



Indiana
Department
of
Health

Welcome
to the
Healthcare Associated
Infections Antimicrobial
Resistance Webinar Series





Indiana
Department
of
Health

Updated HAI-
AR Team
Reportable
Conditions



Meet the HAI-AR Team



Indiana
Department
of
Health

Trent Gulley
Healthcare Associated
Infections Director
tgulley@health.in.gov
317-233-7825



Caleb Cox
MDRO Lead
Epidemiologist
CalCox@health.in.gov
317-232-7814

- MDRO Team**
- Carbapenemase Producing Organisms
 - *Candida auris*
 - VISA/VRSA
 - MDROs



Haley Beeman
HAI Lead
Epidemiologist
HBeeman@health.in.gov
or
317-234-2805

- HAI Team**
- HAI Outbreak
 - HA Legionnaires' Disease
 - Melioidosis
 - HA GAS
 - Ebola and Marburg Virus
 - Project Firstline



Kiersten Hawkins
NHSN Lead
Epidemiologist
kihawkins@health.in.gov
317-234-7180

- NHSN Team**
- NHSN
 - Tap Reports
 - Antimicrobial Stewardship

**Chief Nurse
Consultant
VACANT**

**Infection
Prevention
Program Manager
VACANT**



Janene Gumz-Pulaski
Assistant IP Program
Manager, D1 IP
JGumzPulaski@health.IN.gov
or 317-499-3877

**11 District
Infection
Preventionists**



Indiana Department of Health's Healthcare Associated Infections and Antimicrobial Resistance (HAI-AR) Team



Caleb Cox
MDRO Lead
Epidemiologist
CalCox@isdh.in.gov
V
317-232-7814



Hannah Gallion
Antimicrobial
Resistance
Epidemiologist II
HGallion@isdh.in.gov
OV
317-232-1206



Marcie Bryant
Antimicrobial
Resistance
Epidemiologist II
MBryant@isdh.in.gov
317-670-1820

**Antimicrobial
Resistance
Epidemiologist II
VACANT**



Bethany Lavender
Infection Prevention
Epidemiologist
Lavender@health.IN.gov
317-646-0215



Lauren Quatroche
Antimicrobial
Resistance
Epidemiologist I
LQuatroche@health.in.gov
V
317-232-2886

***Candida auris*
Epidemiologist I
VACANT**

**Antimicrobial
Resistant
Epidemiologist I
VACANT**



**Indiana Department of Health's Healthcare Associated Infections and
Antimicrobial Resistance (HAI-AR) Multi-Drug Resistant Organisms Team**



Haley Beeman
**Senior Healthcare
Associated
Infections
Epidemiologist**
HBeeman@health.in.gov

317-237-2805

Deepshikha Singhal
**HAI Epidemiologist
II**
DSinghal@health.in.gov
317-941-4243

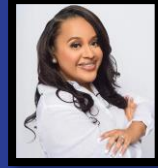
Alicia Dolan
HAI Epidemiologist II
ADolan@health.in.gov
317-941-4509

Aubrey West
**HAI Health
Educator**
AWest@health.in.gov
317-682-9515

**HAI
Epidemiologist I
VACANT**



**Indiana Department of Health's Healthcare Associated Infections and
Antimicrobial Resistance (HAI-AR) HAI Team**



Kiersten Hawkins
NHSN Lead
Epidemiologist
kihawkins@health.in.g
ov
317-234-7180

**NHSN
Epidemiologist II
VACANT**

Dhivya Selvaraj
Antimicrobial
Stewardship
Epidemiologist II
Dselvaraj@health.in.go
v
317-941-4588

**HAI Program
Administrator
VACANT**

**NHSN
Epidemiologist I
VACANT**



**Indiana Department of Health's Healthcare Associated Infections and
Antimicrobial Resistance (HAI-AR) NHSN Team**

Contacts by Subject Matter

Questions About	Primary Contact
Healthcare associated infections (CLABSI, CAUTI, VAP & SSI) Ebola or Marburg Virus Melioidosis Healthcare associated <i>Legionella</i> Healthcare associated Group A <i>Streptococcus</i> Injection safety	HAI Team
NHSN Reporting and Mapping Antimicrobial Stewardship	NHSN Team
Antimicrobial resistance and susceptibility CPO MRSA and <i>C. diff.</i> <i>Candida auris</i> VISA/VRSA Pandrug-Resistant Organisms MDRO containment	MDRO Team
Infection prevention concerns Infection Control Assessment and Response (ICAR)	IP program manager and infection preventionist for your district
N95 Fit testing Ebola Bloodborne pathogens, tattoo, eyelash extension, sharps and infectious waste	Chief Nurse Consultant

Infection Preventionists

For infection control and prevention questions and concerns, please refer to the contact for your district IP or Janene Gumz-Pulaski, Interim IP program manager.

