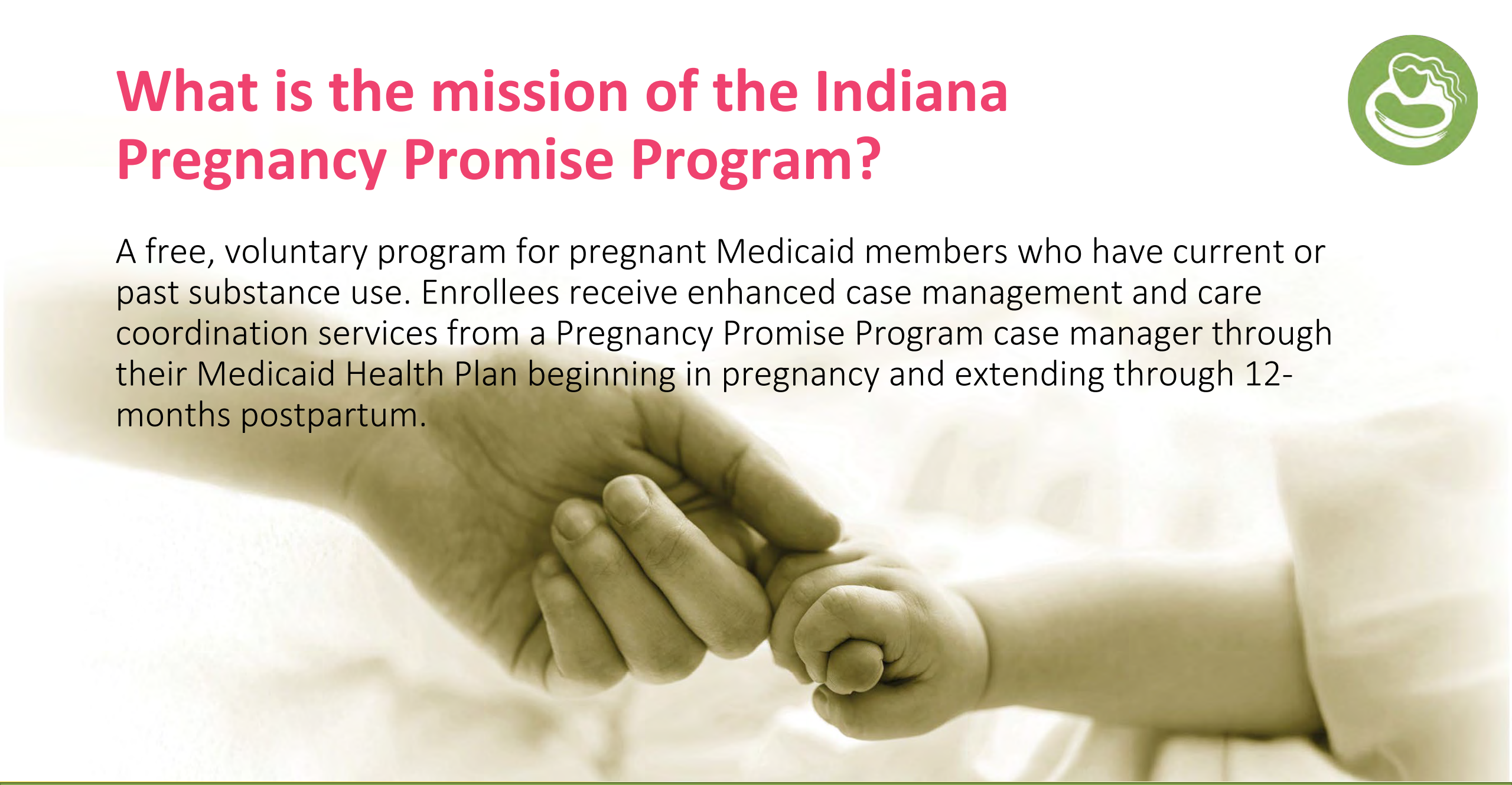
7/25/2025

Indiana Pregnancy Promise Program

Promoting **R**ecovery and **O**pportunity
Maternal **I**nfant **S**upport and **E**ngagement

What is the mission of the Indiana Pregnancy Promise Program?

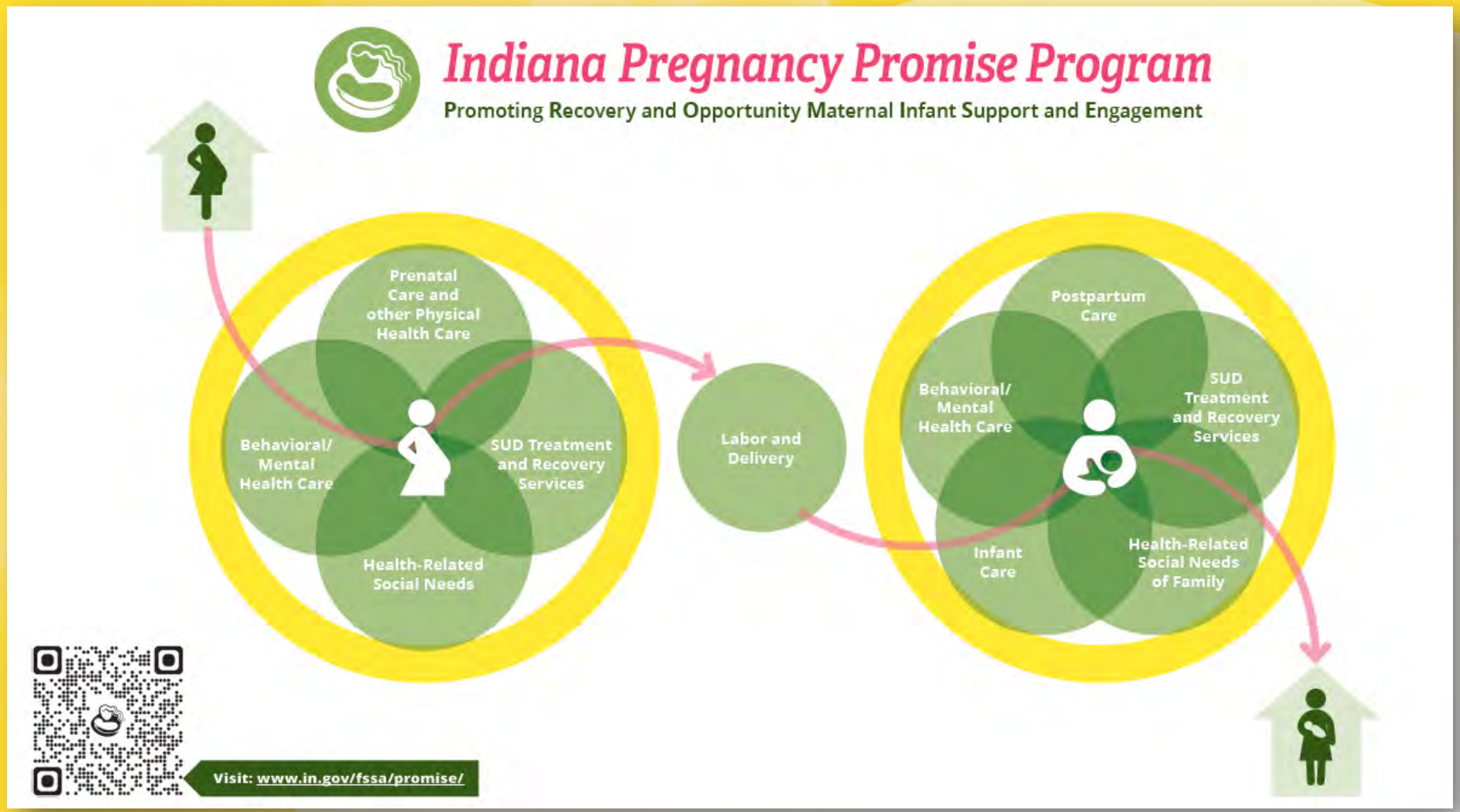
A free, voluntary program for pregnant Medicaid members who have current or past substance use. Enrollees receive enhanced case management and care coordination services from a Pregnancy Promise Program case manager through their Medicaid Health Plan beginning in pregnancy and extending through 12-months postpartum.



