



Indiana
Department
of
Health

CLINICIAN UPDATES

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2/27/2026

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.





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Conflict of Interest Statement

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PERTUSSIS UPDATES

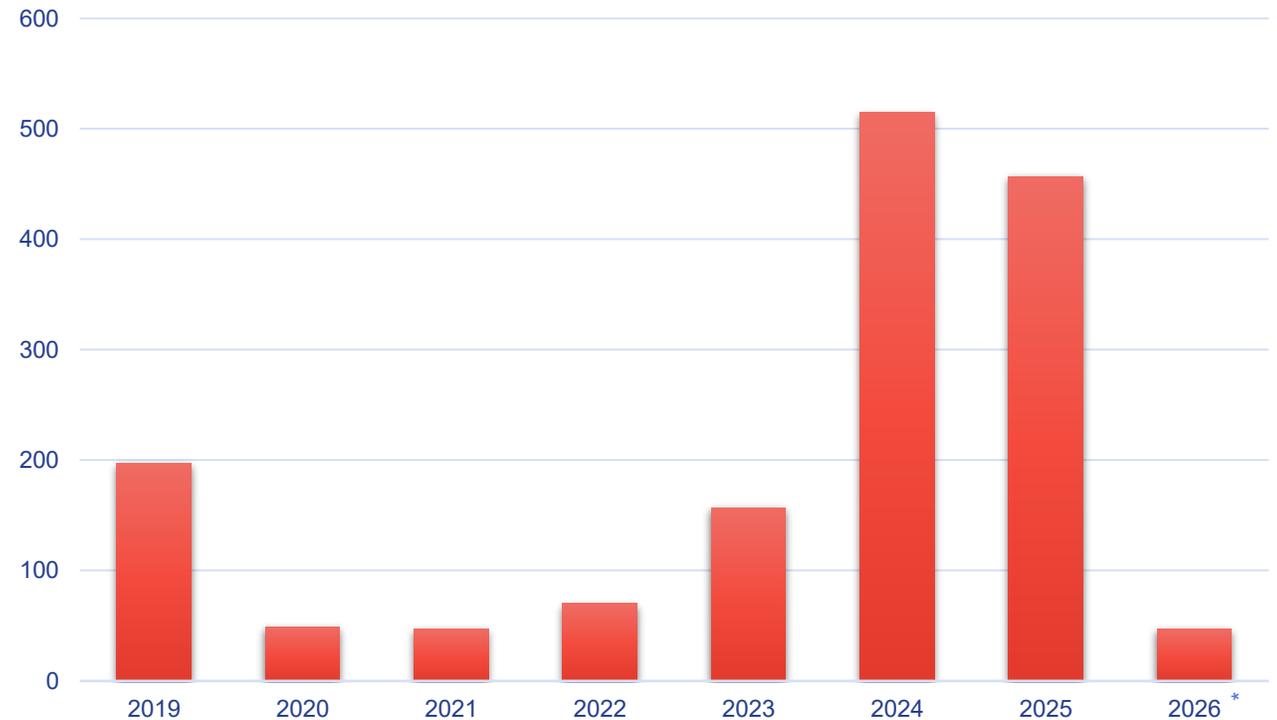
MADISON JORDAN
VACCINE-PREVENTABLE DISEASE
EPIDEMIOLOGIST

02/27/2026

Pertussis: National and Indiana Trends

- In 2025, the number of reported pertussis cases in the United States has trended down since peak November of 2024.
- However preliminary numbers **remain elevated** in the United States, indicating a return to more typical trends.
- Indiana pertussis activity matches the national trend.

Number of Probable and Confirmed Cases in Indiana



* Preliminary data

Pertussis Reporting

- Per the Indiana Communicable Disease Rule, pertussis is required to be reported within one working day
- This includes any positive lab results for pertussis **AND** any clinical diagnosis of pertussis



Reportable Condition Reporting Guidance



Infectious Disease
Epidemiology &
Prevention Division

Condition Name:

**Pertussis
(Whooping Cough)**

Condition Name in NBS:

Pertussis

Reporting Timeframe:

Within One Working Day

TO REPORT:

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

Associated Reportable Laboratory Results

- *Bordetella pertussis* identified by culture or PCR
- Pertussis serology (IgG, IgM, IgA) when conducted for diagnosis of pertussis.

Condition Specific Reporting Details

- Report all clinically diagnosed cases, including cases without lab confirmation.
- Clinical, Epidemiologic, Lab Report, and Treatment information sections within the NBS Morbidity Report

Additional Documentation to Include

- Relevant clinical notes, if available.

For more information on Pertussis please visit:

<https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/pertussis-whooping-cough/>

For more information on reportable conditions:

<https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/>

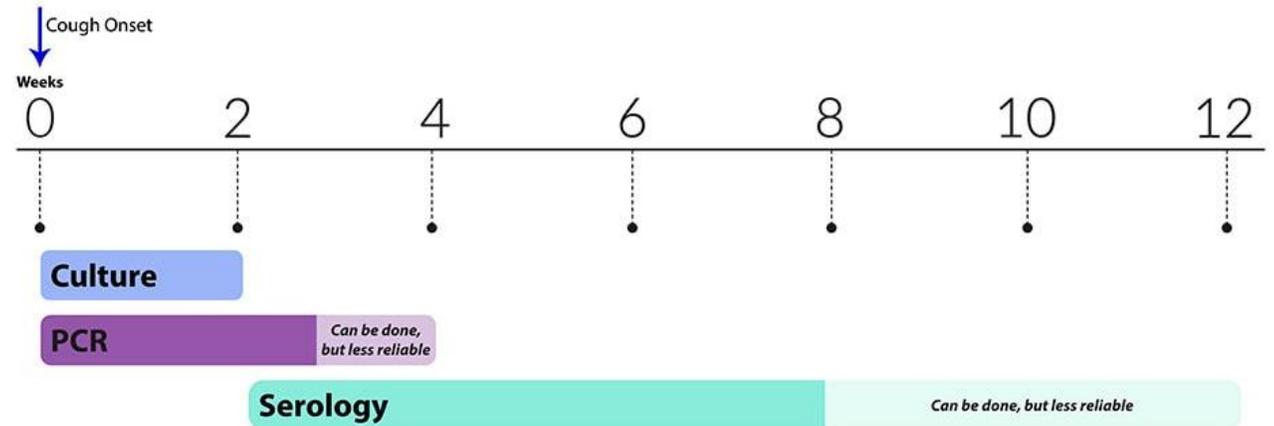


Updated: June 2023

Pertussis Testing

- Patients with symptoms that are clinically compatible with pertussis should be tested
- The most appropriate test can vary on symptom duration, but PCR is the preferred test for confirmation
- CDC Guidance on best practices for PCR collection is available

