One of the greatest responsibilities of a public health organization is to be ready for infectious diseases. Some illnesses we know are coming, like the annual flu season. Others are less predictable, such as the current outbreak of hepatitis A, so the Indiana State Department of Health (ISDH) is taking steps to fight it.

So far, Indiana has had 469 outbreak-related hepatitis A cases. Indiana typically sees 20 cases of hepatitis A in a 12-month period. These numbers are the driving force behind ISDH’s decision to launch an immunization strike team to target high-risk groups and slow the spread of the disease among Hoosiers.

The strike team will handle clinics for high priority populations — people who use illicit drugs, the homeless, men who have sex with men and those who are incarcerated — at no cost to you.

To make it as easy as possible, ISDH will provide the staff, vaccine and related supplies, along with CHIRP data entry. ISDH has also created a media kit with social media messaging, posters and press releases to help promote the clinics. All your staff needs to do is help select a clinic date and location and let us know the estimated number of vaccines needed.

ISDH first began setting up strike team clinics in August, and clinics are now set through the middle of October.

The strike team is working its way around the state, starting with those counties that have the greatest need and at-risk population. If you haven't been contacted about a strike team and would like to schedule a clinic, please email Nurse Manager Jennifer Spivey.

ISDH has also created educational materials to inform the public about how to protect against hepatitis A. You’ll find them posted at hepAfacts.isdh.in.gov along with the latest outbreak information. The materials include suggested social media messaging; a hepatitis A one-pager in English on one side and Spanish on the other; and a second one-page handout on good hand-washing for you to distribute. You’ll soon be receiving bathroom mirror clings with a description of good hand-washing in English and Spanish. The general message is that while hepatitis A is highly contagious, it’s also highly preventable by implementing good health practices and getting vaccinated.

The website is updated every Friday. Thank you for your efforts to stem the spread of this disease.

Yours in health,
Kris Box, MD, FACOG
Indiana State Health Commissioner
Collier is ready for new challenges

By Greta Sanderson

Dr. Melissa Collier, the new ISDH chief medical officer, brings experience and passion to her latest role in public health.

Collier graduated from the University of Minnesota with a master’s in public health and medical doctorate in 2006. She completed her residency at the University of Illinois College of Medicine in internal and pediatric medicine in 2010.

From there, she combined the two areas at the Centers for Disease Control and Prevention’s (CDC’s) Epidemic Intelligence Service, a two-year training program in applied epidemiology. She is a familiar face to many, as she was assigned to ISDH and lived in Indianapolis from 2010 to 2012, when she helped investigate measles and hepatitis C outbreaks.

She then joined the CDC Division of Viral Hepatitis, where she investigated outbreaks of hepatitis A, B and C and later became team leader of the CDC’s multistate hepatitis prevention cooperative agreement for a little more than a year. Collier continued to take occasional shifts at the Children’s Hospital of Atlanta.

Collier calls herself a bit of a detective because she likes the challenge of solving a medical mystery.

She illustrated that by sharing the story of a hepatitis A outbreak she investigated. She was trying to determine the cause when she thought about how the virus can survive being frozen. She began investigating frozen food as a source and found that all of the victims infected with the virus strain had the same infected food product in their freezers.

That case study was published in The Lancet Infectious Diseases in 2014.

“I have an intuition,” Collier said. “When something doesn’t add up, I’ll go after it like a dog with a bone.”

She chose to focus her career in public health because while as a practitioner she could help one person at a time, working in public health allows her to improve the well-being of many people at once. As a doctor, she was also treating patients after they were sick, and she wants to prevent illness.

“In medicine, it’s disheartening to see people suffering from preventable conditions,” Collier said. The CDC goes one step further from diagnosing and treating health conditions, to gathering data and analyzing it to look for trends. The next step was to decide what to do with that information, which is why she came to ISDH.

Collier loved Indianapolis the first time around, and that was a big reason she and her family chose to come back. She said Atlanta is a great city, but the traffic was terrible, and she enjoys all the things to do in Indianapolis that are easily accessible.

She enjoys art, reading and music, and played piano and flute before her work and family occupied most of her time. She and her husband, Ryan, have three daughters, age 5 and twin 2-year-olds.

Collier and her family are getting settled in Indianapolis, and she’s ready to get to work tackling Indiana’s health challenges.