Pregnancy Promise Program Funding Sources

This program is made possible entirely through federal grant funds

- CMS Maternal Opioid Misuse Model, December 2025
- SAMHSA Pregnant and Postpartum Women with SUD Pilot, September 2027 (potential for renewable funding)
- State Opioid Settlement funds, June 2027 (potential for renewable funds)


Indiana Pregnancy Promise Program
Promoting Recovery and Opportunity Maternal Infant Support and Engagement
Prenatal Care and other Physical Health Care
Behavioral/ Mental Health Care
SUD Treatment and Recovery Services
Health-Related Social Needs
Labor and Delivery
Postpartum Care
Behavioral/ Mental Health Care
SUD Treatment and Recovery Services
Infant Care
Health-Related Social Needs of Family
Visit: www.in.gov/fssa/promise/

Goals of the Pregnancy Promise Program

- Ensure participants receive prenatal care and postpartum care
- Access SUD treatment needed to achieve sustained recovery
- Address other physical and mental health conditions
- Identify health-related social needs and make appropriate referrals
- Provide hope and set a strong foundation for the future

*** This program does not replace existing resources and services***

Pregnancy Promise Program Care Delivery Partners
Managed Care Health Plans

Anthem

CareSource®

MDwise
A McLaren Company

mhs™

Who Can Participate

The Pregnancy Promise Program is available to pregnant women in the state of Indiana. To be eligible, participants must meet the following criteria:

- Pregnant or within 90 days of the end of pregnancy
- Identify as having current or previous substance use
- Be eligible for or receive Medicaid health coverage

Referral Information

To make a referral for yourself or someone you know:

Visit: PregnancyPromise.in.gov

Email: PregnancyPromise@fssa.in.gov or

Call: 317-234-5336 or toll-free 888-467-2717

Making a Referral Is Easy!

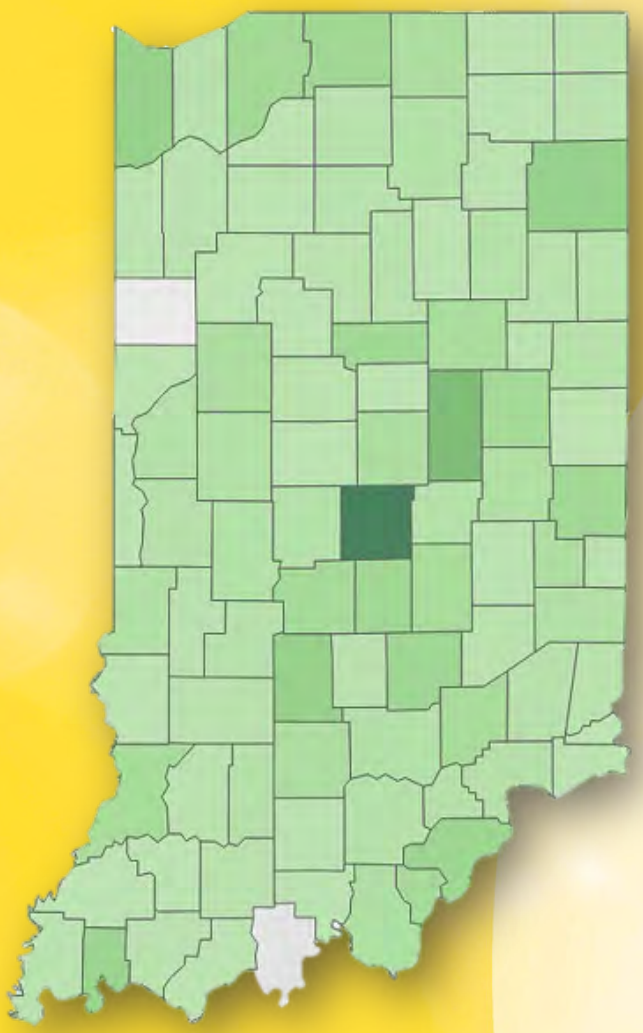
Program Experience/Steps of the Process

- Referral/Identification of (No wrong door)
- Initial Outreach
- Informed Consent to participate
- Assessments & screenings (5Ps, depression, anxiety, alcohol, tobacco, SDOH)
- Comprehensive Care plan development (Including Plan of Safe Care)
- Frequent engagement during prenatal & postpartum period
- Parent education (infant safe sleep, lactation support, tobacco cessation etc.)
- Periodic review, reassessment and referrals
- Care coordination through 12 months for mother/infant
- Transition/program exit

What are the Pregnancy Promise Program Benefits?

- **Connection:** Participants in the Pregnancy Promise Program will be matched with a case manager. Case managers will offer confidential support during enrollment to be sure parents and infants receive the care and resources they need during and after pregnancy to be healthy and well.
- **Coordination:** Pregnancy Promise Program case managers will work with participants and their team of doctors and providers to coordinate care and identify community resources for families.
- **Prevention:** By connecting pregnant women with health care and treatment as early as possible, the Pregnancy Promise Program aims to reduce and prevent the negative impacts of substance use to the parent and child.