Optimal Timing for Pertussis Diagnostic Testing



cdc.gov/pertussis



Pertussis Treatment and PEP

- The recommended antibiotics for treatment or post-exposure prophylaxis of pertussis are:
 - Azithromycin
 - Clarithromycin
 - Erythromycin
- Patients being diagnosed or tested for pertussis should also be treated
- CDC recommends post-exposure prophylaxis to **all household members**, including those who are asymptomatic and regardless of vaccination status, so prescriptions should also be offered to them

Pertussis Survey



Questions?

Madison Jordan

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Infectious Diseases of Public Health Importance

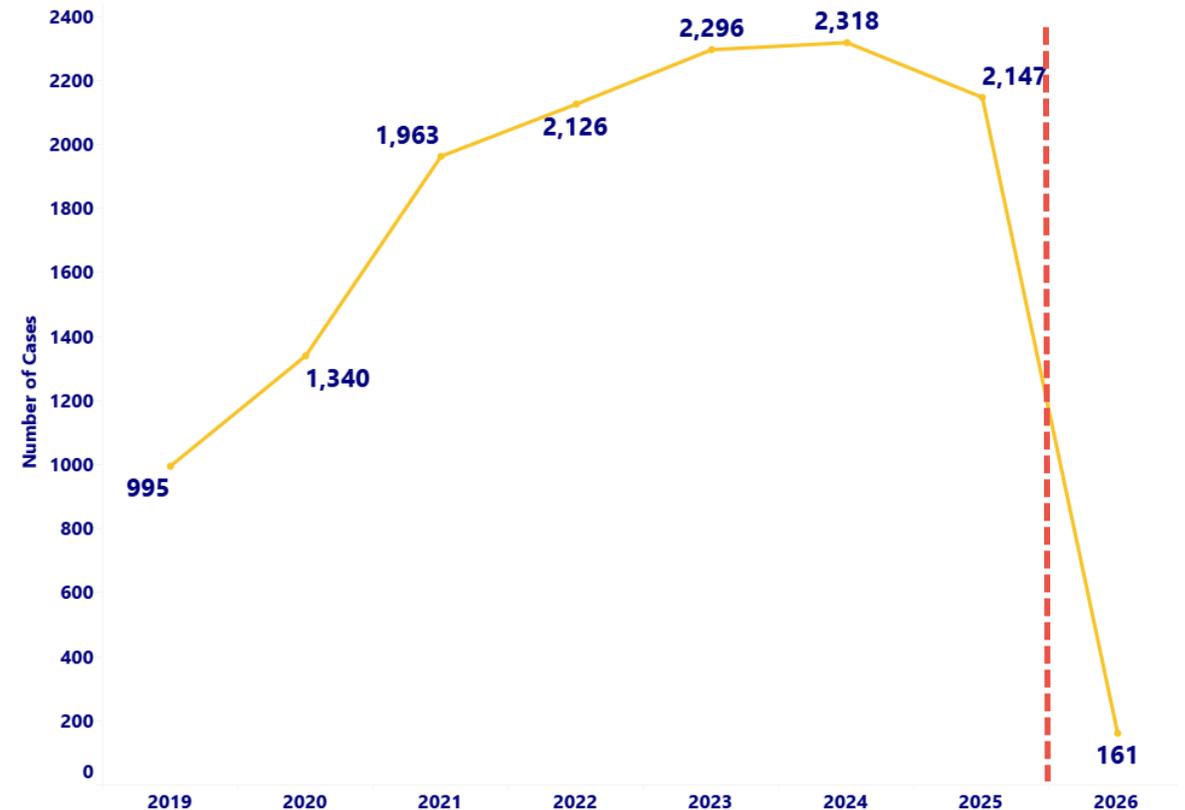


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Acquired Syphilis Morbidity

- Rates of acquired syphilis have been on the rise since 2014 in Indiana, reaching 33.5 (per 100,000) in 2024.
- **There have been 161 cases of acquired syphilis reported in 2026*, down 47.4% compared to this time last year.**

