



# Spotlight on HIV, STD, & Viral Hepatitis

## Indiana Annual 2022 Surveillance Report



Indiana  
Department  
of  
Health



## BULLETIN BOARD

### AT A GLANCE

(Annual & Cumulative HIV, AIDS, STD, and Hepatitis B & C Data)

- By Mode of Transmission
- By Age at Diagnosis
- By Race/Ethnicity
- By Gender

### PERINATAL HIV TRANSMISSION

- Children Born to Mothers with HIV who are current Indiana residents

### HIV DISEASE MAPS

- Deaths Reported by County
- Indiana Persons Living with HIV Disease by Last Known County of Residence

### SEXUALLY TRANSMITTED DISEASE (STD) MORBIDITY

- Indiana STDs by Gender, Race/Ethnicity & Age
- Indiana STD Counts and Rates by County

### HEPATITIS

- Hepatitis C
- Hepatitis B Annual & Cumulative Data

### SURVEILLANCE TRENDS

- HIV/AIDS Care Continuum
- HIV/AIDS Surveillance

## NOTE:

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

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

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

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

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

[Communicable Disease Rule](#)

[Counseling & Testing Sites](#)

[Care Coordination Sites](#)

[STD Clinics](#)

[Hepatitis C Guidelines](#)



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

# Bulletin Board

## **Indiana HIV/STD Advisory Council**

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

April 20, 2023  
June 15, 2023  
Aug. 17, 2023  
Oct. 19, 2023  
Dec. 21, 2023

### **Community Co-Chairs:**

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

### **HIV Education, Training and Development**

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

TBA

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

TBA

### **Indiana Department of Health HIV/STD Supporting Programs**

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

# Bulletin Board

## **Other HIV/AIDS or STD-related programs**

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

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

**National Institutes of Health (NIH):** [www.nih.gov](http://www.nih.gov)

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

Centers for Disease Control and Prevention (CDC) website that provides information on the sexual health of men: <https://www.cdc.gov/sexualhealth/Default.html>

## **Midwest AIDS Training & Education Center (MATEC)**

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

**Community Advisory Group (CAG)** Step-Up, Inc. Todd Lare, [tlare@stepupin.org](mailto:tlare@stepupin.org)

**National HIV Telephone Consultation Service**

**1-800-933-3413**

## **National HIV/AIDS Telephone Consultation Service (Warmline)**

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

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

# Bulletin Board

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

**Lindsay M. Weaver, MD, FACEP**

State Health Commissioner

**Megan Lytle**

Assistant Commissioner, Public Health  
Protection Commission

**Jeremy Turner**

Director, Division of HIV/STD/Viral Hepatitis

**Larry Stribling Jr.**

Deputy Director, Division of HIV/STD/Viral  
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**Daniel M. Hillman, M.P.H.**

Epidemiologist, Surveillance Director

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Edwards, and Denice Trulley

# At a Glance

## **Annual HIV/AIDS, STD, and Hepatitis B & C Data; Jan. 1-Dec. 31, 2022**

<b>Indiana HIV/AIDS Cases</b>	<b>HIV at First Diagnosis</b>	<b>AIDS at First Diagnosis</b>	
New Reports for 12/31/2022*	503	100	
	<b>Total Persons Living with HIV (without an AIDS diagnosis)</b>	<b>Total Persons Living with AIDS</b>	
Prevalence as of 12/31/2022**	7,265	6,331	
<b>Indiana STD Cases</b>	<b>Primary/Secondary Syphilis</b>	<b>Gonorrhea</b>	<b>Chlamydia</b>
1/1/2022 – 12/31/2022***	701	12,300	33,328
<b>Indiana Hepatitis B &amp; C Cases</b>	<b>Hepatitis B 1/01/22 – 12/31/22</b>	<b>Hepatitis C *** 1/01/22 – 12/31/22</b>	
	85	3,948	