Enrollment Data – 07/21/2025



- 1,364 individuals enrolled statewide
  - **Year 1** – 275
  - **Year 2** – 268
  - **Year 3** – 359
  - **Year 4** – 434
- 90 counties with enrollment
- 1,039 infants born to date with many mothers who are currently pregnant

Preliminary Outcomes July 2021- June 2025

- **99%** survival rate of enrolled mothers through 12 months postpartum
- **94%** of mothers sustain recovery, no documented or self-reported relapse
- **91%** of mothers with no DCS removal/infant out-of-home placement following birth
- **73%** of mothers enroll in IPPP during prenatal period
- **83%** of infants born with healthy birth weight
- **80%** of infants do not need pharmacological intervention for NAS treatment
- **36%** of infants with NICU stay, **37%** 5 days or less, **50%** 6-30 days, **13%** 30+ days
- **82%** of infants born full-term, **18%** preterm

IPPP Evaluation Study WISE Indiana Report

https://www.in.gov/fssa/promise/files/WISE-Indiana-TO-049-IPPP-Evaluation-Final-Report_Final.pdf

- Improved Continuity of Medicaid Enrollment
- Increased Frequency of Postpartum Care **
- Increased Wraparound Support
- Higher Mental Health and SUD Outpatient Utilization **
- Increased Diabetes Screening **
- Higher Rates of OUD Treatment **
- Improved Child Vaccination Schedule Adherence **
- Increased Outpatient Utilization for Children
- Medicaid Cost Neutrality

** Statistical Significance ($p < 0.05$)

Program Expansion/Enhancements

- In **July of 2025**, Indiana expanded the Pregnancy Promise Program to support more expectant and new mothers with substance use disorders beyond opioid use.
- FSSA received a three-year federal grant from the **Substance Abuse and Mental Health Services Administration (SAMHSA)**, which allows the Pregnancy Promise Program to support additional pregnant Hoosiers over the next three years, with a focus on those living in rural and under-resourced communities, while continuing to serve the entire state
- Additionally, the program is supported by state opioid settlement funds authorized by the FSSA Division of Mental Health and Addiction

Collaboration with VOA and Centerstone

- The Pregnancy Promise Program has formally partnered with two Mental Health and SUD providers, Centerstone and Volunteers of America Ohio and Indiana
- 7 county focus areas:
  - Randolph, Wayne, Fayette, Bartholomew, Monroe, Jackson, Scott
- Referral coordinators located onsite for referrals to and from the Pregnancy Promise Program
- Circles of Security and Survivor Moms Companion curriculums offered through Centerstone starting in 2025

CENTERSTONE

Volunteers of America®
OHIO & INDIANA

Stories from Mothers

"The Pregnancy Promise Program has been helpful for not only me but my family too. Our life is going in a new direction, and I feel that the Pregnancy Promise Program case manager I worked with listened and helped me become the best version of myself. I feel like now I understand myself better and I know who I am. Without this program, my life may have been very different. I would recommend this program to others."

"With the Indiana Pregnancy Promise Program I felt treated like a human, I felt like someone was listening to me."

"Because of the Pregnancy Promise Program, I would like to take classes to become a peer recovery coach."

"I was able to leave a violent situation with my baby and go to a safe community with my infant. This program helped me get childcare while I work on safety, stability and recovery"

" Prior to Indiana Pregnancy Promise Program I had miscarriages. This program helped me get treatment and I'm in love with my baby. I am working on housing and employment. I even got help going to the dentist."

Questions?

Carey Michels

Pregnancy Promise Program Specialist

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317-439-8182

Elizabeth Wahl, MSSW LSW IMH-E®

Pregnancy Promise Program Manager

elizabeth.wahl@fssa.in.gov

317-941-8903

Office of Medicaid Policy & Planning

www.PregnancyPromise.in.gov
Toll-Free 888-427-2717 | 317-234-5336
PregnanyPromise@fssa.in.gov

Indiana Department of Health

CARES OVERVIEW

MOSES BARYOH, MPH
CARES STATE COORDINATOR

7/25/2025

CARES

Cardiac Arrest Registry to Enhance Survival

What is CARES & Why It Matters

CARES (Cardiac Arrest Registry to Enhance Survival) is a national initiative established by the CDC and Emory University.

Its mission is to improve survival from sudden cardiac arrest by identifying gaps in emergency response and care.

CARES collects data on: When and where cardiac arrests occur, who is affected, and which elements of the system are functioning well and which need improvement.

Aligns with the Indiana Department of Health's goals to promote healthcare access and enhance emergency response systems.

Allows for evidence-based policy development to improve cardiac arrest outcomes statewide.

Why choose CARES?

National Recognition & Credibility

Being part of CARES shows your agency is committed to evidence-based care and national best practices in cardiac arrest response.

Improved Grant & Funding Opportunities

Participation strengthens your case for state and federal grants by demonstrating a commitment to continuous quality improvement and accountability.

Standardized Data Collection

Use a consistent, proven framework that ensures reliable, apples-to-apples comparison across systems—essential for tracking trends and justifying resource needs.

Drive Policy & Protocol Changes

Use CARES data to influence local policy, optimize protocols, and justify changes in training, staffing, or equipment deployment.

"CARES helps communities measure performance and identify how to improve cardiac arrest survival rates. By joining CARES, communities gain more than just access to information that will help them improve performance and save lives."

https://mycares.net/

Indiana Department of Health

Why choose CARES?

No Cost for 2025 & 2026:

- The Indiana state subscription fee is covered by a **state scholarship**.

Automated Data Upload:

- CARES is **compatible with NEMSIS**, allowing agencies to upload their **EPCR data** for seamless reporting.
- Agencies can focus on **improving outcomes** rather than worrying about data entry or costs.

"They also contribute to one of the largest EMS registries in the world, and one of the few that also includes patient outcome information from hospitals. Those features enable CARES data to be used to conduct vital research that furthers our knowledge of cardiac arrest treatment and saves countless lives for years to come."

https://mycares.net/

Benefits of Joining CARES

Join a network of communities working together to increase survival from sudden cardiac arrest

Compare your community to local, state, and national performance and discover ways to improve your emergency medical system's response to cardiac arrest

Use simple, HIPAA-compliant, web-based software to link EMS and hospital data, creating a single record for each OHCA event

Access multiple real-time reporting features, including charts, graphs, and tables for use in reports, presentations, and more

Receive training and ongoing support from CARES staff to get the most out of participation, including one-on-one consultation to review your community's annual report and comparison to national benchmarks

CARES Reports & How They Help

Reporting:

CARES generates comprehensive reports that help EMS agencies analyze and refine their cardiac arrest response.

Key Reports Include:

Utstein Survival Report: Measures survival in optimal cases (witnessed arrest, shockable rhythm).

CARES Summary Report: Provides an overview of system performance.

Response Time Report: Evaluates EMS efficiency in reaching patients.

Hospital Reports: Tracks post-resuscitation care outcomes.

Demographic Analysis: Identifies disparities in survival based on race, gender, and geography.

These reports provide actionable insights to:

Improve response protocols and training.

Advocate for funding and resources.

Strengthen the coordination between EMS and hospitals.