“One of the things I’m interested in is understanding the underlying cause of things. I’m a scientist by nature. I’ve got to figure it out.”

Great day for WIC and baseball

A large crowd was on hand on July 8 for WIC Day at the Indianapolis Indians. The promotion was created to spread awareness of Indiana WIC nutrition and breastfeeding programs. Many Indians fans are families with young children who could be served by WIC. The first 1,500 youth through the gates received a free Indians jersey with the WIC logo.

The WIC mobile unit was onsite to promote WIC throughout the game. The game was promoted to potential new clients on social media. It was a great game, with the Indians beating the Columbus Clippers 5-4.
Grant funds innovative traumatic brain injury project

By Jeremy Funk

Nearly 2.5 million people in the United States are hospitalized each year with a traumatic brain injury (TBI), according to the Centers for Disease Control and Prevention. In Indiana, ISDH has found that more than 83,000 Indiana residents sustained a TBI last year.

While patients who suffer brain injuries face weeks or even months of recovery and rehabilitation, they often face another consequence. People with TBI are 11 times more likely to overdose on opioids and interact with the criminal justice system to utilize a program that allows women to stay with their children for the duration of their treatment.

Anyone who needs help or who would like to make a referral should call 317-686-5800, extension 1033.
ISDH plants seeds for Help Me Grow

By Greta Sanderson

The Indiana State Department of Health (ISDH) in collaboration with the Indiana Department of Child Services (DCS), has been working for more than a year to launch Help Me Grow (HMG) Indiana. ISDH and DCS often work together, so bringing HMG to Indiana in partnership was a natural next step, said ISDH Maternal and Child Health (MCH) Children’s Program Director Shannon Garrity.

The hard work is about to bear fruit, as the pilot program is set to launch next month.

HMG is a system for connecting children from birth to age 8 to care coordination and outreach services that support early detection of and intervention for developmental needs. The program will be introduced in nine pilot counties: Delaware, Elkhart, Grant, Lake, LaPorte, Madison, Marion, Scott and St. Joseph.

“The purpose is to link families to resources and services that already exist within their community,” Garrity said. “This is for anyone who touches the life of a child at any point, not just families, but also providers.”

Help Me Grow is a nationally recognized model that began in Connecticut to identify and connect vulnerable children with the resources and services they need. Help Me Grow aims to educate parents and providers on children’s developmental milestones through care coordination and build a comprehensive database that collects resources, identifies gaps in services and ensures that a family’s needs are being met. The program ultimately empowers families to support their children’s healthy development.

“Through our existing partnerships, we’ve learned from families about the gaps in services that exist around access and understanding developmental screening for their children within their communities,” Garrity said. “With this initiative, we will be able to collect and share county-specific data within the nine pilot sites around early childhood systems to assist in quality improvement.”

Providers may refer patients to HMG, or families may connect through ISDH’s MOMS Helpline at 844-624-6667, option 3. The resource information will be provided through a partnership with Indiana 211, which has an extensive database of service contacts, from prenatal care to speech therapists and much more.

Care coordinators will track all calls and follow up to see if the family was able to connect to the recommended resource and provide any needed additional support. For example, the care coordinator may lead a three-way call with the family and specialty service, if necessary.

Two HMG care coordinators have already joined the staff. They will use a database system that will track the calls, closing the gaps for families and providers by providing feedback to ensure Indiana families have been served and their children have received support.

“The care coordinator will do everything in their power to get them connected,” Garrity said.

Garrity and other members of the team have also been out in the nine pilot counties promoting the program and raising awareness with doctors and others, including First Steps and Child Care Resource and Referral.

“This is a complete collaboration,” Garrity said. The objective is to expand Help Me Grow throughout the state following the pilot implementation.

The initiative is funded by MIECHV Innovations and Early Childhood Comprehensive Systems (ECCS) grants, within the Maternal and Child Health Division.

Stepping up for public health at Indiana State Fair

The theme of this year’s Indiana State Fair was “Step Right Up,” and that’s exactly what ISDH invited fairgoers to do. Nine program areas participated in ISDH’s sponsorship of First Responders Day at the fair on Aug. 13.

Each display included games, prizes and public health information.

“We’re proud to partner with the Indiana State Fair to honor these men and women,” State Health Commissioner Kris Box said.