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

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

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

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

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

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

# At a Glance

## **Newly Reported Indiana HIV Cases and AIDS Cases by Mode of Transmission, Reported Jan. 1, – Dec. 31, 2022**

Mode of Transmission (Risk Factors)	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
Men who have sex with men (MSM)	178	35.3%	36	36.0%
Persons who Inject Drugs (PWID)	23	4.6%	6	6.0%
MSM & PWID	12	2.4%	1	1.0%
Heterosexual	13	2.6%	5	5.0%
Mother diagnosed HIV+ or AIDS	1	0.2%	0	0%
PWID/Hetero	7	1.4%	0	0%
Other (Pediatric Transfusion and Adult Transfusion/Hemophilia etc.)	8	1.6%	0	0%
Not Identified at This Time and/or No Reported Risk	261	51.9%	52	52.0%
Total	503	100%	100	100%

## **Newly Reported Indiana HIV Cases and AIDS Cases by Age at Diagnosis, Reported Jan. 1– Dec. 31, 2022**

Age at Diagnosis	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
<5	1	0.2%	0	0%
5-12	1	0.2%	0	0%
13-19	17	3.4%	1	1.0%
20-29	186	37.0%	22	22.0%
30-39	151	30.0%	31	31.0%
40-49	80	15.9%	28	28.0%
50+	67	13.3%	18	18.0%
Unknown	0	0%	0	0%
Total	503	100%	100	100%

## **Newly Reported Indiana HIV Cases and AIDS Cases by Race/Ethnicity and Gender, Reported Jan.1–Dec. 31, 2022**

Race/Ethnicity	HIV at First Diagnosis				AIDS at First Diagnosis			
	Male	%	Female	%	Male	%	Female	%
White	141	37.5%	45	35.4%	28	48.3%	1	8.3%
Black	157	41.8%	66	52.0%	17	29.3%	9	75.1%
Hispanic, all races	63	16.8%	9	7.1%	11	19.0%	1	8.3%
Other	15	3.9%	7	5.5%	2	3.4%	1	8.3%
Total	376	100%	127	100%	58	100%	12	100%
<b>Gender</b>	75%		25%		77%		23%	

# Perinatal HIV Transmission

## **Children Born to HIV Infected Mothers who are current residents of Indiana, Cumulative 1982 through Dec. 31, 2022**

Race	2022 Exposures	2022 Exposures now with HIV Disease	Total Exposures	Child Exposures now with HIV Disease
White	7	0	371	25
Black	15	3	755	92
Hispanic – All Races	1	0	139	14
Multiracial – Non Hispanic	0	0	0	0
Other	0	0	131	22
Total	23	3	1,396	153

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

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

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

**Special Note:** Two of the listed Pediatric cases are refugees that moved to Indiana.

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

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

<https://www.in.gov/health/hiv-std-viral-hepatitis/hivaids-confidential-case-reporting-forms/>