Ensure equitable emergency care for all communities

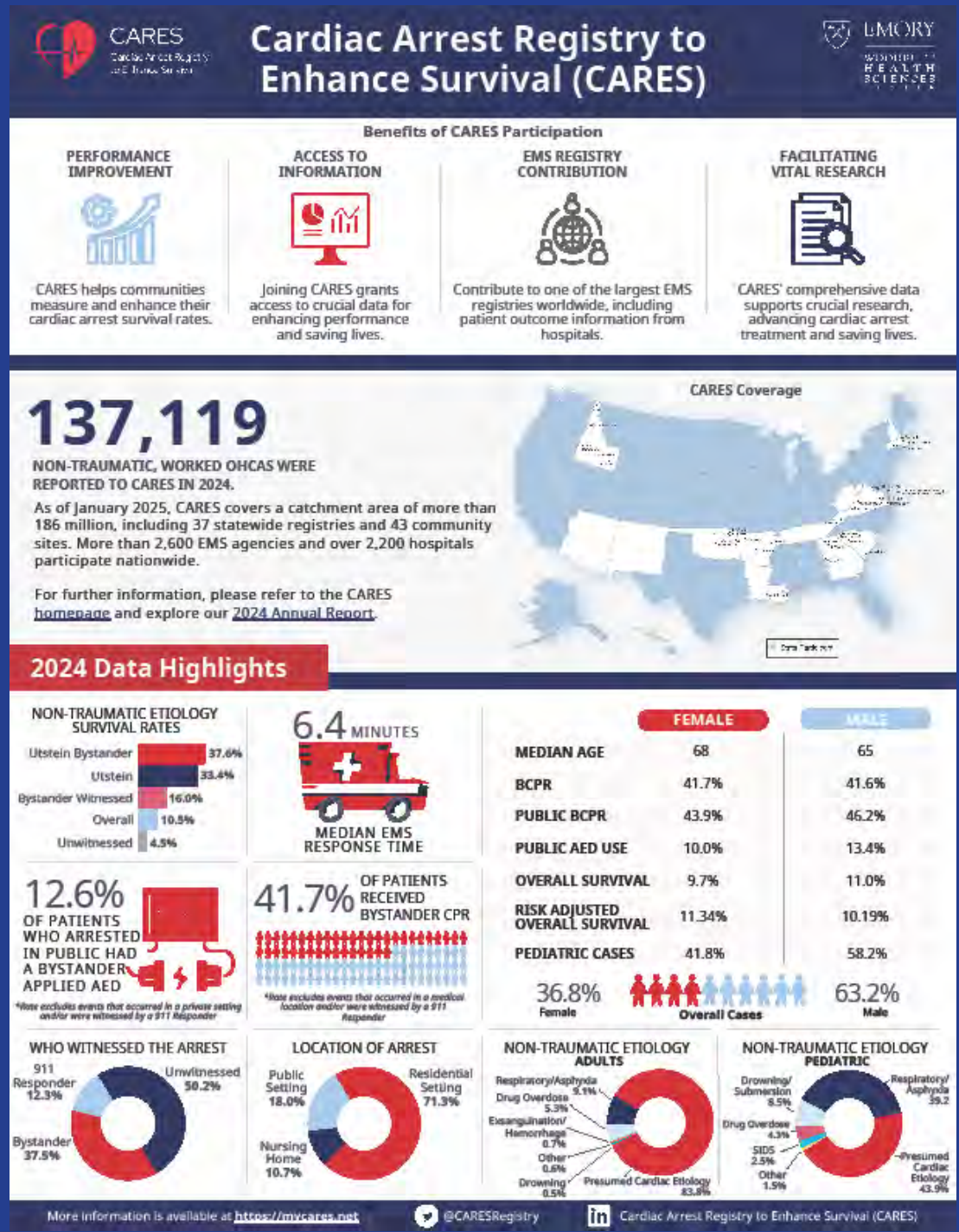
Currents States and Counties Served

Current States Include:

- Alabama
- Alaska
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Hawaii
- Illinois
- Indiana
- Iowa
- Kentucky
- Maine
- Maryland
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Jersey
- New York
- North Carolina
- North Dakota
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- South Dakota
- Texas
- Utah
- Vermont
- Washington
- Wisconsin
- Wyoming

Current Counties Include:

- Allen
- Dekalb
- Fulton
- Gibson
- Huntington
- Kosciusko
- LaGrange
- Marion
- Monroe
- Noble
- Posey
- St. Joseph
- Vanderburgh
- Wabash
- Warrick
- Whitley


CARES
Cardiac Arrest Registry to Enhance Survival
Cardiac Arrest Registry to Enhance Survival (CARES)
EMORY
WOODRUFF HEALTH SCIENCES
Benefits of CARES Participation
PERFORMANCE IMPROVEMENT
CARES helps communities measure and enhance their cardiac arrest survival rates.
ACCESS TO INFORMATION
Joining CARES grants access to crucial data for enhancing performance and saving lives.
EMS REGISTRY CONTRIBUTION
Contribute to one of the largest EMS registries worldwide, including patient outcome information from hospitals.
FACILITATING VITAL RESEARCH
CARES' comprehensive data supports crucial research, advancing cardiac arrest treatment and saving lives.
137,119
NON-TRAUMATIC, WORKED OHCAS WERE REPORTED TO CARES IN 2024.
As of January 2025, CARES covers a catchment area of more than 186 million, including 37 statewide registries and 43 community sites. More than 2,600 EMS agencies and over 2,200 hospitals participate nationwide.
For further information, please refer to the CARES homepage and explore our 2024 Annual Report.
CARES Coverage
2024 Data Highlights
NON-TRAUMATIC ETIOLOGY SURVIVAL RATES
Utstein Bystander 37.6%
Utstein 33.4%
Bystander Witnessed 16.0%
Overall 10.5%
Unwitnessed 4.5%
6.4 MINUTES
MEDIAN EMS RESPONSE TIME
FEMALE
MALE
MEDIAN AGE 68 65
BCPR 41.7% 41.6%
PUBLIC BCPR 43.9% 46.2%
PUBLIC AED USE 10.0% 13.4%
OVERALL SURVIVAL 9.7% 11.0%
RISK ADJUSTED OVERALL SURVIVAL 11.34% 10.19%
PEDIATRIC CASES 41.8% 58.2%
12.6% OF PATIENTS WHO ARRESTED IN PUBLIC HAD A BYSTANDER APPLIED AED
*Rate excludes events that occurred in a private setting and/or were witnessed by a 911 Responder
41.7% OF PATIENTS RECEIVED BYSTANDER CPR
*Rate excludes events that occurred in a medical location and/or were witnessed by a 911 Responder
36.8% Female
Overall Cases
63.2% Male
WHO WITNESSED THE ARREST
911 Responder 12.3%
Unwitnessed 50.2%
Bystander 37.5%
LOCATION OF ARREST
Public Setting 18.0%
Residential Setting 71.3%
Nursing Home 10.7%
NON-TRAUMATIC ETIOLOGY ADULTS
Respiratory/Asphyxia 9.1%
Drug Overdose 5.3%
Exsanguination/ Hemorrhage 0.7%
Other 0.6%
Drowning 0.5%
Presumed Cardiac Etiology 83.8%
NON-TRAUMATIC ETIOLOGY PEDIATRIC
Drowning/ Submersion 8.5%
Respiratory/ Asphyxia 39.2
Drug Overdose 4.3%
SIDS 2.5%
Other 1.5%
Presumed Cardiac Etiology 43.9%
More information is available at https://mycares.net
@CARESRegistry
Cardiac Arrest Registry to Enhance Survival (CARES)

Next Steps & Closing

- **CARES is more than a registry or database** – it's a life-saving initiative that enhances EMS performance and patient outcomes.
  - Participation is straightforward, and CARES provides ongoing support, training, and data analysis.
  - By leveraging CARES, EMS agencies can **enhance care quality, streamline reporting, and contribute to a statewide effort to save lives**.
  - I encourage all EMS agencies to **take advantage of the free enrollment period** and join CARES today
- **How to Join:**
  - Contact the Indiana CARES State Coordinator Moses Baryoh at mbaryoh@health.in.gov | (317) 232-3562 or Visit [mycares.net] for more details.
  - Engage with other agencies already using CARES to learn about their success stories.