IPs provide proactive and reactive Infection Control Assessment and Response (ICAR) in long-term care (LTC) for COVID-19. The team also completes ICAR assessments in LTC, acute care (hospitals), long term acute care hospitals (LTACHs), and dialysis facilities related to other outbreaks or infection prevention needs.

For the current district map, please go to the [Infection Prevention Program Webpage](#).



District 1: 65 LTC facilities
 Janene Gumz-Pulaski RN, CIC
 Assistant Program Manager IP,
igumzpulaski@health.in.gov
 317-499-3877

District 2 - 71 LTC facilities
 Victor Zindoga RN
vzindoga@health.in.gov
 317-509-8964

District 3- 73 LTC facilities
 Pam Bennett RN
pbennett@health.in.gov
 317-476-0947

District 4: 67 LTC facilities
 Angela Badibanga MPH
Abadibanga@health.in.gov
 317-695-3335

District 5: (shared 126)
 64/63 split LTC facilities
 Jason Henderson RN,
jahenderson@health.in.gov
 317-719-0776 and
 Deanna Paddack RN
dpaddack@health.in.gov
 317-464-7710

District 6: 69 LTC facilities
 Tanya Canales RN
tcanales@health.in.gov
 317-677-3583

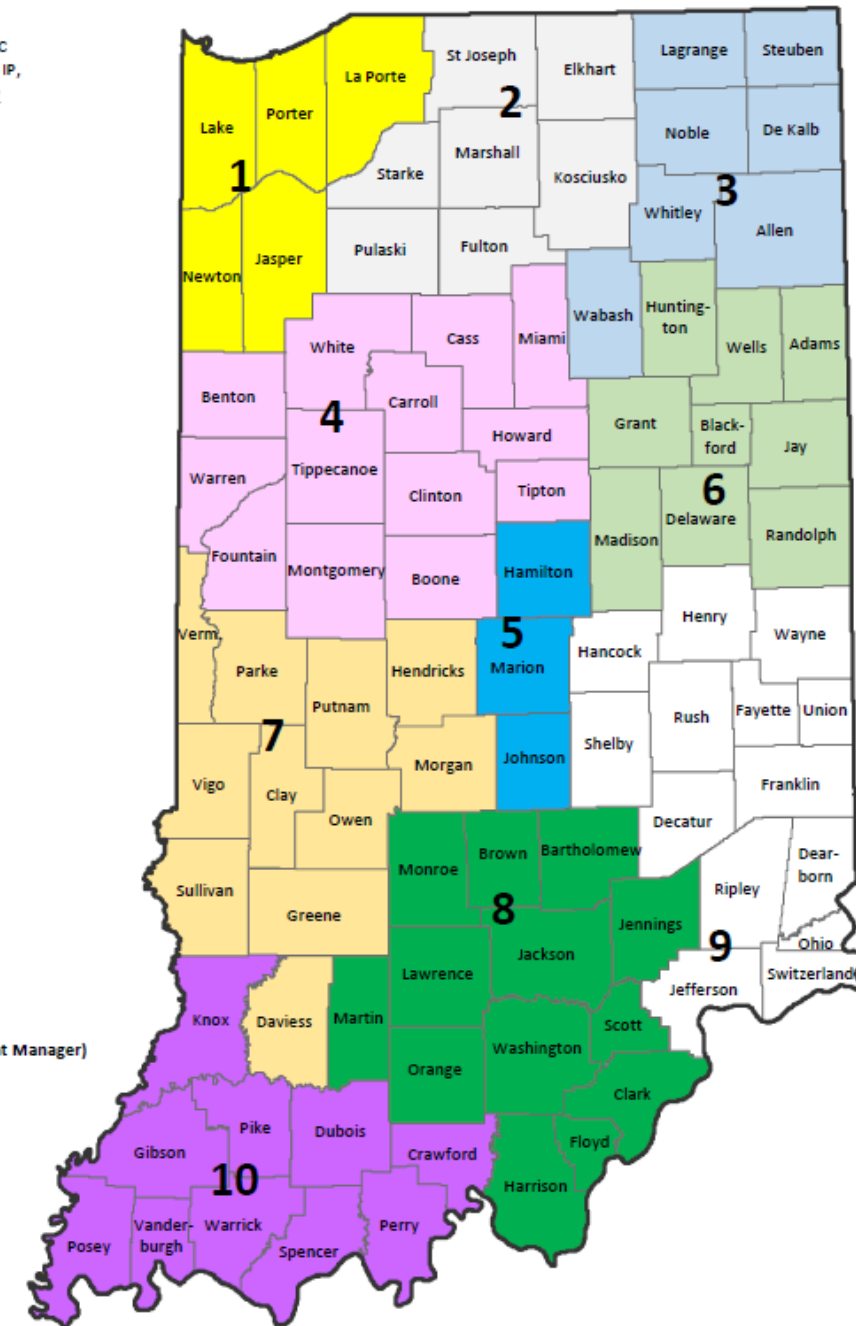
District 7: 62 LTC facilities
 Sara Reese RN
Sreese1@health.in.gov
 317-450-8049