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

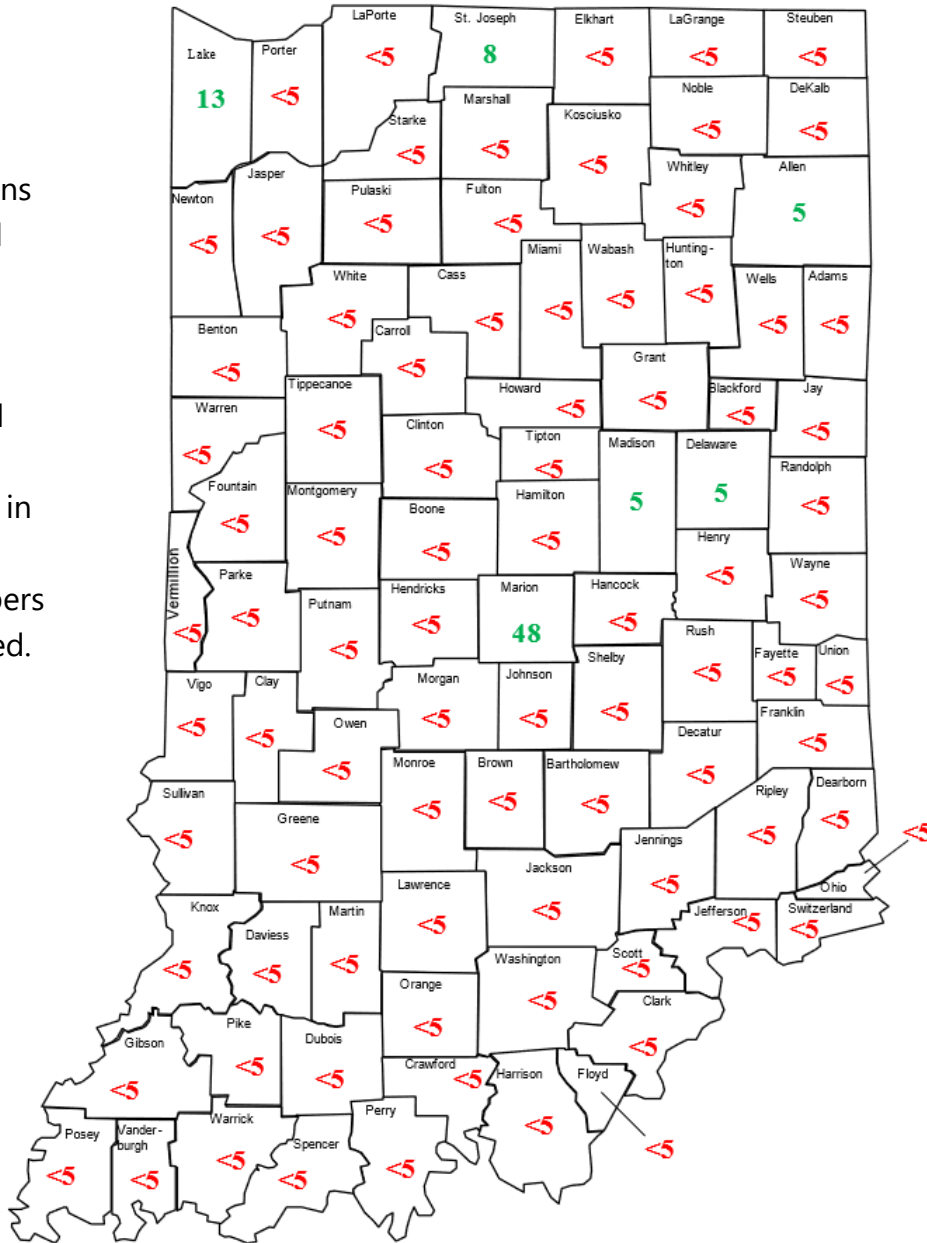


# HIV Disease Maps

## HIV DISEASE CASE DEATHS REPORTED IN 2022\*

Total Deaths among Persons with HIV Disease Reported Since 1981: **7,965**

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



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

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

# HIV Disease Maps

## INDIANA PERSONS LIVING WITH HIV DISEASE AS OF DEC. 31, 2022

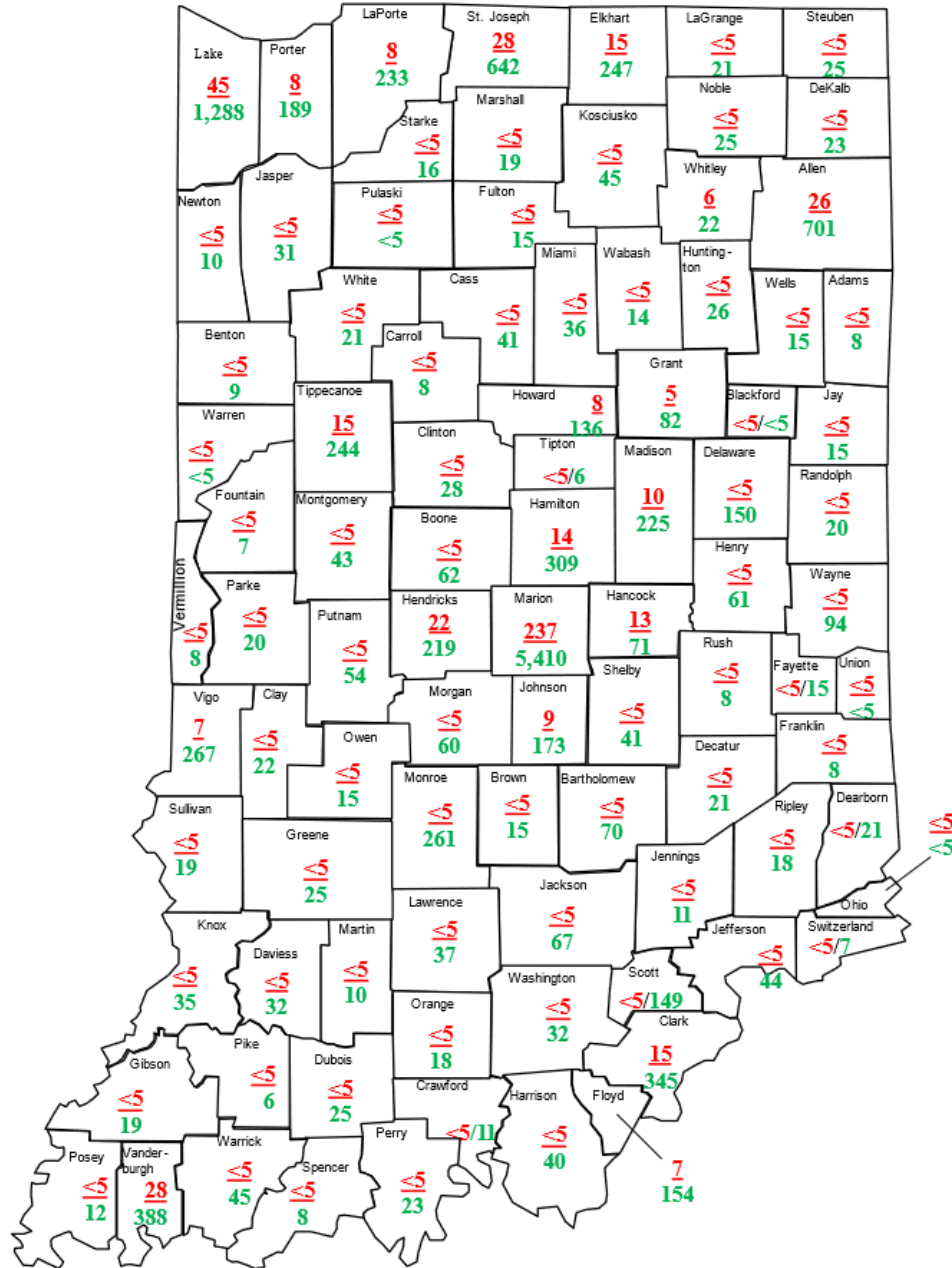
### Top Number:

New HIV/AIDS Reports

Jan. 1, – Dec. 31, 2022

### Bottom Number:

Total Persons Living with HIV/AIDS, including cases diagnosed in other states and currently living in Indiana, as of Dec. 31, 2022



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

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

# STD Morbidity

## Chlamydia, Gonorrhea and Syphilis Morbidity – Jan. 1 – Dec. 31, 2022

Gender	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Female	22,183	66.6%	5,710	46.4%	183	26.1%