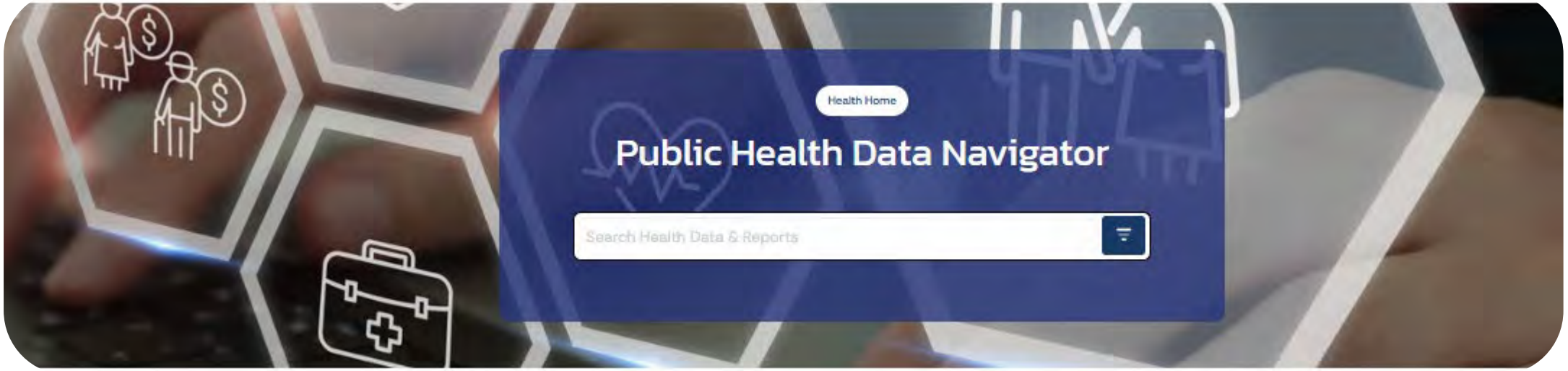
Questions?

Moses Baryoh
CARES State Coordinator
317-232-3562
mbaryoh@health.in.gov

Public Health Data Navigator

Indiana Department of Health

Live demonstration



Link to navigator:
https://www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/

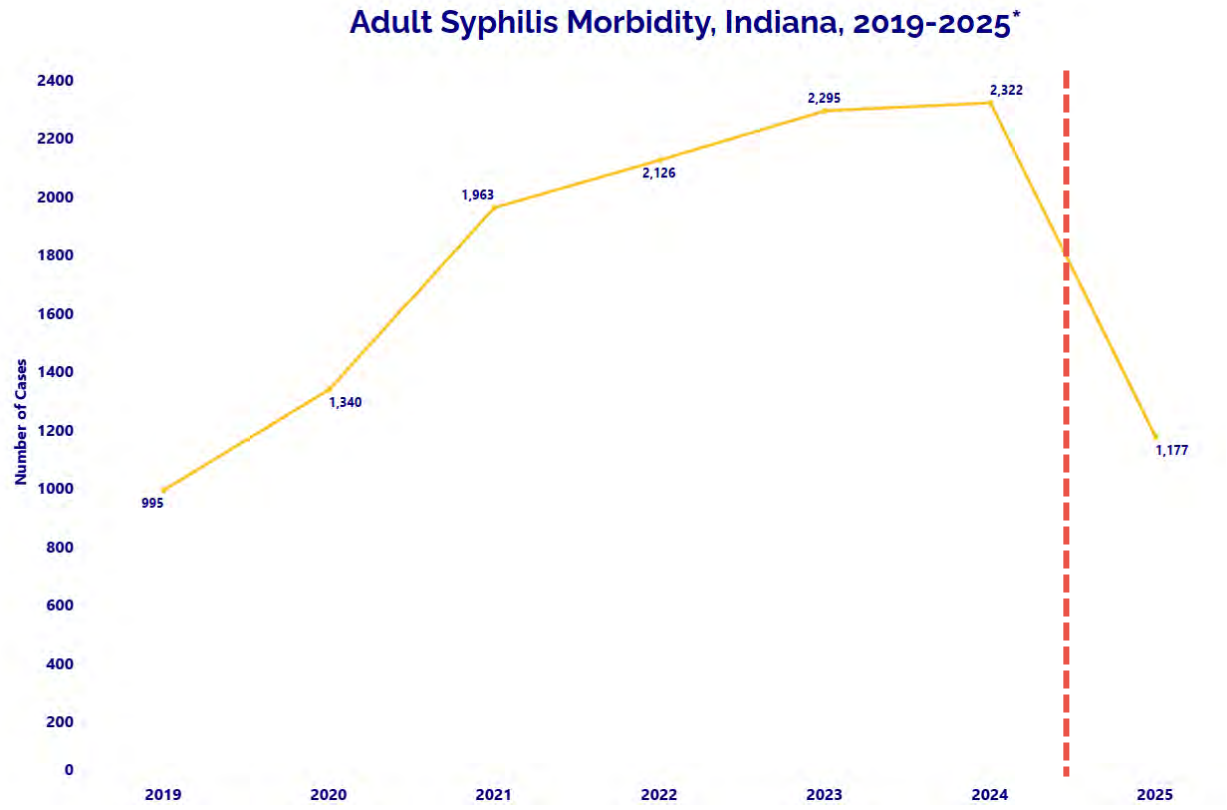
Indiana Department of Health

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 1,177 cases of adult syphilis reported in 2025*, down 7.7% compared to this time last year.**