District 8: 73 LTC facilities
 Jennifer Brinegar RN,
jbrinegar@health.in.gov
 317-903-5329

District 9: 68 LTC facilities
 Open (Contact D 1 Assistant Manager)

District 10: 64 facilities
 Mary Enlow RN
menlow@health.in.gov
 317-727-8431

Total 738 LTC Facilities





HAI-AR Reporting Overview



Indiana
Department
of
Health

Communicable Disease Rule

Announcement: In March 2023, the Indiana Department of Health (IDOH) announced changes to Indiana's Communicable Disease (CD) Rule (410 IAC), including streamlined timeframes for reporting and updates to reportable diseases. Indiana Code Title 16 (Health 16-41-2-1) was amended in 2019. This amendment allows the IDOH to publish and update the list of reportable communicable diseases and control measures on the IDOH website. External documents have been created to house this information, which will allow for updates and changes to be made more easily in the future.

Communicable disease reporting changes went into effect April 1.

Key Updates

- The reporting timeframes have been streamlined to two options: immediately and within one working day. The number of immediately reportable diseases has decreased.
- The reportable disease list has been removed from the Indiana Communicable Disease (CD) Rule. Separate documents have been created for the reportable disease list for providers as well as a reportable result/pathogen list for laboratories. By listing this information in external documents, rather than within the rule, it will be easier to make changes and keep the information updated. Additionally, these documents will be more easily accessible and convenient for health care providers, hospitals, medical laboratories, and local health departments.

The following documents cover the changes in greater detail:

1. [Indiana Reportable Disease List for Healthcare Providers and Hospitals](#)
2. [Indiana Reportable Result/Pathogen List for Laboratories](#)
3. [Summary of Reporting Changes Document](#)
4. [Frequently Asked Questions Document](#)
5. [Local Health Department Webcast Slides](#)

[Access the
communicable
disease reporting
resources here!](#)

Indiana Communicable Disease Rule Changes

- Streamlined timeframes for reporting
 - Immediately
 - Within one working day
- Updated reportable disease list for hospitals/providers as well as a reportable result/pathogen list for laboratories
- Changes effective **April 1**

2023 Indiana Reportable Disease List for Healthcare Providers and Hospitals

410 IAC 1-2.5-75 & 76



REPORT IMMEDIATELY ON SUSPICION

Anthrax	Rabies, human
Botulism	Rubella (German Measles)
Cholera (<i>Vibrio cholerae</i> O1, O139, or toxigenic)	Rubella congenital syndrome
Diphtheria	Severe Acute Respiratory Syndrome (SARS)
Eastern equine encephalitis virus (EEEV) disease	Smallpox (Variola infection)
Hemolytic uremic syndrome (HUS), post-diarrheal	Tularemia
Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant	Viral hemorrhagic fever, filoviruses
Influenza A, Novel	Ebola virus
Measles (Rubeola)	Marburg virus
Melioidosis (<i>Burkholderia pseudomallei</i>)	Viral hemorrhagic fever, other
Meningococcal disease, invasive	Crimean-Congo hemorrhagic fever virus
Middle East Respiratory Syndrome (MERS)	Guanarito virus
Plague	Junin virus
Poliomyelitis	Lassa virus
	Lujo virus
	Machupo virus
	Sabia virus

TO REPORT:

- Immediately Reportable: complete steps 1-2
- Within One Working Day: complete step 2

Step 1: Call **317-233-7125**
317-233-1325 (After hours)



Step 2:

- NBS users: Report conditions via Morbidity Report in **NBS**
- Non-NBS users: Report with **this** form