Male	11,100	33.3%	6,582	53.5%	517	73.8%
Unknown	45	<1%	8	<1%	<5	5
Total	33,328	100%	12,300	100%	701	100%
Race	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
White	12,056	36.2%	4,311	35%	327	46.6%
Black	8,796	26.4%	4,971	40.4%	263	37.5%
All Others	3,001	9.0%	884	7.2%	96	13.7%
Unknown	9,475	28.4%	2,134	17.4%	15	2.1%
Total	33,328	100%	12,300	100%	701	100%
Ethnicity	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Hispanic	2,856	8.6%	618	5.0%	64	9.1%
Non-Hispanic	18,117	54.4%	8,661	70.4%	587	83.7%
Unknown	12,355	37.1%	3,021	24.6%	50	7.1%
Total	33,328	100%	12,300	100%	701	100%
Age	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
0-19	8,594	25.8%	1,959	15.9%	20	2.9%
20-24	12,429	37.3%	3,391	27.6%	121	17.3%
25-29	5,827	17.5%	2,508	20.4%	124	17.7%
30-34	3,122	9.4%	1,810	14.7%	114	16.3%
35-39	1,590	4.8%	1,110	9.0%	117	16.7%
40-44	892	2.7%	702	5.7%	72	10.3%
45-54	656	2.0%	567	4.6%	79	11.3%
55+	218	<1%	253	2.1%	54	7.7%
Unknown	0	0%	0	0%	0	0%
Total	33,328	100%	12,300	100%	701	100%