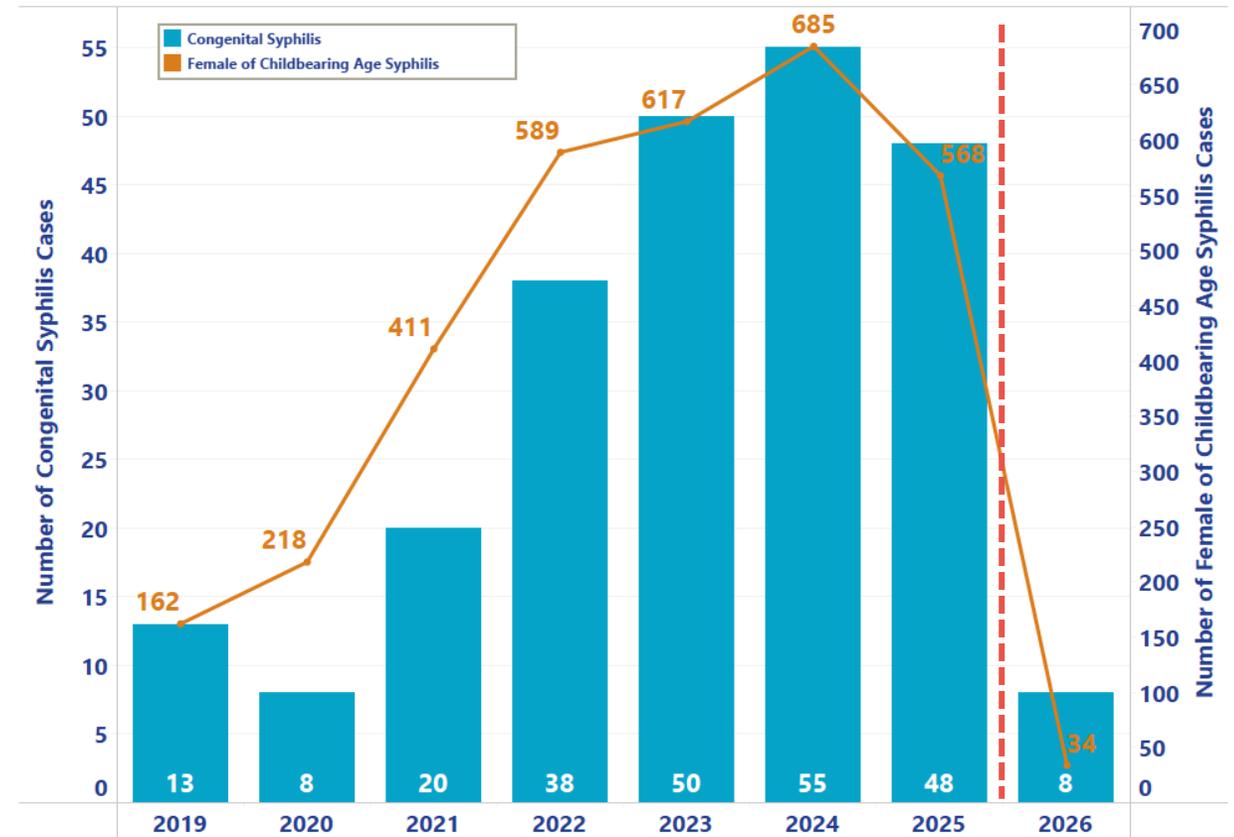
Acquired Syphilis Morbidity, Indiana, 2019-2026*



Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2024* there was a 323% increase in congenital syphilis (CS) cases reported.
- **There have been 8 cases of CS reported in 2026*, up 33.3% compared to this time last year.**
- Of the 8 CS cases reported in 2026*, there were 0 still births.
- 119 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 34 cases of acquired syphilis among females of childbearing age in 2026*, down 59.5% compared to this time last year.**

Congenital and Female of Childbearing Age (15-44) Syphilis Cases, Indiana 2019-2026*





Call for Cases



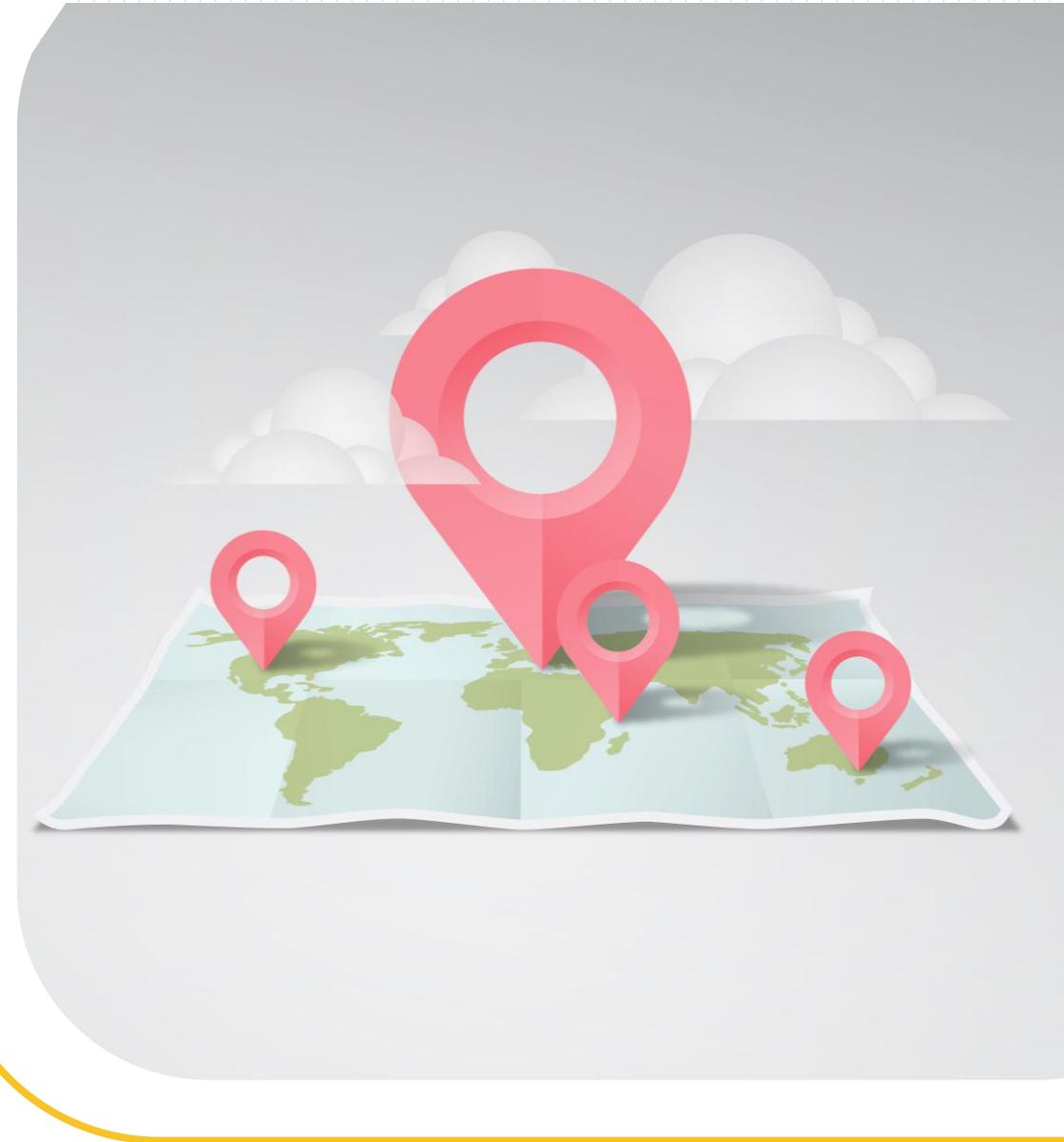
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Cosmetic surgery in Mexico