Divisions participating were the Epidemiology Resource Center, Food Protection, HIV/STD/Viral Hepatitis, Immunizations, MOMS Helpline, Trauma and Injury Prevention, Tobacco Prevention and Cessation, Vital Records and WIC. Emergency Preparedness also set up its emergency hospital.

Patricia Dotson (sunglasses) and Paravdeep “Pravy” Nijjar from Injury Prevention talk with State Health Commissioner Dr. Kris Box and fairgoers about child car seat safety.
CME program in the works at ISDH

By Tanya Barrett

ISDH provides high-quality educational programs to medical professionals including primary care physicians, specialty physicians, pharmacists, physician assistants, nurse practitioners, residents and fellows, medical students and therapists.

The agency is working to provide added value to those events by pursuing approval to offer Continuing Medical Education (CME) credit for ISDH event participants.

The ISDH CME program will support the mission and vision of the state to provide resources and training to the medical community for professional growth.

The CME program’s goals are to:
- Develop a strategy to improve health using the most up-to-date standards of care.
- Support lifelong learning through a continuing education program developed and directed to address clinical practice gaps and other learning needs identified locally.
- Develop and implement structured and experiential learning formats to facilitate CME activity content.

The goal of the CME program is that learners will be able to:
- Gain and apply knowledge about health issues;
- Use the tools and skills provided during the CME activity to make a meaningful, positive impact in health; and
- Make a commitment to change behavior or practice as a result of participating in the CME activity.

The application process is under way with the Indiana State Medical Association, which will recommend that ISDH become CME accredited to the Accreditation Council for Continuing Medical Education (ACCME) board. If approved, ISDH will be able to provide CMEs to ISDH-sponsored activities for two years with continued oversight.

ISDH hopes to offer CMEs in 2019.

LAB RECOGNIZED

The ISDH Laboratories were recognized in the Summer 2018 issue of Lab Matters magazine released by the Association of Public Health Laboratories.

The article “Indiana and Wisconsin Respond to Synthetic Cannabinoid Contamination” can be found on page 14 and highlights how the Indiana and Wisconsin public health labs helped in the investigation of synthetic cannabinoids as the source of a spring 2018 outbreak of unexplained bleeding.

ISDH warned Hoosiers in March about the dangers of synthetic cannabinoids after receiving reports of severe bleeding in people using the substances tested positive for brodifacoum (rat poison).

More information is also available at the ISDH website.

COMING TOGETHER FOR INFANT MORTALITY

State Health Commissioner Kris Box, Health Disparities and Minority Wellness Director Antoniette Holt, Tanisha Stewart of Paleo Soul and Dr. Maria Wilson of Oak Street Health cut the ribbon to open the 33rd annual Indiana Black and Minority Health Fair on July 19 at the Convention Center.

This year’s theme was “Invest in Your Health,” and more than $2,000 worth of free screenings were available to participants. The ISDH Vital Records “pop-up shop” and vaccinations were also onsite.

Thousands of participants attended the event, which is held in conjunction with the Indiana Black Expo’s Summer Celebration. Thank you to all the volunteers who made this event a success!
Paramedicine program celebrates success

By Greta Sanderson

The call for help came on a Friday morning. The woman on the other end of the phone said, “I’ve been using all night. You’re the only one I know and trust.”

Crawfordsville Fire Department EMS Division Chief Paul Miller said that call set off a whirlwind of events to get help for the woman. She was in her early 20s, pregnant in her second trimester and had a young child. She had been addicted to methamphetamine for more than six years and had nowhere else to turn for help.

The first step in what was to be a long process of recovery began when the woman was taken to an emergency room. Unfortunately, no hospital could admit her based on her gestational stage, and Miller and his staff started scrambling to find her a safe place to stay.

“We made no fewer than 100 phone calls,” recalled Crawfordsville Community Paramedic Darren Forman.

Miller leads a community paramedicine team in Montgomery County that receives support from the Indiana State Department of Health and other partners. The team initially started with care for chronic conditions, such as helping someone at home who is recovering from a heart attack. Last spring, the paramedicine program added Project Swaddle aimed at providing wrap-around prenatal care to pregnant women. The program Chief Miller has created provides better outcomes economically and is working to measure the success of the community paramedicine programs.