Source: IDOH STD Database as of Feb. 21, 2023 (2022 Data are preliminary until final data closeout)

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

# Indiana STD Counts and Rates by County

## Indiana STD Counts and Rates Jan. 1 - Dec. 31, 2022

No counts fewer than 5 are shown in order to protect confidentiality  Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Adams	64	177.9	13	36.2*	0	0
Allen	2,279	586.5	776	199.7	20	5.1
Bartholomew	267	323.7	67	81.2	<5	S
Benton	32	367.2	9	103.3*	0	0
Blackford	32	264.7	6	49.6*	0	0
Boone	143	195.8	37	50.6	<5	S
Brown	11	70.7*	8	51.4*	<5	S
Carroll	53	259.2	7	34.2*	<5	S
Cass	152	404.7	23	61.2	<5	S
Clark	506	412.3	194	158.1	16	13.0*
Clay	87	329.4	51	193.1	<5	S
Clinton	122	369.0	33	99.8	<5	S
Crawford	13	123.6*	6	57.1*	<5	S
Daviess	85	254.5	14	41.9*	<5	S
Dearborn	89	175.1	17	33.5*	<5	S
Decatur	96	364.7	11	41.8*	0	0
Dekalb	110	253.8	35	80.8	<5	S
Delaware	676	604.3	236	211.0	7	6.3*
Dubois	102	234.2	23	52.8	<5	S
Elkhart	1,002	484.2	337	162.9	10	4.8*
Fayette	70	299.7	25	107.0	0	0
Floyd	270	335.6	94	116.8	11	13.7*
Fountain	57	347.0	15	91.3*	0	0
Franklin	22	96.3	6	26.3*	0	0

# Indiana STD Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Fulton	37	181.5	5	24.5*	0	0
Gibson	108	328.0	34	103.3	<5	S
Grant	302	455.8	127	191.7	<5	S
Greene	76	246.9	24	78.0	0	0
Hamilton	848	237.8	212	59.4	10	2.8*
Hancock	209	255.5	77	94.1	0	0
Harrison	68	171.0	24	60.4	<5	S
Hendricks	457	254.8	149	83.1	10	5.6*
Henry	165	337.2	39	79.7	<5	S
Howard	432	516.2	136	162.5	<5	S
Huntington	89	242.4	21	57.2	<5	S
Jackson	179	388.6	35	76.0	0	0
Jasper	78	235.7	18	54.4*	0	0
Jay	55	271.6	15	74.0*	<5	S
Jefferson	99	298.7	26	78.5	<5	S
Jennings	74	270.0	17	62.0*	0	0
Johnson	535	325.6	160	97.4	9	5.5*
Knox	152	422.7	28	77.9	<5	S
Kosciusko	207	258.4	46	57.4	<5	S
LaGrange	38	93.8	9	22.2*	<5	S
Lake	2,930	587.7	974	195.4	74	14.8
LaPorte	458	407.5	144	128.1	10	8.9*
Lawrence	92	204.1	30	66.6	<5	S
Madison	747	571.2	275	210.3	7	5.4*
Marion	10,113	1041.4	4,557	469.3	281	28.9