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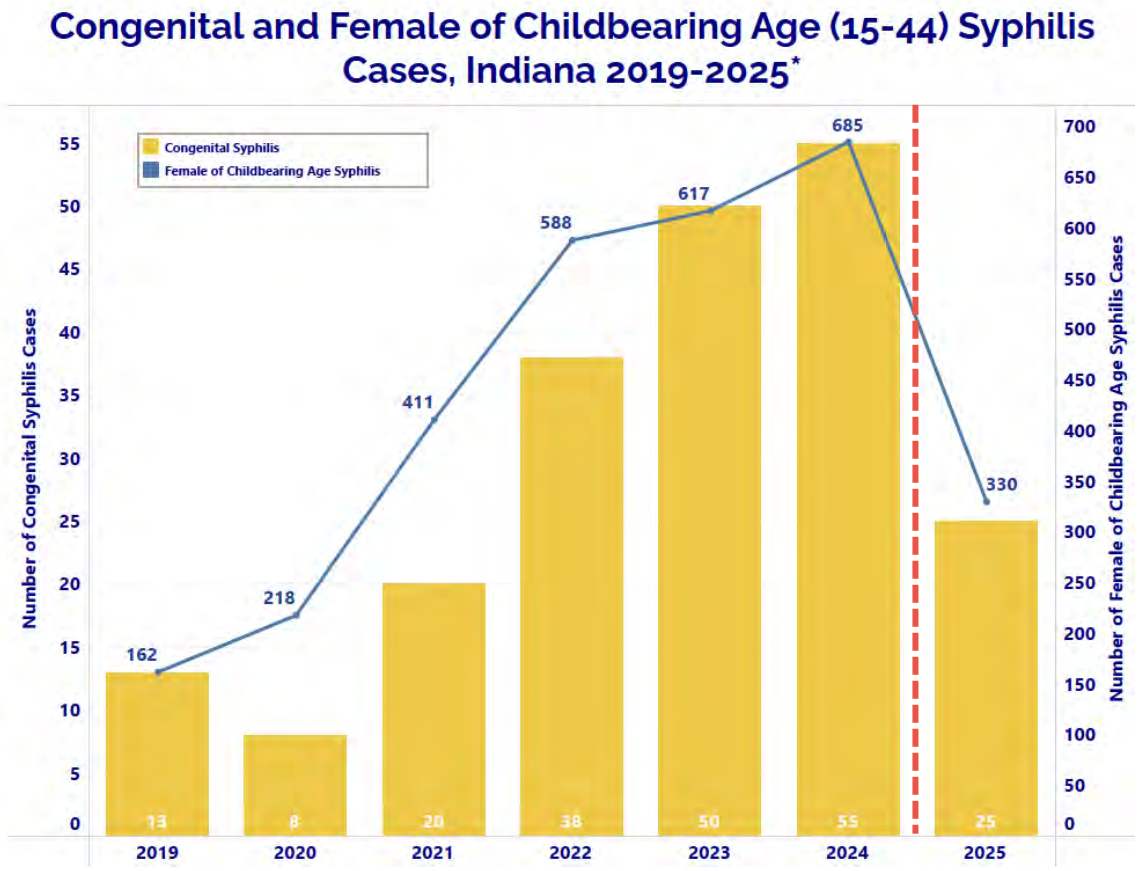
*2024 and 2025 STI data are preliminary and as of 07/24/2025.

Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2024* there was a 323% increase in congenital syphilis (CS) cases reported.
  - **There have been 25 cases of CS reported in 2025*, down 22.6% compared to this time last year.**
- Of the 25 CS cases reported this year, there has been 1 still birth.
- 120 potential CS cases are currently being tracked.
- From 2019-2024* there was a 323% increase in syphilis cases among females of childbearing age (15-44 years old).
  - **There have been 330 cases of adult syphilis among females of childbearing age in 2025*, down 7.8% compared to this time last year.**



*2024 and 2025 STI data are preliminary and as of 07/24/2025.

Bicillin L-A Recall

- On July 10, King Pharmaceuticals LLC. (a subsidy of Pfizer), voluntarily recalled lots of Bicillin L-A (Penicillin G Benzathine Injectable Suspension), due to particulates identified during visual inspection.
- Indiana Health Alert Network (IHAN) sent on July 16th, 2025
- The impacted timeframe in which affected product lots were distributed was from **Dec. 11, 2023, through June 24, 2025**.
- **To date, Pfizer has not received reports of any adverse events associated with this issue and there is currently no indication of reduced efficacy or need for retreatment.**
- Please refer to the above link for lot numbers, as well as product photos and labels for ease of identifying the impacted product.
- Pfizer issued a statement that same day regarding planning for patient care. Pfizer is anticipating a near-term stockout for Bicillin L-A due to this voluntary recall.
- Pfizer also issued a Medical Request Form (to request product), to be used for confirmed congenital and risk of congenital syphilis patients only. This form can be emailed to PISupplyContinuity@pfizer.com

https://www.in.gov/health/emergency-preparedness/files/IHAN-7-16-25.pdf

Bicillin L-A Recall- What Can You Do?

- Pfizer has provided guidance on how to check your current stock. If you have affected product lots, please discontinue use, stop distribution and quarantine the product immediately. **Promptly return the product to Sedgwick; 2670 Executive Drive, Suite A; Indianapolis, IN 46241; Attn: Event 8637, or call Sedgwick at 800-805-3093.** Affected product lots.
- Pfizer has implemented its Medical Request Process, effective immediately. The purpose of this process is to ensure that available inventory is distributed equitably to hospitals and clinics treating patients with the highest medical necessity, which, based on prior CDC guidance during Bicillin L-A shortages, is to **prioritize product only for patients with confirmed congenital syphilis and risk of congenital syphilis. Please share this guidance with your provider networks.**
- Continue to follow the Centers for Disease Control and Prevention's treatment recommendations for sexually-transmitted infections
- **As above, prioritize Bicillin L-A to treat pregnant women and babies with congenital syphilis, if applicable. All other cases can be treated with doxycycline 100mg PO BID for two weeks (for early syphilis) or four weeks (for latent or syphilis of unknown duration)**

https://www.in.gov/health/emergency-preparedness/files/IHAN-7-16-25.pdf

Questions?

Jeremy Roseberry, MA
Special Projects Manager
Indiana Department of Health
jroseberry@health.in.gov

Recommendations Reminder

- 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 women 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
- 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

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.