REPORT WITHIN ONE WORKING DAY

Acquired Immunodeficiency Syndrome (AIDS)	Giardiasis
Acute Flaccid Myelitis (AFM)	Gonorrhea
Anaplasmosis	Disseminated gonococcal infection
Animal bite or exposure	Granuloma inguinale
Arboviral disease or infection, domestic	<i>Haemophilus influenzae</i> , invasive disease, (including antimicrobial susceptibility testing)
West Nile virus (WNV)	Hansen's disease (leprosy)
St. Louis encephalitis virus (SLEV)	Hantavirus infection (pulmonary and non-pulmonary), including, but not limited to: Sin Nombre virus
Western equine encephalitis virus (WEEV)	Seoul virus
California serogroup viruses (La Crosse virus (LACV), Jamestown Canyon virus (JCV), Powassan virus (POWV))	Hepatitis, viral, Type A
Arboviral disease or infection, imported	Hepatitis, viral, Type B (acute and chronic)
Chikungunya virus (CHIKV)	Hepatitis, viral, Type C (acute and chronic)
Dengue virus (DENV)	Hepatitis, viral, Type C, pregnant woman (acute or chronic) or perinatally exposed infant
Zika virus (ZIKV)	Hepatitis, viral, Type Delta
Babesiosis	Hepatitis, viral, Type E
Brucellosis	Hepatitis, viral, unspecified
Campylobacteriosis	Histoplasmosis
Candida auris and unusual <i>Candida</i> spp. (species other than <i>C. albicans</i>, <i>C. parapsilosis</i>, <i>C. dubliniensis</i>, <i>C. lusitanae</i>, <i>C. tropicalis</i> or <i>C. krusei</i>)	HIV infection/disease
Carbapenemase-Producing Organisms (CPO)	HIV infection/disease, pregnant woman or perinatally exposed infant
Chancroid	Influenza-associated death (all ages)
Chlamydia trachomatis, genital infection	Japanese encephalitis
<i>Lymphogranuloma venerum</i>	Latent tuberculosis infection (LTBI)
Coccidioidomycosis	Legionellosis
COVID-19, cases and deaths	Leptospirosis
Cryptosporidiosis	Listeriosis
Cyclosporiasis	Lyme disease
Ehrlichiosis	Lymphocytic choriomeningitis virus
<i>Escherichia coli</i> (<i>E. coli</i>) infection (Shiga toxin-producing <i>E. coli</i> (STEC)) including, but not limited to, <i>E. coli</i> O157 and other serogroups)	Malaria
	Mpox (formerly known as Monkeypox)
	Multisystem Inflammatory Syndrome in adults (MIS-A)

Multisystem Inflammatory Syndrome in children (MIS-C)
Mumps
Pandrug-resistant Organisms
Pertussis
Psittacosis
Q Fever
Rabies, postexposure prophylaxis administration
Salmonellosis, non-typhoidal
Shigellosis
Spotted fever rickettsiosis, including Rocky Mountain Spotted fever
<i>Streptococcus pneumoniae</i> , invasive disease (including antimicrobial susceptibility testing)
<i>Streptococcus</i> , Group A, invasive disease
Syphilis
Tetanus
Toxic shock syndrome (streptococcal or staphylococcal)
Trichinellosis
Tuberculosis disease, cases and suspects
Typhoid and paratyphoid fever, cases and carriers
Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) and Vancomycin intermediate <i>Staphylococcus aureus</i> (VISA)
Varicella (chickenpox)
Vibriosis (non-cholera <i>Vibrio</i> infection)
Yellow fever
Yersiniosis, Non-pestis

2023 Indiana Reportable Disease List for Healthcare Providers and Hospitals

410 IAC 1-2.5-75 & 76



IMMEDIATELY REPORTABLE OUTBREAKS

1. Any disease required to be reported as listed above
2. Newborns with diarrhea in hospitals or other institutions
3. Foodborne or waterborne diseases in addition to those specified above
4. Streptococcal illnesses
5. Conjunctivitis
6. Impetigo
7. **Clusters or suspected outbreaks of any disease associated with hospitals and healthcare facilities**
8. Influenza-like illness
9. Viral meningitis
10. Unusual occurrence of disease
11. Any disease (e.g. anthrax, plague, tularemia, Brucella species, smallpox, or botulism) or chemical illness considered a bioterrorism threat, importation, or laboratory release

OTHER REPORTABLE NON-COMMUNICABLE CONDITIONS AND DISEASES

- Report all blood lead results (capillary and venous) in children and adults within one week (410 IAC 29-3-1)
- Report confirmed cases of cancer occurring in residents diagnosed or treated in Indiana to the state cancer registry (410 IAC 21-1-2)

REPORT IMMEDIATELY UPON SUSPICION

<i>Bacillus anthracis</i>	Rubella virus
<i>Burkholderia mallei</i>	SARS-associated coronavirus (SARS-CoV)
<i>Burkholderia pseudomallei</i>	Smallpox (variola) virus
<i>Clostridium botulinum</i>	Viral hemorrhagic fever, filoviruses
<i>Corynebacterium diphtheriae</i>	Ebola virus
Eastern equine encephalitis virus	Marburg virus
<i>Francisella tularensis</i>	<i>Vibrio cholerae</i> O1, O139, or toxigenic
Hepatitis, viral, type B, pregnant woman (acute and chronic) or perinatally exposed infant [†]	Viral hemorrhagic fever, other
Measles virus	Crimean-Congo hemorrhagic fever virus
Middle East Respiratory Syndrome Coronavirus (MERS-CoV)	Guanarito virus
<i>Neisseria meningitidis</i> , invasive disease	Junin virus
Novel influenza A	Lassa virus
Poliovirus	Lujo virus
Rabies virus	Machupo virus
	Sabia virus
	<i>Yersinia pestis</i>