# Indiana STD Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Marshall	100	216.8	23	49.9	0	0
Martin	12	122.7	<5	S	0	0
Miami	99	274.4	32	88.7	<5	S
Monroe	695	496.9	257	183.7	<5	S
Montgomery	151	396.7	15	39.4*	5	13.1*
Morgan	171	236.8	39	54.0	<5	S
Newton	25	181.1	<5	S	0	0
Noble	151	319.7	28	59.3	<5	S
Ohio	10	167.3	<5	S	0	0
Orange	48	242.1	5	25.2	<5	S
Owen	36	167.9	18	83.9*	<5	S
Parke	64	390.1	13	79.2*	0	0
Perry	30	155.3	10	51.8*	<5	S
Pike	11	90.6*	<5	S	0	0
Porter	472	270.9	113	64.9	15	8.6*
Posey	65	258.8	26	103.5	<5	S
Pulaski	34	275.5	6	48.6	0	0
Putnam	99	267.7	26	70.3	<5	S
Randolph	55	225.5	21	86.1	0	0
Ripley	51	175.4	7	24.1*	<5	S
Rush	32	191.9	8	48.0*	0	0
Scott	56	229.9	13	53.4*	<5	S
Shelby	119	264.2	23	51.1	<5	S
Spencer	33	166.7	10	50.5*	5	25.3*
St Joseph	1,748	642.1	740	271.8	11	4.0*

# Indiana STD Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality	Chlamydia		Gonorrhea		Syphilis	
Last Known County of Residence	Count	Rate	Count	Rate	Count	Rate
Starke	24	102.7	8	34.2*	<5	S
Steuben	75	216.6	14	40.4*	0	0
Sullivan	55	265.0	15	72.3*	0	0
Switzerland	19	194.1*	5	51.1*	0	0
Tippecanoe	967	516.9	283	151.3	22	11.8
Tipton	30	195.2	5	32.5	0	0
Union	6	85.1*	<5	S	0	0
Vanderburgh	1,314	730.1	635	352.8	86	47.8
Vermillion	43	280.3	13	84.7*	0	0
Vigo	677	638.7	342	322.7	6	5.7*
Wabash	79	256.4	16	51.9	0	0
Warren	6	70.8*	<5	S	0	0
Warrick	186	288.3	60	93.0	7	10.9
Washington	48	170.8	9	32*	<5	S
Wayne	322	484.5	198	297.9	<5	S
Wells	56	198.6	6	21.3*	<5	S
White	83	336.7	8	32.5*	<5	S
Whitley	83	241.1	14	40.7*	0	0
Unknown	0	0	0	0	0	0
<b>Total</b>	<b>33,328</b>	<b>489.7</b>	<b>12,300</b>	<b>180.7</b>	<b>701</b>	<b>10.3</b>