Emergency department visits in **the United States**

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

Nationally,

Respiratory Illness

causing people to seek healthcare is

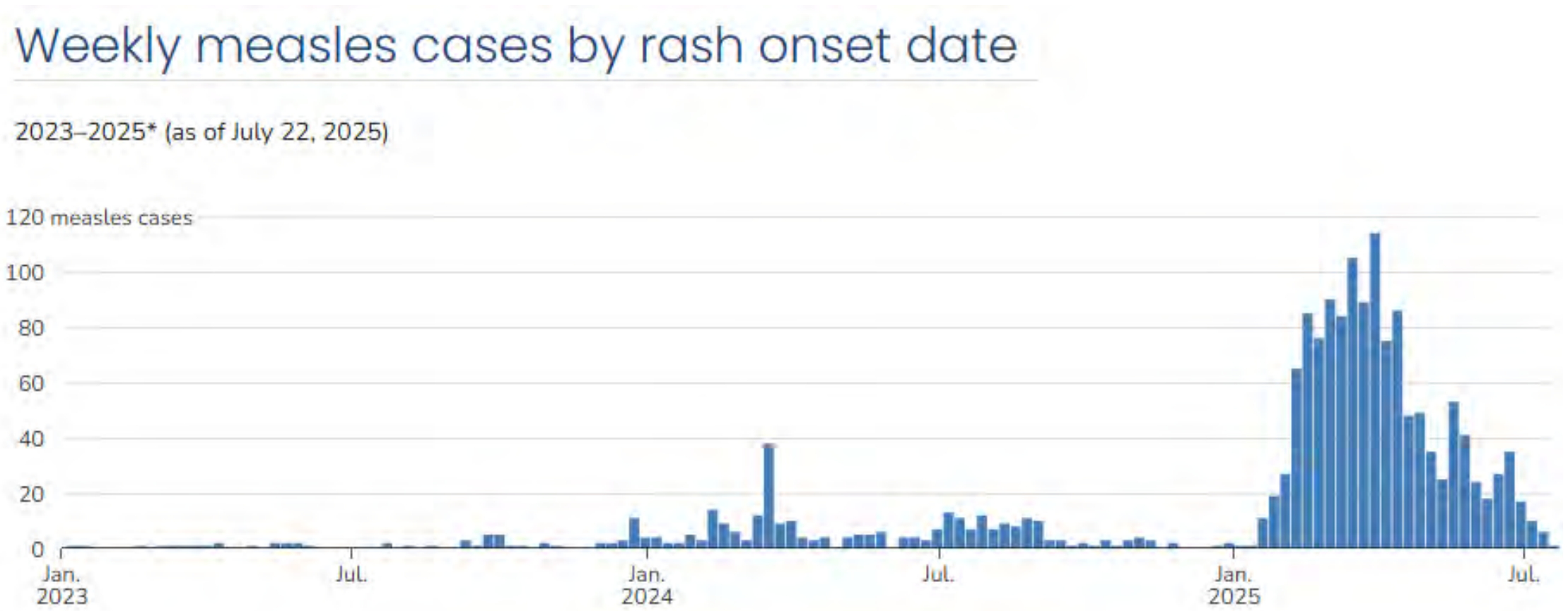
Indiana Department of Health

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

Current Measles Trends – U.S.

- As of July 22, a total of **1,319** measles cases were reported by 40 jurisdictions in 2025
  - This includes 29 outbreaks that account for 87% of cases (1,154 of 1,319)
- **Age breakdown of cases**
  - Under 5 years: 378 (29%)
  - 5-19 years: 484 (37%)
  - 20+ years: 445 (34%)
  - Age unknown: 12 (1%)
- **Vaccination status**
  - Unvaccinated or Unknown: 92%
  - One MMR dose: 4%
  - Two MMR doses: 4%
- **Hospitalization** – 13%
- **Deaths** - 3

Current Measles Trends – U.S.



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

Measles in Indiana

Indiana Measles Resources and Information

The Indiana Department of Health investigated an outbreak of measles and working with local health officials to help stop the spread of infection. The current reported cases were connected to each other with no known links to outbreaks in other states.

2025 Measles Cases

County	Cases
Allen	8
Putnam	1

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

Indiana Department of Health

https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/measles/

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.

CDC Summer Travel Guidance for Measles

CDC recommends vaccination against measles at least **2 weeks** before international travel for those without evidence of immunity

- If time allows before departure and the patient is over 12 months of age, the second dose should be administered at least 28 days after the first dose
- Verify if patient may need yellow fever vaccine before giving MMR due to spacing considerations with live-attenuated viral vaccines

Indiana Department of Health

Plan for Travel | Measles (Rubeola) | CDC

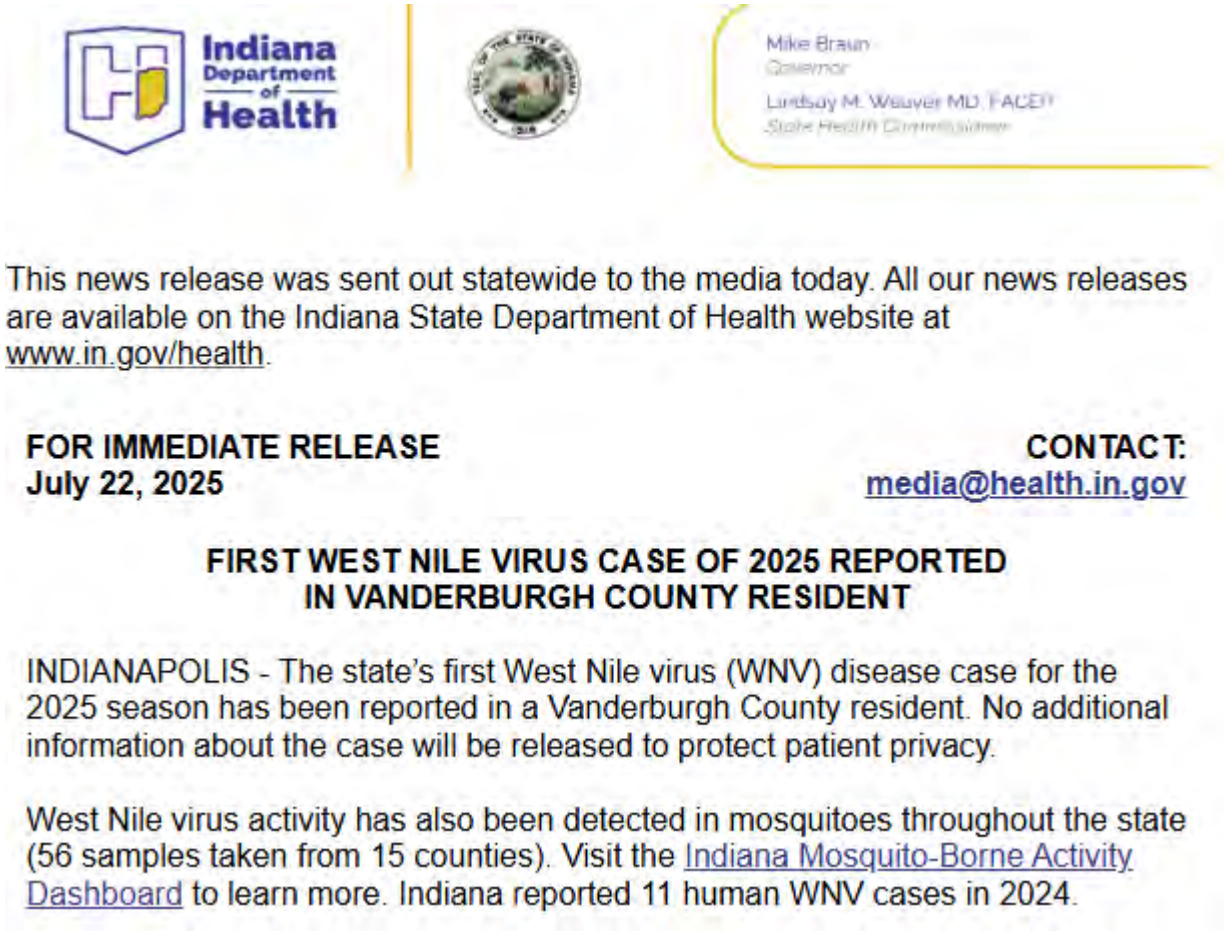
IHAN and FAQ for Clinicians

- 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

West Nile Virus (WNV)

- WNV has been detected in mosquito samples in multiple counties
- First WNV human case of 2025 was reported from Vanderburgh County
- WNV risk increases throughout the summer as more birds and mosquitoes become infected
- Hoosiers will continue to be at risk for WNV until the first hard freeze
- To monitor IDOH WNV surveillance, visit our Mosquito-Borne Illness Dashboard
- To learn more about WNV, including diagnosis and signs and symptoms, visit our West Nile Virus page

West Nile Virus (WNV)



Indiana Department of Health

Mike Braun
Governor
Lindsay M. Weaver MD, FACEP
State Health Commissioner

This news release was sent out statewide to the media today. All our news releases are available on the Indiana State Department of Health website at www.in.gov/health.