The Centers of Disease Control and Prevention (CDC) are coordinating with state and local health departments to investigate recent reports of nontuberculous mycobacteria (NTM) surgical site infections after cosmetic surgery in Zapopan, Jalisco, Mexico.

As of Feb. 10, NTM infections have been identified in patients from multiple U.S. jurisdictions with procedure dates ranging from July 2025 to September 2025.

For additional information please visit: [CDC | Medical Tourism](#)



CDC Call for Cases: Novel *Pseudomonas* species

- CDC is investigating reports of a novel *Pseudomonas* species identified in cerebrospinal fluid (CSF) cultures between August 1, 2022, to present.
- Cultures were obtained from patients with indwelling neurologic devices in two states.
 - Three patients have been reported as of January 6, 2026, in two states (CA, IL), with culture collection dates ranging from August 2022 to August 2025
- Healthcare facilities and clinical laboratories that identify organisms with features of the novel *Pseudomonas* spp. in CSF cultures of patients with indwelling neurologic devices should save the isolate and notify their health department and CDC.
- Preliminary epidemiologic findings indicate all patients had external ventricular drains at the time of CSF culture and were treated for ventriculitis.

Novel *Pseudomonas* species

- Healthcare facilities and clinical laboratories should perform a retrospective review (ideally, to August 2022) and conduct prospective surveillance for isolates from CSF cultures that phenotypically resemble *Pseudomonas* and fit one or more of the descriptions below:
 - When using automated testing instruments (e.g., Vitek 2, Microscan), demonstrate passing scores with reduced confidence (e.g., *Pseudomonas aeruginosa*) when key biochemicals are atypical.
 - MALDI-TOF MS either does not identify the organism or produces low confidence scores to multiple non-fermenting gram-negative organisms.
- If you suspect you've identified a suspect novel *Pseudomonas* spp., please save the isolate (if available), and notify the HAI/AR team at IDOH.
- Trent Gulley, 317-502-2790, tgulley@health.in.gov
- Caleb Cox, 317-232-7814, calcox@health.in.gov

Questions?

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Trichophyton Call for Cases

- In collaboration with the CDC, the University of Alabama at Birmingham is leading an initiative to collect information about cases of Trichophyton mentagrophytes genotype VII (TMVII) infection through a case registry.
- TMVII is an emerging strain of dermatophyte causing dermatophytosis (ringworm) associated with sexual transmission among men who have sex with men. The goal of the registry is to gain a comprehensive understanding of TMVII's spread in the United States and understand its impact on affected populations.
- Clinicians can contribute to the registry by submitting suspected or confirmed TMVII case details within the registry at the following link: [Trichophyton mentagrophytes genotype VII \(TMVII\) registry](#). More details can be found in the attached letter. If any technical issues are experienced with the case registry, please contact Drashti Shah at dkshah@uabmc.edu.
Please submit case details to the registry by Feb. 28.

TMVII Signs and Symptoms

- TMVII infections can cause inflamed, itchy, painful, and persistent skin lesions located on the genitals, buttocks, or face.
- Skin lesion appearance may vary, but can include sharply demarcated, erythematous, scaling plaques or pustules.
- Co-infections with sexually transmitted infections have been reported.

TMVII Diagnosis and Treatment

- For patients with possible dermatophyte infections, the diagnosis should be confirmed with in-clinic microscopy (KOH preparation) where available.
- Confirming TMVII infection requires advanced molecular methods that are only available at select academic, commercial, and public health laboratories.
- If TMVII infection is suspected, empiric treatment with oral terbinafine (250mg daily) should be started. Confirmation of TMVII infection via diagnostic testing may take weeks.
- Treatment generally lasts 6-8 weeks.
- Treatment should be continued until there is complete clinical resolution and negative KOH preparation from skin scrapings, if available.
- TMVII infections are generally susceptible to oral terbinafine. Antifungal resistance has been reported among other *Trichophyton species*, including in the US.
- The American Academy of Dermatology has published guidance for clinicians on managing and patient counseling around emerging dermatophyte infections, including TMVII.

TMVII Resources

Clinical Resources:

- CDC [Clinical Brief](#)
- Contact CDC at:
 - FungalOubtreaks@cdc.gov for assistance with testing and clinical management.
 - Call 404-639-5168 or can also email fungalconsult@cdc.gov
- [STD Clinical Consultation Network](#)

New World Screwworm

CDC Situational Update – as of 2/24/2026

- U.S. status: NWS fly not present in the U.S. and no U.S. cases identified; no immediate risk of infection to people in U.S.
- Regional outbreak: Since 2023 re-emergence, first detected in Panama & Costa Rica, all countries in Central America and Mexico where NWS was previously controlled, have identified cases in animals and people
- >150,000 NWS cases in animals and over 1,350 cases in people
- CDC is coordinating with USDA and other federal partners; sterile fly releases, animal movement controls, surveillance, and education