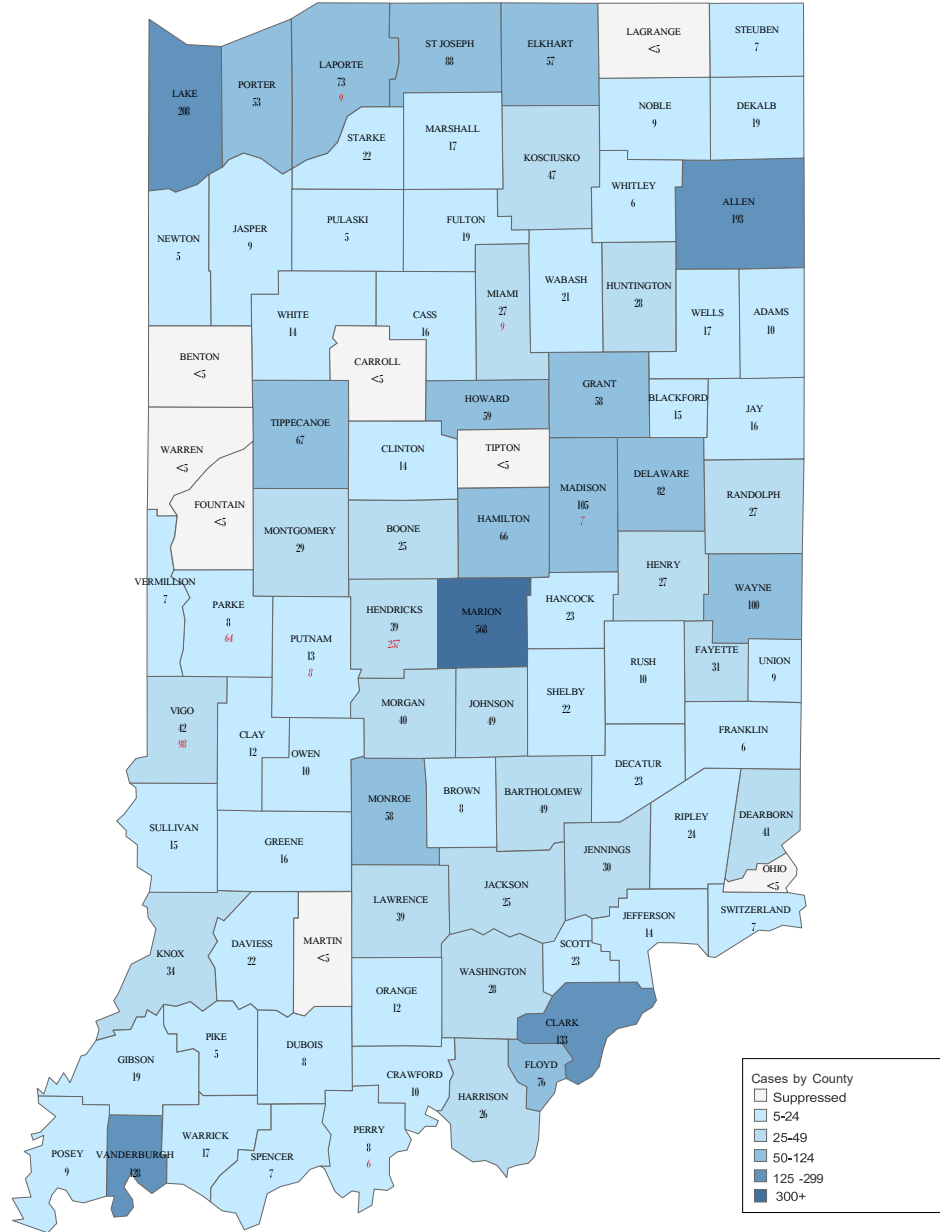
Note: Data are suppressed(s) "S" when counts are <5 or if determined identifiable

Note: Rates are based on 2021 Census Data

# Hepatitis C

JAN. 1 – DEC. 31, 2022

Total Chronic and Acute 2022 Hepatitis C Cases



Case counts may reflect county of medical provider and not residence of individual due to reporting limitation.

Indiana Department of Corrections (IDOC) includes State Department of Corrections and Federal Facilities. Counties with less than 5 IDOC cases are not labeled.

Data represents investigations reported through the Indiana National Electronic Disease Surveillance System based on county of investigation. Year is determined based on the MMWR year for the case created date.

Data Source: Indiana Department of Health. HIV, STD, Viral Hepatitis



# Hepatitis B

JAN. 1 – DEC. 31, 2022

AGE_RANGE	Acute*
01-04	<5
05-09	<5
10-19	<5
20-29	11
30-39	16
40-49	25
50-59	25
60-69	6
70-79	<5
80-89	<5
<b>Total</b>	<b>85</b>

RACE	Acute
White	71
Other/Multiracial	<5
American Indian or Alaska Native	0
Asian	<5
Unknown	<5
Native Hawaiian or Other Pacific Islander	0
Black or African American	11
<b>Total</b>	<b>85</b>