FOR IMMEDIATE RELEASE
July 22, 2025

CONTACT:
media@health.in.gov

FIRST WEST NILE VIRUS CASE OF 2025 REPORTED IN VANDERBURGH COUNTY RESIDENT

INDIANAPOLIS - The state's first West Nile virus (WNV) disease case for the 2025 season has been reported in a Vanderburgh County resident. No additional information about the case will be released to protect patient privacy.

West Nile virus activity has also been detected in mosquitoes throughout the state (56 samples taken from 15 counties). Visit the Indiana Mosquito-Borne Activity Dashboard to learn more. Indiana reported 11 human WNV cases in 2024.

Indiana Department of Health

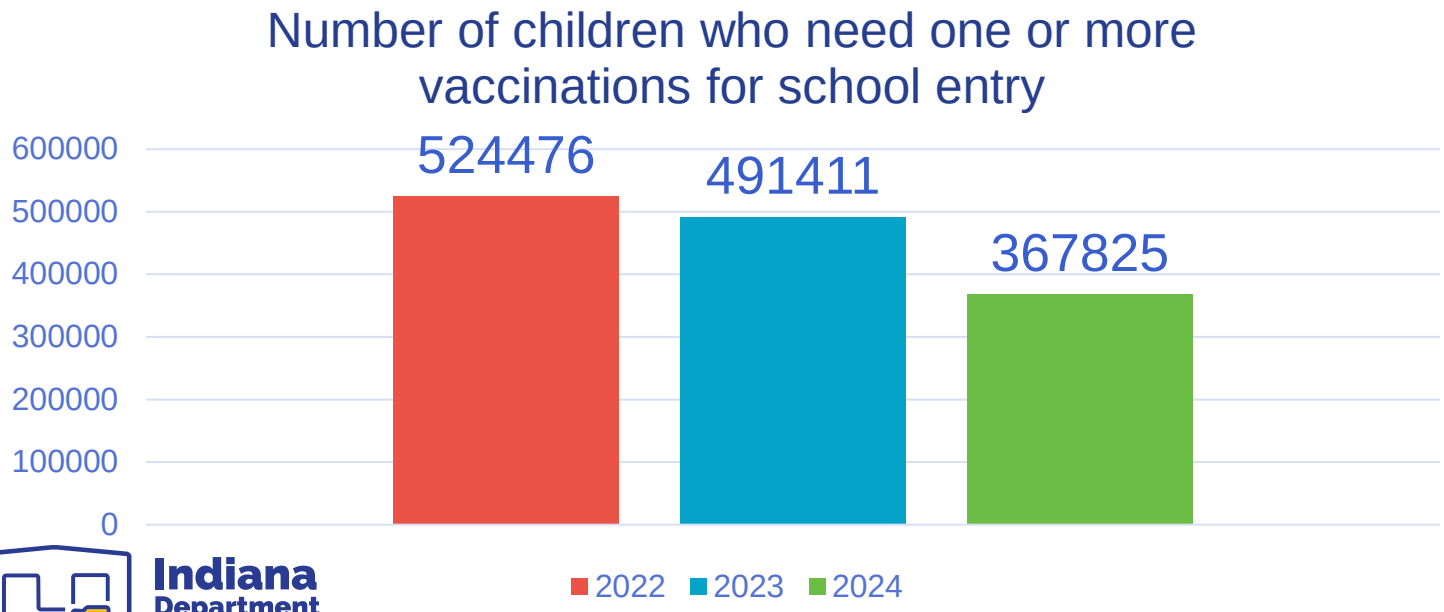
July 22 Press Release

Other Public Health Updates

Indiana Department of Health

Start Smart

We have dozens of clinics statewide offering routine childhood and teen vaccines. Find dates, times & walk-in options here: **startsmart.health.in.gov**



Indiana Department of Health

FDA NEWS RELEASE

HHS, FDA and USDA Address the Health Risks of Ultra-Processed Foods

For Immediate Release: July 23, 2025

- In case anyone is interested in contributing, there is a Request For Information (RFI) that went public on July 24.
- Joint effort amongst USDA, FDA, and HHS to create a standard definition.
- *"Currently, there is no single authoritative definition for ultra-processed foods for the U.S. food supply. Creating a uniform federal definition will serve as a key deliverable on the heels of the recently published Make Our Children Healthy Again Assessment, which recognizes that the overconsumption of ultra-processed foods is one of the driving factors of the childhood chronic disease crisis."*

FDA Press Release Link

FDA Recall

Product: Nipro MedicaLyte Liquid Bicarbonate Concentrate

Unique Device Identifier (UDI)/Model: 00817411022824

Reason: Nipro stated that they received reports of concerning visual irregularities in some product jugs. Returned units were sent to a third-party laboratory for analysis, where bacterial and fungal particles were identified. Nipro has received reports of one serious injury and one death.

Background: Dialysate is part of a hemodialysis system that removes waste, toxins, and excess fluids from the body in patients with kidney failure. If the contaminated product is used, the hemodialysis machine will need to be disinfected following the manufacturer's recommendations.

FDA Recall

Manufacturer Recommendations:

- Do not use any MedicaLyte Liquid Bicarbonate Concentrate
- Stop dispensing and distributing product and quarantine all lots
- Isolate identified devices in possession.
- If the affected lots were further distributed, please forward the notification and report the consignees

Contact Information:

- Customers in the U.S. with adverse reactions, quality problems, or questions about this recall should contact Nipro at Nipro4621@sedgwick.com or 1-877-546-0126.
- Health care professionals and consumers may report adverse reactions or quality problems to MedWatch's Online Voluntary Reporting Form.
- Contact Indiana Department of Health by emailing Trent Gulley (tgulley@health.in.gov) and Haley Beeman (hbeeman@health.in.gov).

Indiana Department of Health

Indiana Department of Health

Registration Link

The Doctor is IN podcast for clinicians

- IDOH was looking for a new way to communicate with clinicians
- Cover a variety of topics with a special guest
- New 15-20 minute episodes every other week
- Email if you have any ideas for topics
- On podcast platforms, including Google Play, Apple Podcasts, Spotify and Amazon

Indiana Department of Health

https://rss.com/podcasts/the-doctor-is-in-with-dr-guy-crowder-and-eric-hawkins/

Ways to connect with us

- Access our webpage with resources for clinicians
- Watch for an email from IDOH regarding the Indiana Health Network Alert messages
- Please let us know what topics you'd like us to cover: Email Gcrowder@health.in.gov or Ehawkins@health.in.gov

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, August 22

Supplemental information

Indiana Department of Health

Measles Testing Guidance for Clinicians

Measles testing should be performed for patients who:

- Meet the clinical case definition for measles (generalized maculopapular rash; and fever ≥101˚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