Human Infection

- Infestation in humans occurs when a female fly lays eggs in an open wound.
- NWS is a flesh-eating parasitic fly (*Cochliomyia hominivorax*) that causes myiasis
- People may be at an increased risk for NWS if they travel to areas where the flies are present and
 - Have an open wound, from a scratch or cut, from an insect bite, or from a recent surgery.
 - Have a weakened immune system
 - Have a medical condition that can cause bleeding or open sores
 - Sleep outdoors
- Symptoms can include
 - Painful or unexplained skin wounds or sores
 - Skin wounds or sores that do not heal
 - Bleeding from open sores
 - Foul-smelling odor from wounds or sores
 - Fever or chills (caused by a secondary infection)
 - Visible larvae or egg masses in a wound, ears, eyes, nose, mouth, or other body orifice (e.g., genitals)
 - Sensation of movement, foul odor, bloody discharge, swelling, and pain

Clinical Suspicion

- **If you think your patient has NWS, contact IDOH immediately**
 - Call 317-233-7125 during regular business hours
 - Call 317-233-1325 and follow prompts to reach the Epidemiologist on Call after hours
- All suspected NWS specimens must be sent to CDC for identification
 - Remove all larvae from open wounds and directly place into a leak-proof container with 70% ethanol
 - Volume should be sufficient to fully submerge larvae, which will kill and preserve them for confirmatory diagnostic examination
 - Clinical consultation with CDC is available upon request

CDC Clinical Overview of New World Screwworm: [link](#)

Mark Your Calendars - 2026 World TB Day

- Registration is now open for World TB Day 2026. Please register [here](#) via Eventbrite.
- Date: Wednesday, March 25
- Location: Indiana Government Center South Auditorium
(402 W. Washington St., Indianapolis, IN 46204)
- If you have any questions, please email tbprogram@health.in.gov.





Respiratory Updates



Indiana Influenza Dashboard

Data were last refreshed on February 23, 2026. Data are refreshed weekly.
Observed Current Week - February 8, 2026 - February 14, 2026

WEEKLY OVERVIEW

SYNDROMIC

SENTINEL

VIROLOGIC

MORTALITY

ABOUT THE DATA

Indiana Influenza-Like Illness (ILI) Surveillance – Week ending February 14, 2026

ILI Activity Code
Moderate

Influenza-Associated Deaths

5

for current week

130 total for current season

Syndromic Percent ILI

3.36% ▲ 0.52%

reported by emergency department and urgent care chief complaints

Sentinel Percent ILI

3.33% ▲ 0.47%

reported by sentinel outpatient provider



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Indiana Influenza Dashboard

Data were last refreshed on February 23, 2026. Data are refreshed weekly.
Observed Current Week - February 8, 2026 - February 14, 2026

WEEKLY OVERVIEW

SYNDROMIC

SENTINEL

VIROLOGIC

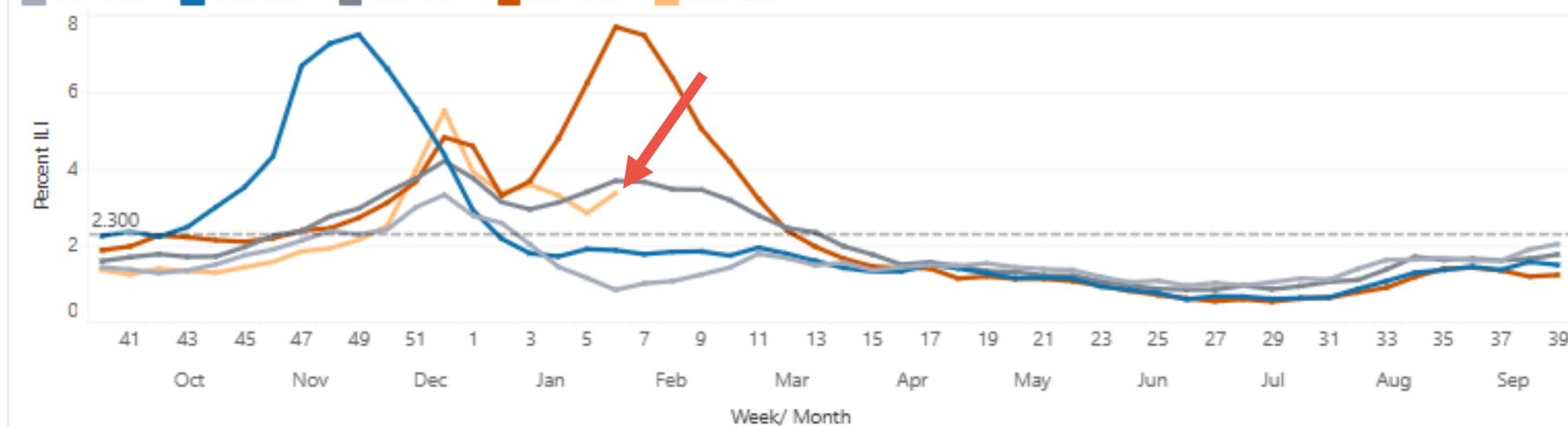
MORTALITY

ABOUT THE DATA

Emergency Department and Urgent Care Visits for ILI

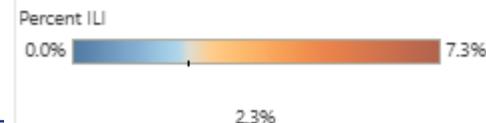
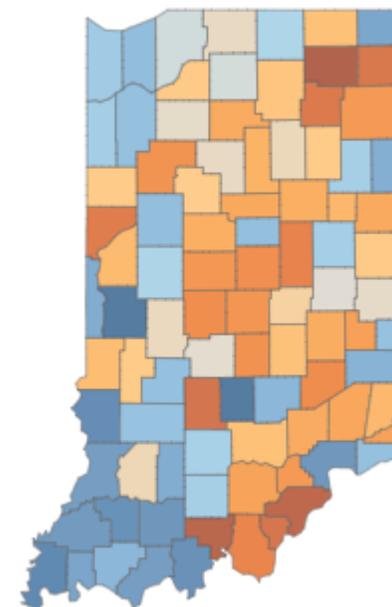
Percent ILI by Season