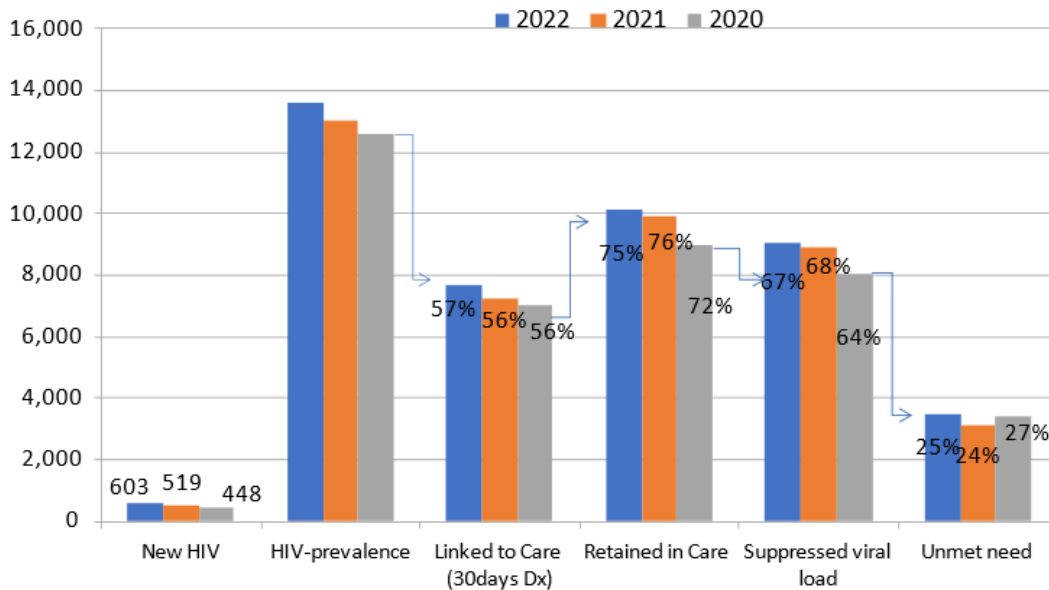
ZIP COALITION	Acute*
1	7
2	7
3	6
4	<5
5	16
6	<5
7	28
8	<5
9	6
10	6
<b>Total</b>	<b>85</b>

SEX	Acute*
Male	59
Female	26
Unknown	0
<b>Total</b>	<b>85</b>

**Note:** Data from 2022 are preliminary and subject to change. Cases identified through IDOC and FCI are also included in these case counts. **Technical Notes:** Reported cases of acute hepatitis B must meet the following clinical and laboratory criteria\*: **Clinical:** An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis and either a) jaundice, or b) elevated serum alanine aminotransferase levels >100 IU/L. **Laboratory:** Hepatitis B surface antigen (HBsAg) positive AND Immunoglobulin M (IgM) antibody to hepatitis B core antigen (IgM anti-HBc) positive (if done). \*A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B "e" antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT) including genotype) result does not require an acute clinical presentation to meet the surveillance case definition. **Reference:** <https://ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-2012/>

# Surveillance Trends

## Continuum of HIV Care, Indiana, Years 2020-2022



Source: Indiana HIV/AIDS Surveillance Database Rates based on U.S. Census, 2020

- Of those living with HIV, 72% (2020) vs 75% (2022) are retained in care (past 12 months)
- Of those living with HIV, 64% (2020) vs 67% (2022) have a suppressed VL
- CDC. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012. MMWR 2015; 64:657-662

## Indiana HIV/AIDS Surveillance

**Table1. Newly Reported Indiana HIV and AIDS Cases, Reported 2009-2022**

Year	HIV		AIDS		HIV/AIDS
	Count	%	Count	%	Total
2009	371	73%	138	27%	509
2010	370	75%	123	25%	493
2011	372	74%	129	26%	501
2012	405	80%	104	20%	509
2013	364	80%	90	20%	454
2014	421	82%	94	18%	515
2015*	543	87%	78	13%	621
2016	413	78%	94	22%	507
2017	444	81%	103	19%	547
2018	419	80%	103	20%	522
2019	455	83%	94	17%	549
2020	369	82%	79	18%	448
2021	449	86%	70	14%	519
2022*	503	83%	100	17%	603
<b>Avg.</b>	421		100		521
<b>Std. Dev.</b>	54		19		48
<b>Range</b>	(367-475)		(81-119)		(473-569)

\*Significant Differences

**Figure1. Newly Reported Indiana HIV and AIDS Cases, Reported 2009-2022**