For immediate reporting call: **317-233-7125 or 317-233-1325 (after hours)**

Please also report via electronic laboratory reporting

For facilities unable to submit via ELR please fax reports to **317-234-2812.**

REPORT WITHIN ONE WORKING DAY

<i>Anaplasma</i> spp.	<i>Ehrlichia</i> spp.
Arboviruses including, but not limited to:	<i>Escherichia coli</i> (E. coli) infection (Shiga toxin-producing (STEC), including but not limited to, E. coli O157, E. coli O157:H7, non-O157 E. coli, and Shiga toxin detected [†]
Chikungunya virus	<i>Giardia</i> spp.
Dengue virus	<i>Grimontia hollisae</i> (<i>Vibrio hollisae</i>)
Jamestown Canyon virus	<i>Haemophilus ducreyi</i>
Japanese encephalitis virus	<i>Haemophilus influenzae</i> , invasive disease [†]
La Crosse (California serogroup) viruses	Hantavirus
Powassan virus	Hepatitis, viral, Type A, Anti-HAV IgM or RNA detected
St. Louis encephalitis virus	Hepatitis, viral, Type B [†]
Western equine encephalitis virus	Hepatitis, viral, Type C [†]
West Nile virus	Hepatitis, viral, Type Delta [†]
Zika virus	Hepatitis, viral, Type E, Anti-HEV IgM and IgG
<i>Babesia</i> spp.	Hepatitis, viral, unspecified
<i>Bordetella pertussis</i>	<i>Histoplasma capsulatum</i>
<i>Borrelia burgdorferi</i>	HIV and related retroviruses
<i>Brucella</i> spp.	Influenza
<i>Campylobacter</i> spp.	Interferon gamma release assay (IGRA) for tuberculosis (positive results only)
<i>Candida auris</i> and unusual <i>Candida</i> spp. (Species other than <i>C. albicans</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i> , <i>C. lusitanae</i> , <i>C. tropicalis</i> , or <i>C. krusei</i>)	<i>Legionella</i> spp.
Carbapenemase-producing <i>Enterobacteriales</i> , <i>Pseudomonas aeruginosa</i> , and <i>Acinetobacter baumannii</i> [†]	<i>Leptospira</i> spp.
<i>Chlamydia psittaci</i>	<i>Listeria monocytogenes</i>
<i>Chlamydia trachomatis</i>	Lymphocytic choriomeningitis virus
<i>Lymphogranuloma venereum</i> (LGV) (<i>C. trachomatis</i> serotypes L1, L2, or L3)	Mpox (Monkeypox) virus, including Non-variola Orthopox virus and Orthopox virus
<i>Clostridium tetani</i>	Mumps virus
<i>Coccidioides</i> spp.	<i>Mycobacterium leprae</i>
<i>Coxiella burnetii</i>	<i>Mycobacterium tuberculosis</i>
<i>Cryptosporidium</i> spp.	
<i>Cyclospora cayatanensis</i>	

Neisseria gonorrhoeae (list anatomic site to determine if disseminated infection)[†]

Pandrug-resistant Organisms

<i>Photobacterium damsela</i> (<i>Vibrio damsela</i>)
<i>Plasmodium</i> spp.
<i>Pneumocystis carinii</i> (<i>Pneumocystis pneumonia</i>)
<i>Rickettsia</i> (non-rickettsii spp.)
<i>Rickettsia rickettsii</i>
<i>Salmonella</i> spp. (non-typhoidal) [†]
<i>Salmonella</i> serotype Paratyphi (Paratyphoid fever) [†]
<i>Salmonella</i> serotype Typhi (Typhoid fever) [†]
SARS-CoV-2
<i>Shigella</i> spp. [†]
<i>Streptococcus</i> , group A (<i>Streptococcus pyogenes</i>), invasive disease [†]
<i>Streptococcus pneumoniae</i> , invasive disease [†]
<i>Treponema pallidum</i>
<i>Trichinella spiralis</i>
Vancomycin-resistant <i>Staphylococcus aureus</i> (VRSA) and Vancomycin intermediate <i>Staphylococcus aureus</i> (VISA) [†]
Varicella-zoster virus
<i>Vibrio</i> spp.
West African monkeypox virus
Yellow fever virus
<i>Yersinia</i> spp., <i>Enterocolitica</i> , <i>Pseudotuberculosis</i>