Forman said she got to an Indianapolis bus station where someone gave her money for a ride back to Montgomery County, where she ended up calling Forman again two days later. That’s when he had a brutally honest conversation with her.

“I said, ‘This is where you are and where you are going, do you want me to help?’,“ he said. “I don’t judge or tell them what they have to do,” but he does ask them where they’d like to be and makes recommendations about how to get there, starting with addiction treatment.

The mom hasn’t used meth since.

Forman and the care coordination team got her into intensive outpatient services and medication-assisted treatment. It took countless hours and resources from social workers, paramedics, doctors, hospitals, recovery therapists and others, but in early September she gave birth to a healthy baby boy and is thinking about attending Ivy Tech to become a medical assistant.

“It’s all about giving them tomorrow,” Miller said. “The program Chief Miller has created is truly inspiring and serves as an example of the need to consider creative ways to use available resources to support unmet needs,” said Martha Allen, ISDH director of Maternal & Child Health. “This mother’s experience demonstrates that Project Swaddle is making a difference in the lives of Indiana’s families, one mother at a time.”

The paramedicine program will expand to preventing falls next, hopefully by the end of the year, Miller said.

Forman said that while it would take having “the right people in the right places,” including someone like his doctor champion Dr. Scott Sinnott, an obstetrics and gynecology specialist in nearby Lafayette, he believes the community paramedicine model can work anywhere.

“A lot of it is just getting to know [patients], like the old days” when doctors made house calls, he said. Because he sees patients in their environments, he can share information about their living conditions or family situation that helps explain their condition. “I become that extension.”

ISDH study of congenital syphilis published in national journal

A study by the ISDH Division of HIV/STD/Viral Hepatitis and the Centers for Disease Control and Prevention was published in the July 2018 issue of the Journal of the American Sexually Transmitted Disease Association.

The study, “Social Vulnerability in Congenital Syphilis Case Mothers: Qualitative Assessment of Cases in Indiana, 2014 to 2016,” was conducted to gain a better understanding of maternal, in addition to provider, factors implicated in congenital syphilis (CS) transmission to allow ISDH to better tailor interventions to mitigate these factors.

The study of 23 cases determined the most effective method of ensuring CS prevention is for women to have regular prenatal care visits so that appropriate screening, diagnosis and treatment may occur.

Amara Ross, ISDH STD epidemiologist, co-authored the study.
Use new state health plans to focus your local efforts

By Eden Bezy

The Indiana State Department of Health (ISDH) and representatives of Indiana’s public health system recently completed the latest version of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP).

The assessment was a comprehensive review of the state’s data on demographics, socioeconomic characteristics, quality of life, built environment, morbidity and mortality, and it included perspectives of key stakeholders and residents. It is a snapshot of the health and well-being of Hoosiers and the issues impacting the public health system.

The findings from this assessment highlighted many significant challenges for Hoosiers’ health, such as high obesity rates, high smoking rates, unequal opportunities for optimal health and high rates of addiction.

The SHA also revealed many assets and positive changes in communities across Indiana, including strong community partnerships, creative solutions to health problems and important policy changes.

The data presented in the assessment informed the development of the SHIP, which provides goals and strategies for improving the health of Hoosiers over the next 3-1/2 years. The priority indicators chosen to highlight in the SHIP include: improving birth outcomes, addressing the opioid epidemic, reducing morbidity and mortality of chronic disease and strengthening the public health infrastructure.

The committee developing the improvement plan recognized that not every Hoosier has the same opportunities for achieving optimal health. The SHIP not only addresses traditional public health strategies, but also includes the upstream factors that can impact a person’s ability to be healthy, also known as the social determinants of health.

This is not just a plan for ISDH. Rather it is a plan for our entire public health system. It can only be successful through an alignment of efforts — please read the strategies carefully and determine where you or your organization can engage.

Indiana’s State Health Assessment and State Health Improvement Plan can be found under the Data and Reports section on the ISDH website.

Please email any questions about the development or implementation of the SHA/SHIP, public health accreditation, quality improvement or performance management to Eden Bezy (ebezy@isdh.in.gov) or OPHPM@isdh.in.gov.

ISDH offers second round of grants to boost local drug overdose response

By Amanda Billman

The Indiana State Department of Health (ISDH) is accepting applications from local health departments to participate in round two of the Overdose Response Project. This is a competitive grant opportunity, and ISDH is seeking five to 10 grantees. The overall goal of this project is to improve local overdose response capabilities and communication of drug overdose data.