Season
2021-2022 2022-2023 2023-2024 2024-2025 2025-2026



Percent ILI by Geography for Current Week

Level
○ State
○ Preparedness District
● County

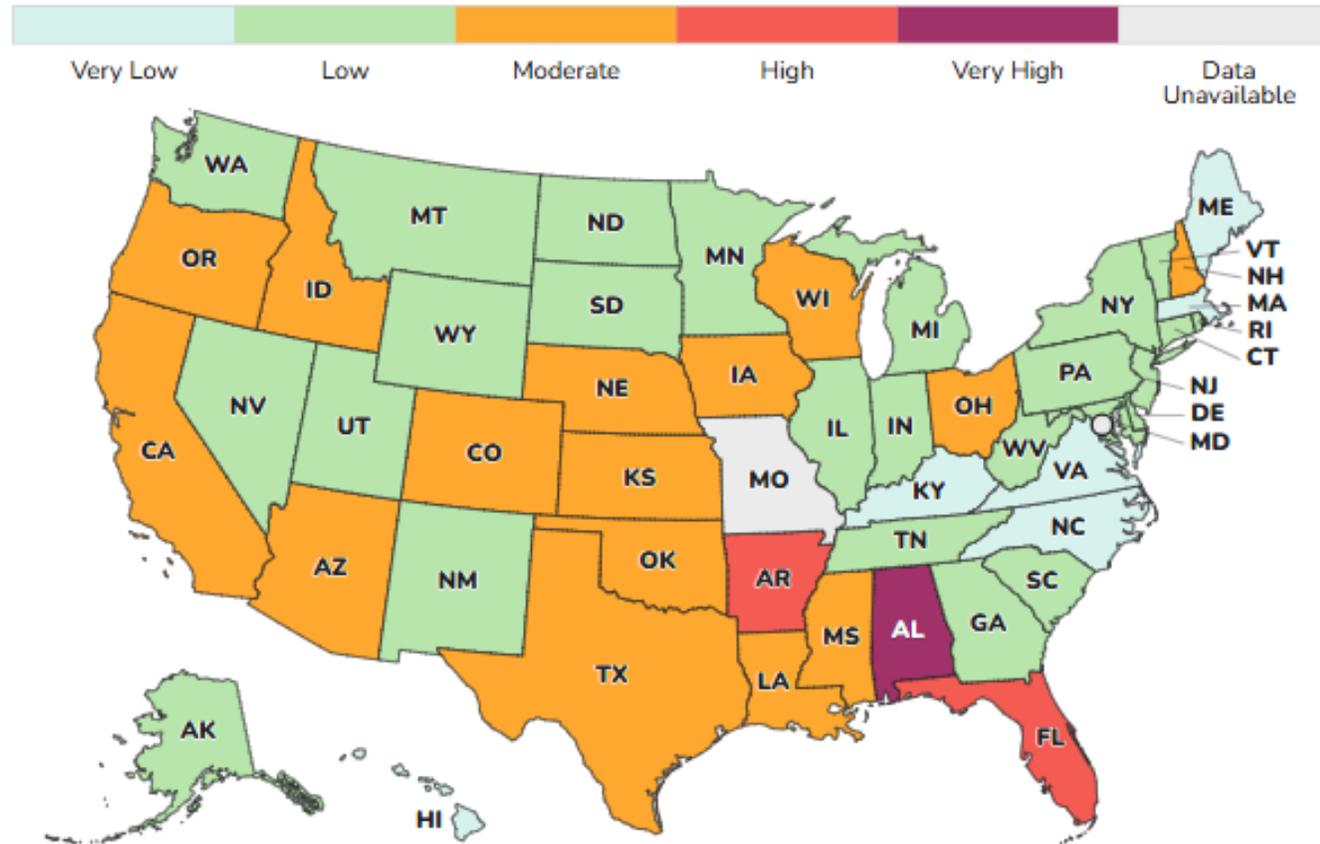


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<https://www.in.gov/health/directory/office-of-the-commissioner/public-health-data-navigator/infectious-disease-prevention-and-control/influenza-data-dashboard/>