[†] Include antimicrobial susceptibility testing

[†] Further guidance on the second page of the Indiana Reportable Result/Pathogen List for Laboratories

HEPATITIS B

- Positive HBsAg;
- Positive/detectable HBV DNA (including quantitative, qualitative, and genotype testing);
- Positive anti-HBc IgM;
- Positive HBeAg;
- Anti-HBs (positive, negative, and indeterminate) for children ≤ 2 years of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)
4. Negative HBsAg and/or negative/undetectable HBV DNA results

HEPATITIS D

- Positive hepatitis D antibody testing; and
- Positive HDV RNA (including quantitative and qualitative)
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result

Any infection, disease or condition submitted via electronic laboratory reporting should continue to be reported to the Indiana Department of Health. For facilities unable to submit via ELR please fax reports to **317-234-2812.**

HEPATITIS C

- Positive Anti-HCV (including rapid tests);
- HCV RNA (positive/detectable and negative/undetectable results), including quantitative, qualitative, and genotype testing;
- Negative Anti-HCV results for children ≤ 36 months of age; and
- If any of the above results are reported, also report the following:

1. Pregnancy status
2. Concurrent ALT and total bilirubin result
3. Other associated positive or negative hepatitis serological results (e.g., hepatitis A, hepatitis B, hepatitis C, hepatitis D, and/or hepatitis E)

REPORTING REQUIREMENTS

Reporting is required of any specimen derived from the human body yielding microscopic, bacteriologic, immunologic, serologic, or other evidence of infection by any of the organisms or agents listed.

1. Test: Name, date, test results, specimen source, normal limits for the test, test result interpretation, and laboratory's accession number or other numeric identifier.
2. Person: Name, address, and date of birth (or age if date of birth is not available)
3. Submitter: Name, address, and telephone number of attending physician, hospital, clinic, or other specimen submitter
4. Laboratory: Name, address, telephone number, and CLIA ID number of the laboratory performing the test

When submitting organisms and for questions about isolate submission, Indiana Department of Health Laboratory should be notified at

317-921-5500.

ONE DAY ISOLATE SUBMISSION

Laboratories shall submit all suspect biothreat isolates of the following organisms to the IDOH Laboratory for further evaluation within one (1) business day of isolation:

1. *Bacillus anthracis*
2. *Brucella* spp.
3. *Burkholderia mallei/pseudomallei*
4. *Francisella tularensis*
5. *Yersinia pestis*

THREE DAY ISOLATE SUBMISSION

Laboratories shall submit all isolates of the following organisms to the IDOH Laboratory for further evaluation within three (3) business days of isolation:

1. Carbapenemase-producing *Enterobacteriales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii*
2. *Candida auris* and unusual *Candida* spp. (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis*, *C. lusitanae*, *C. tropicalis*, or *C. krusei*)
3. *Escherichia coli* (Shiga toxin-producing *E. coli* (STEC)) isolates[†]
4. *Haemophilus influenzae*, invasive disease
5. Arboviral IgM positive CSF or serum specimens, including Eastern Equine Encephalitis virus
6. *Listeria monocytogenes*
7. *Mycobacterium tuberculosis* complex (*M. tuberculosis*, *M. bovis*, *M. canettii*, *M. africanum*, *M. microti*)
8. *Neisseria meningitidis*, invasive disease
9. *Salmonella* spp. isolates[†]
10. *Shigella* spp. isolates[†]
11. *Streptococcus pneumoniae*, invasive disease, isolates from persons less than five (5) years of age
12. *Vibrio cholerae* isolates[†]
13. *Vibrio* spp., *Grimontia hollisae* (*Vibrio hollisae*), and *Photobacterium damsela* (*Vibrio damsela*) isolates[†]
14. Vancomycin-resistant *Staphylococcus aureus* (VRSA) and Vancomycin intermediate *Staphylococcus aureus* (VISA). *Staphylococcus aureus* isolated from any body site that are vancomycin intermediate level MIC = 4-8 µg/mL or vancomycin resistant level MIC >= 16 µg/mL

[†] If isolate of organism is not available, submit clinical specimens per IAC 1-2.5-76(f)

Reporting – Immediately Notifiable

How to report:

Step 1: Call 317-233-7125 OR After Hours 317-233-1325

Step 2: Report in NBS or via Fax

- Option 1: create morbidity report in NBS
 - attach all documents to morbidity report
- Option 2: fax all documents to IDOH
 - secure fax number: 317-234-2812

Documents to include when reporting:

