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HIV Outbreak: Why Austin? Why Indiana?
By Indiana State Health Commissioner Jerome M. Adams, MD, MPH
As the HIV outbreak in southeastern Indiana continues and as the number of confirmed cases remains slowly on the rise, my colleagues and I, along with a few reporters, have been asking, “Why the city of Austin? Why Indiana?”
So, what was the perfect storm here? Is Austin so different from other cities? Will it be the only small city to have to battle an HIV epidemic that’s primarily due to intravenous drug use? Or is it the first?
I think the reason we see it here is because we found it.
As of May 18, we have identified 158 cases of HIV in the Scott County area. With the rate of new cases having dramatically slowed, I hope that the peak is finally close. We do have more testing to do and more high-risk individuals to contact, but we are moving forward at a good pace.
It’s no secret intravenous drug use and drug abuse in general is at an all-time high in the United States. And many areas of the country are experiencing, along with drug abuse, especially in smaller, rural towns, high unemployment, lower incomes and a lack of education. Sadly, there are places in this country where the future looks bleak.
We’ve made great strides in Austin in helping to curb the HIV epidemic. We have dispatched resources of all types and partnered with other agencies, and even other states, to provide quick HIV testing and related services.
We have personnel who spend their days doing what we call contact tracing – trying to identify anyone who has been in contact with someone who is HIV-positive. It’s labor intensive and we don’t always have a lot of information to go on. But it’s important, potentially life-saving work and we are making good progress.
To make our HIV fight even more complicated, we are discovering that more than 80 percent of those who test positive for HIV also test positive for Hepatitis C. And these people in our HIV outbreak cluster are also addicted to drugs. So we are finding
ourselves really fighting three diseases simultaneously: HIV; Hepatitis C; and addiction.
We have the right “boots on the ground.” In Scott County we have public health officials from the Centers for Disease Control and Prevention. We have my colleagues from the State Department of Health. We have partnered with dedicated, knowledgeable local health officials. We have tried to spread the word and educate the public and make people aware of all the services being provided, most at no cost, through our You Are Not Alone public education awareness campaign. And members of the media have helped us disseminate useful information about prevention and where to go for testing and other assistance.
If you’re addicted to drugs, decide today to seek help and begin journey of treatment. If you’re injecting drugs, don’t share needles. If you know you are HIV positive, abstain from sex or practice safe sex. And make sure your partner knows. If you know someone who is struggling with substance issues, encourage him or her to seek addiction treatment.
We don’t have all the answers, but we are learning as we go. We are building a model for prevention and response should this type of outbreak happen in other communities in the U.S. I would like nothing better than to tell you this unprecedented HIV epidemic will never happen again anywhere else. But I can’t do that. What I can do is encourage everyone to try to stop the at-risk behaviors that contributed to our current situation in Scott County.

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Attached: photo, Indiana State Health Commissioner Jerome M. Adams, MD, MPH

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