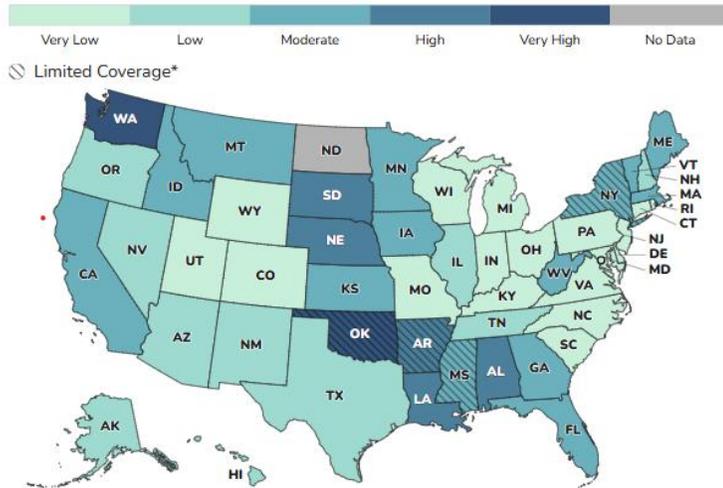
CDC – Acute Respiratory Illness

Acute Respiratory Illness

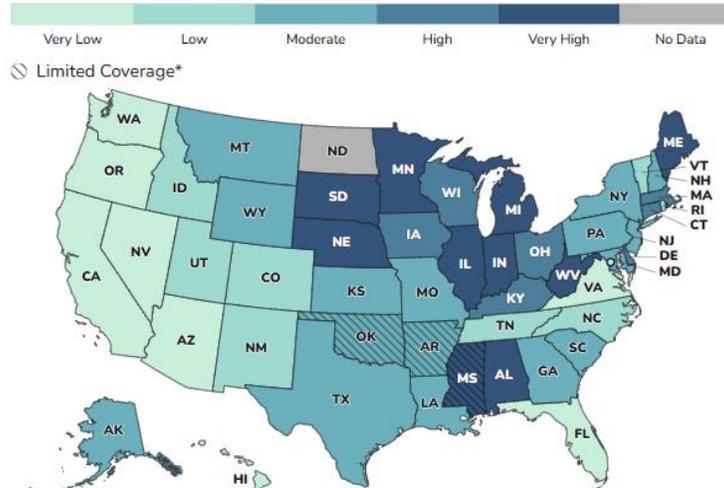


CDC – Wastewater Viral Activity Level

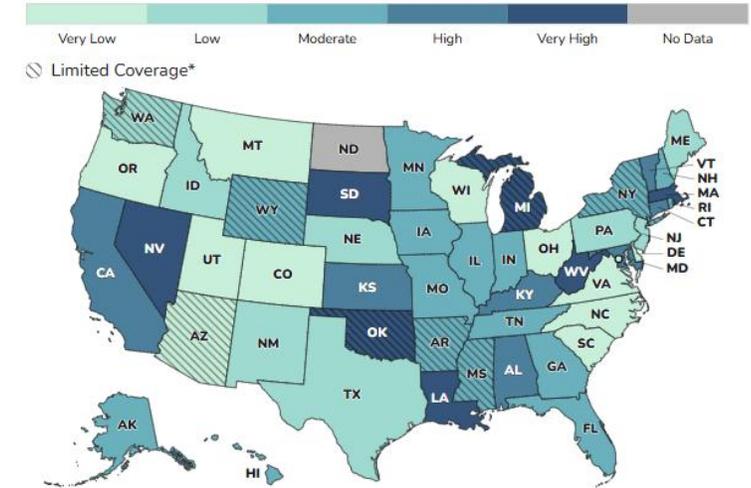
Influenza A



COVID-19

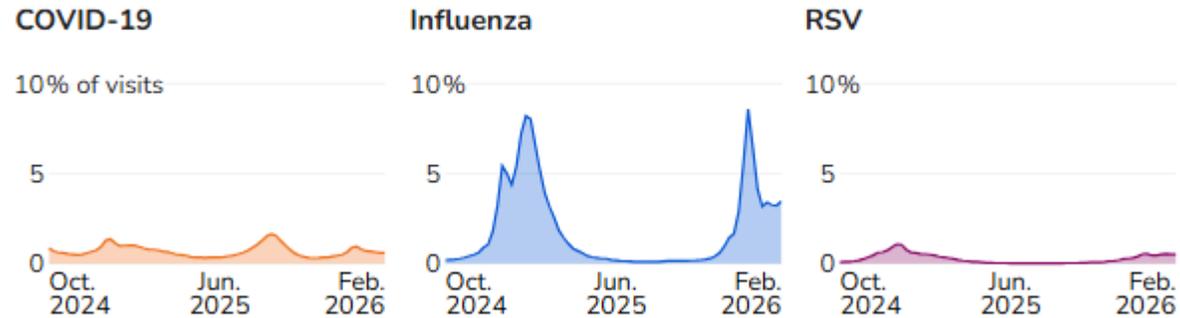


RSV

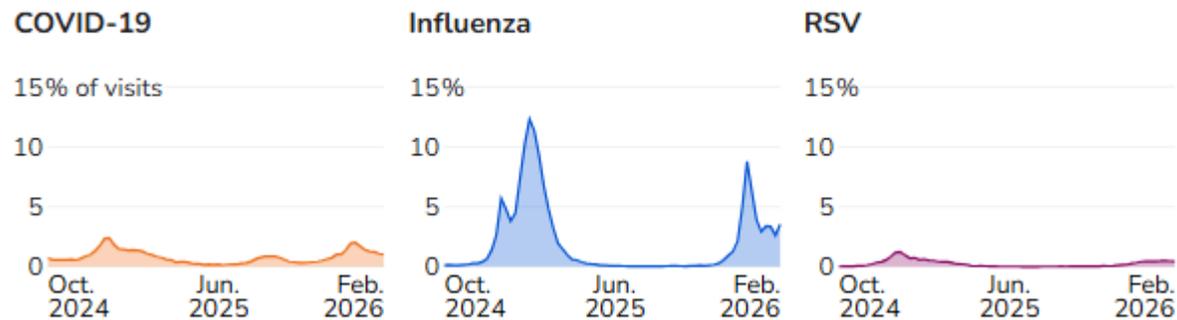


Emergency Department Visits for Viral Respiratory Illness

Emergency department visits in the United States

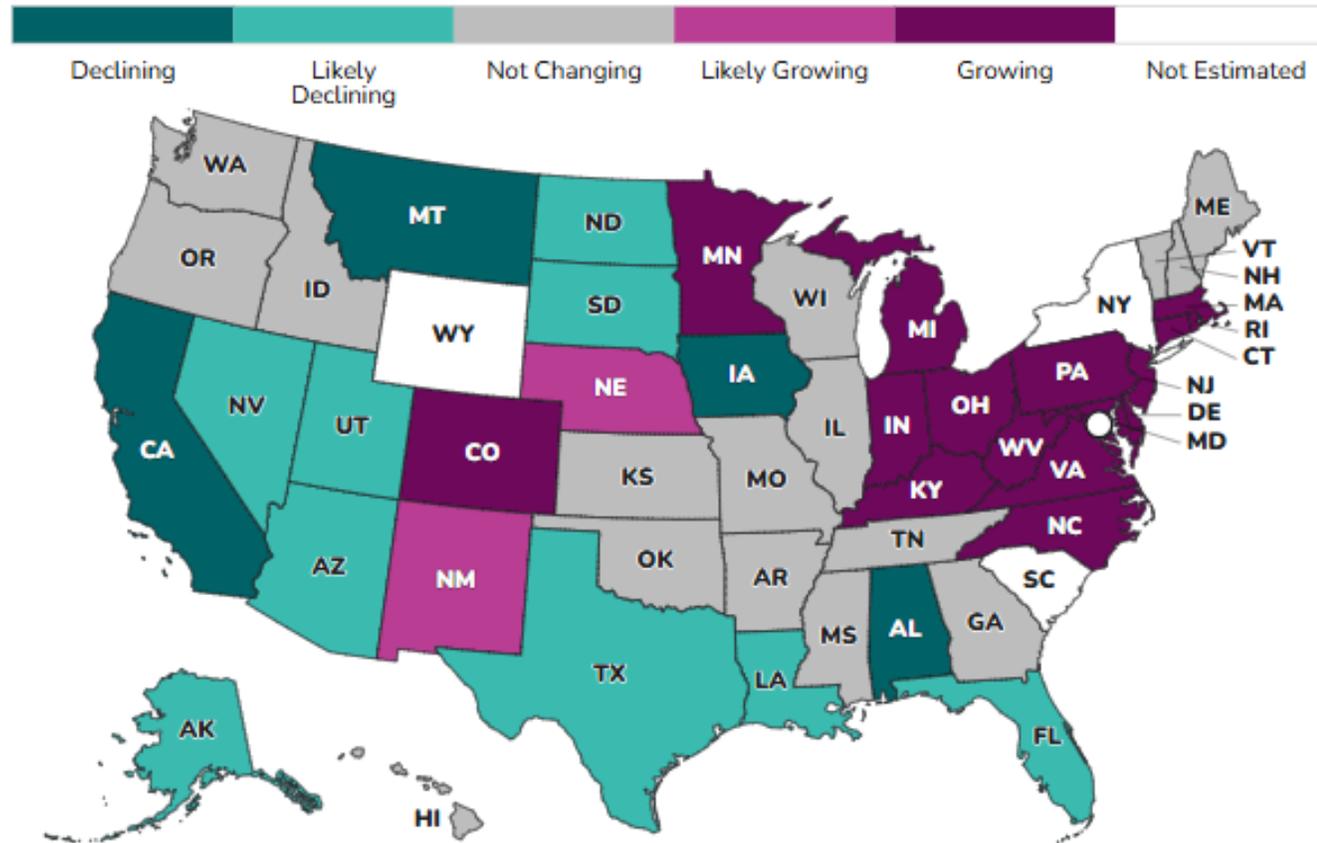


Emergency department visits in Indiana



CDC – Influenza Epidemic Trends

Epidemic Trend



CDC Flu View

- Seasonal flu activity remains elevated nationally. Flu A activity is decreasing while **flu B is increasing**
- Influenza A(H3N2) are the most frequently reported viruses so far this season
 - Nationally – of the 1,193 A(H3N2) viruses collected since 9/28/2025, that underwent genetic characterization, 92.1% belonged to subclade K
- Weekly influenza-associated hospitalization rate peaked during week 52 at 12.6 per 100,000. 2nd highest peak since the 2010-2011 season
 - Highest peak for children under 18 since the 2010-2011 season
- Nationally – 71 reported influenza-related pediatric deaths



BIOFIRE® Syndromic Trends

Midwest Region

Respiratory Report
RP2.1



Timing of RSV Immunizations for Infants and Pregnant Women

April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Infants born in these months should receive RSV antibody (nirsevimab or clesrovimab) in October						Infants born in these months should receive RSV antibody (nirsevimab or clesrovimab) shortly before the beginning of RSV season or within 7 days after birth					

From September to the end of January, RSV vaccine (Abrysvo) recommended during weeks 32 to 36 of pregnancy

Still recommended to give infants RSV antibody

Recent MMWR Releases

- COVID-19 Antiviral Prescription Receipt Among Outpatients Aged ≥ 65 Years — United States, June 1, 2023–September 30, 2025
 - https://www.cdc.gov/mmwr/volumes/75/wr/mm7506a1.htm?s_cid=OS_mm7506a1_w
- Respiratory Virus Activity — United States, July 1, 2024–June 30, 2025