- history and physical
- all relevant lab reports
- antimicrobial susceptibility testing (AST) report
- Confidential Report of Communicable Diseases (if faxing)

Melioidosis (*Burkholderia pseudomallei*)

Reporting Timeframe: Immediately

Condition and Laboratory Reportable: for additional details please visit [https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/#Report Immediately on Suspicion](https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/#Report%20Immediately%20on%20Suspicion)

Additional Documentation to Include:

- Laboratory report, Antibiotic Susceptibility Test (AST) results, history and physical, admission and discharge notes, and any available notes from the infectious disease doctor
- History of travel to or residence in a region endemic for Melioidosis
- Known exposure as a result of intentional release, known product/source exposure, or occupational risk

TO REPORT



Step 1: Call 317-233-7125
317-233-1325 (After hours)

Step 2:

- NBS users: Report conditions via Morbidity Report in NBS
- Non-NBS users: Report with this form

Viral Hemorrhagic Fever, Filoviruses

Reporting Timeframe: Immediately

Condition Name in NBS:

- Ebola hemorrhagic fever
- Marburg fever

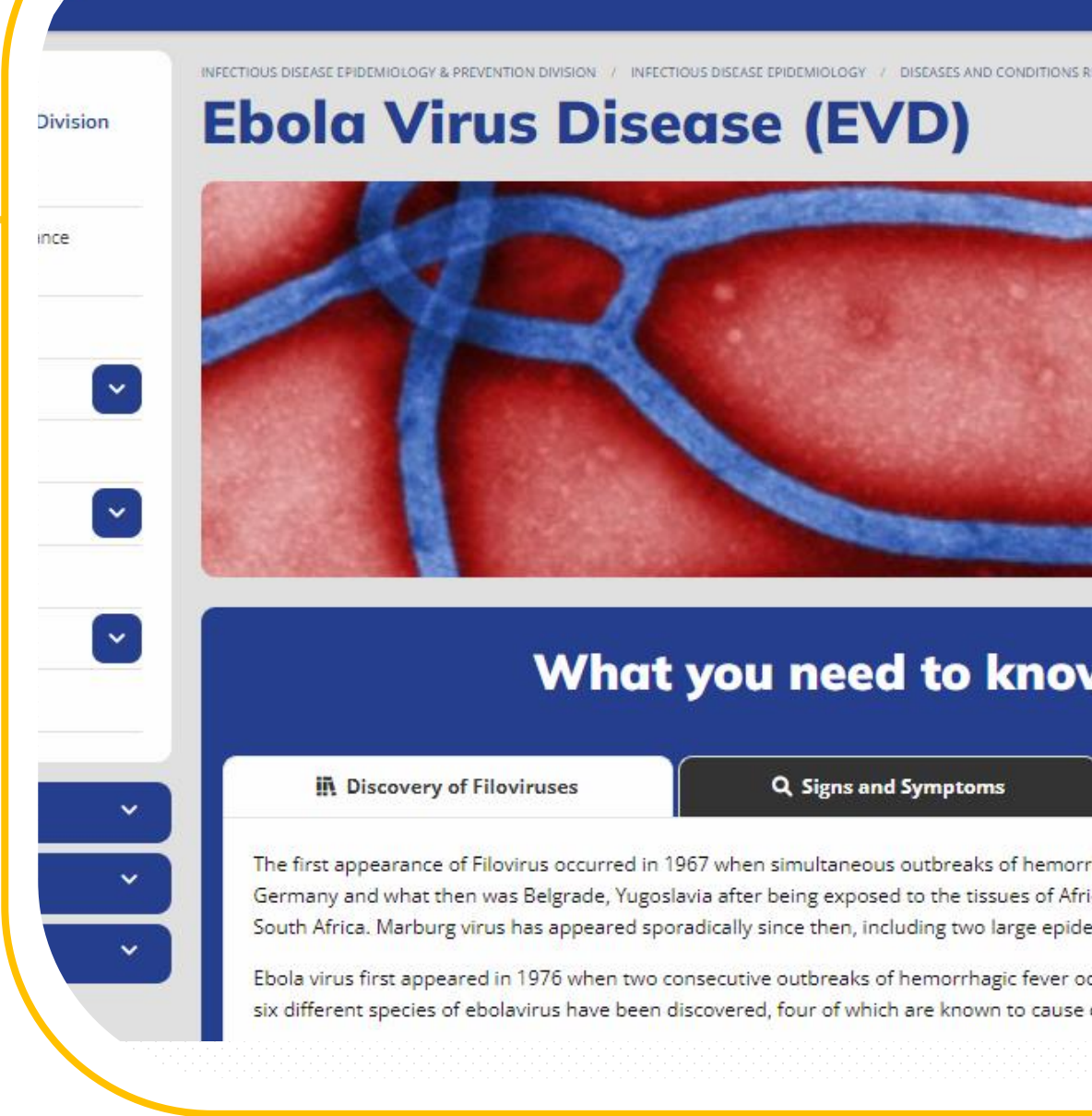
TO REPORT

Step 1: Call 317-233-7125

317-233-1325 (After hours)