Required activities for grantees:
• Use syndromic surveillance to identify emerging overdose trends and respond to ISDH alerts at the local level.

• Work with local stakeholders to develop a local overdose response plan.

• Implement and test overdose response plan with a tabletop exercise (TTX).

• Complete evaluation and reporting requirements of the overdose response project.

Here are some ideas of how to use these grant funds:
• Staff member to work on overdose response efforts (part-time staff, intern, etc.)

• Training needs for your community

• Printing or media campaigns (anti-stigma, overdose awareness, etc.)

• Locally-driven projects, such as:
  • Assist with the development of an addiction transition team
  • Coordinate with jails and hospitals to provide overdose prevention resources to clients
  • Community paramedicine program
  • Community education program

More information and application materials are available on the ISDH website. Applications are due on or before 5 p.m. EDT Friday, Sept. 28.

If you have any questions about the project, please contact Mandy Billman (317-232-3190) or Tyler Gannon (317-233-1243).
ISDH launches records system project

By Greta Sanderson

ISDH has started the first phase of a project to implement a new statewide system for recording vital records electronically.

The current Genesis system used for vital records, including birth and death certificates, has been in place since 2007. It's now outdated and expensive to maintain, and newer systems have been created that are more efficient and effective.

ISDH has selected Netsmart Technologies to create a new and improved records system. The new electronic vital events registry system (EVERS) upgrade will bring several advantages:

- Death and fetal death in one place
- Incorporates burial transit permit
- Images can be uploaded within application
- Image sharing
- Documents can be attached to record (i.e. coroner reports)
- Field edits and spellcheck to fix common errors
- Print or save digital copies
- Onscreen password reset
- Secure and encrypted access with Internet connection

All of the existing data will be incorporated into the new system.

Work is being done on phase 1 of the project, which includes implementation of death module and the accounting system. Once that work is complete, more system configuration, testing, piloting and training will be done. The pilot program begins in the first quarter of 2019, with the target go-live date of March/April 2019.

In phase 1.2, the birth module, putative father registry and adoption matching registry will be added. This phase will take eight months followed by a two-month stabilization period, and it also includes configuration, testing, piloting and training before it goes live.

And finally, phase 2 will incorporate the fetal death module, terminated pregnancy module and health information exchange. The final phase will take 14 months to complete with a two-month stabilization period.

As work continues to implement the new system, pilot sites are needed to help test EVERS and run both systems parallel during implementation to ensure accuracy.

Any health department interested in participating as a pilot site should email EVERS@isdh.in.gov. Contact Anne Reynolds, vital records epidemiologist, at AREynolds1@isdh.IN.gov or 317-234-0280 for more information on the project.

ISDH IN THE NEWS

Click on any of the links below to see recent ISDH press releases:

- HEALTH DEPARTMENT NAMES SAUTBINE NEW STATE REGISTRAR
- STATE HEALTH DEPARTMENT AWARDED GRANT TO PROMOTE ACCESS TO INDIANA-SOURCED FOOD IN SCHOOLS
- HEALTH OFFICIALS REPORT FIRST HUMAN CASE OF WEST NILE VIRUS IN 2018
- HEALTH OFFICIALS REPORT INCREASE IN TICK-BORNE ILLNESSES
- HEALTH OFFICIALS RECOMMEND HEPATITIS A VACCINATION FOR INDIVIDUALS WHO ATE FOOD PREPARED AT CENTERVILLE CONVENIENCE STORE
- INDIANA REPORTS FIRST DEATH ASSOCIATED WITH HEPATITIS A OUTBREAK
- NEW LAW IMPACTING ADOPTION RECORDS NOW IN EFFECT
- HEALTH OFFICIALS CAUTION HOOSIERS AFTER RESIDENT DEVELOPS FLU FOLLOWING EXPOSURE TO PIGS
- HEALTH OFFICIALS URGED TO PRECAUTIONS AGAINST MOSQUITOES DUE TO WEST NILE VIRUS ACTIVITY
- BETHANY COLSON NAMED EXECUTIVE DIRECTOR OF CENTER FOR DEAF AND HARD OF HEARING EDUCATION

Read more news on our website.

Indiana State Department of Health