Step 2:

- NBS users: Report conditions via Morbidity Report in NBS
- Non-NBS users: Report with this form



Reporting – Within One Working Day

How to report:

- Option 1: create morbidity report in NBS
 - attach all documents to morbidity report
- Option 2: fax all documents to IDOH
 - secure fax number: 317-234-2812

Documents to include when reporting:

- history and physical
- all relevant lab reports
- antimicrobial susceptibility testing (AST) report
- Confidential Report of Communicable Diseases (if faxing)

Carbapenemase Producing Organisms

- Carbapenemase-producing *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* from any site OR
- Isolates of *Enterobacterales*, *Pseudomonas aeruginosa*, and *Acinetobacter baumannii* that are resistant to carbapenems but have not been tested for Carbapenemase production

Condition Name in NBS:

- Carbapenemase-Producing Organisms (CPO), Clinical
- Carbapenemase-Producing Organisms (CPO), Screening

Reporting Timeframe:

- Within One Working Day

Candida auris

- *Candida auris* clinical isolates representing both invasive (e.g., blood and CSF) and non-invasive sources (e.g., urine, wound, and respiratory tract), OR
- Colonized cases diagnosed via a skin or axilla/groin swab used to screen for *C. auris*, OR
- Clinical isolates of unusual *Candida* spp. (Species other than *C. albicans*, *C. parapsilosis*, *C. dubliniensis*, *C. lusitaniae*, *C. tropicalis* or *C. krusei*).

Condition Name in NBS:

- **Candida auris, clinical**
- **Candida auris, colonized**

Reporting Timeframe:

- **Within One Working Day**

Pandrug-Resistant Organisms

- Pandrug-resistant Organisms
- Any isolates that shows intermediate or resistant to all antimicrobials tested

Condition Name in NBS:

- Pandrug-resistant Organisms

Reporting Timeframe:

- Within One Working Day

VISA/VRSA

Vancomycin resistant *Staphylococcus aureus* (VRSA) and Vancomycin intermediate *Staphylococcus aureus* (VISA) from any site

- Vancomycin Resistant: MIC \geq 16
- Vancomycin Intermediate: MIC 4-8

Condition Name in NBS:

- VRSA
- *S. aureus*, vancomycin intermediate susc (VISA)


Reporting Timeframe:

- Within One Working Day

CPO, CA, and VISA/VRSA Reporting Forms

These forms can be downloaded from the [Antimicrobial Resistance](#), [Candida auris](#), and [VISA/VRSA](#) webpages on the IDOH


we



CPO Reporting Form

Please submit one report per patient per admission within one working day. Attach all laboratory results including antibiotic susceptibility test results. Fax form with the Confidential Report Form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.


Reporting facility: _____ Reporter name: _____



Candida auris Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

Reporting Facility: _____ Reporter Name: _____



VISA/VRSA Reporting Form

Please submit one report per patient per admission within 72 hours. Attach all laboratory results including antibiotic susceptibility test results. Fax form to Indiana Department of Health (317)-234-2812 or upload to NBS Morbidity Report.

Reporting facility: _____ Reporter name: _____

When reporting suspected cases of CPO, CA, or VISA/VRSA please fill out this form and attach it to a morbidity report in NBS or fax it to IDOH.

Include an H&P for the resident as well as all available labs and antimicrobial susceptibility testing (AST) results.

Immediately Reportable Outbreaks

1. Any disease required to be reported as listed above
2. Newborns with diarrhea in hospitals or other institutions
3. Foodborne or waterborne diseases in addition to those specified above
4. Streptococcal illnesses
5. Conjunctivitis
6. Impetigo
7. **Clusters or suspected outbreaks of any disease associated with hospitals and healthcare facilities**
8. Influenza-like illness
9. Viral meningitis
10. Unusual occurrence of disease
11. Any disease (e.g. anthrax, plague, tularemia, Brucella species, smallpox, or botulism) or chemical illness considered a bioterrorism threat, importation, or laboratory release

To Report:

Haley Beeman

hbeeman@health.in.gov

O: 317-234-2805

C: 317-408-0787

Or

Fax 317-234-2812

Attn: HAI-AR

Question and Answer

If you need someone added to the distribution list, please contact Aubrey West, HAI Health Educator, at AWest@health.in.gov.