 - https://www.cdc.gov/mmwr/volumes/75/wr/mm7506a2.htm?s_cid=OS_mm7506a2_w
- Regional Increases in Incidence of Coccidioidomycosis (Valley Fever) — Arizona, 2005–2022
 - https://www.cdc.gov/mmwr/volumes/75/wr/mm7506a3.htm?s_cid=OS_mm7506a3_w

New Dashboard



Indiana *Candida auris* (C. auris) Dashboard

Reporting period: 1/28/2020 - 3/18/2023

Cases Overview
Epidemiologic Profile
Additional Resources

Select Year: All

Select Measure: Total Cases

Total Case Count

659

Screening Case Count

446

Clinical Case Count

213

Total Cases by Year

* 2023 has only Q1 data

Select Time Period: Year

Year	Case Count
2020	106
2021	199
2022	277
2023	77

Case Counts by District

District	Clinical	Screening	Total
District 1	94	147	241
District 2	7	5	12
District 3	6	8	14
District 4	6	1	7
District 5	82	266	348
District 6	4	8	12
District 7	8	0	8
District 8	2	9	11
District 9	3	2	5
District 10	1	0	1

Total Cases by District

Select a district to filter whole page

District	Total Cases
District 1	241
District 2	12
District 3	14
District 4	7
District 5	348
District 6	8
District 7	12
District 8	11
District 9	5
District 10	1

Clinical Case: *Candida auris* found in a specimen collected for diagnosing or treating an illness (e.g., from blood, urine, wound, or respiratory sample).
Screening Case: *Candida auris* found in a specimen collected to check for presence of the germ without signs of illness. If a person later develops an infection, they are counted twice once under Screening and under Clinical.
Facility County: The county where the healthcare facility was located when a positive specimen was collected. This may not be where the person lives or where they got the infection.



New Dashboard



Indiana Carbapenemase-Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) Dashboard

Reporting period: 1/2/2020 - 3/31/2023

Cases Overview

Epidemiologic Profile

Additional Resources

Year
(None) ▼

Case Count Type
Total ▼

* **New Cases** represent all cases with an End Date in the **latest quarter (Q1 2023)** based on the most recent data refresh.

*** New Cases**

77

Latest Quarter: Q1 2023

Total Cases

707

Total Cases by District

Total Cases by Year

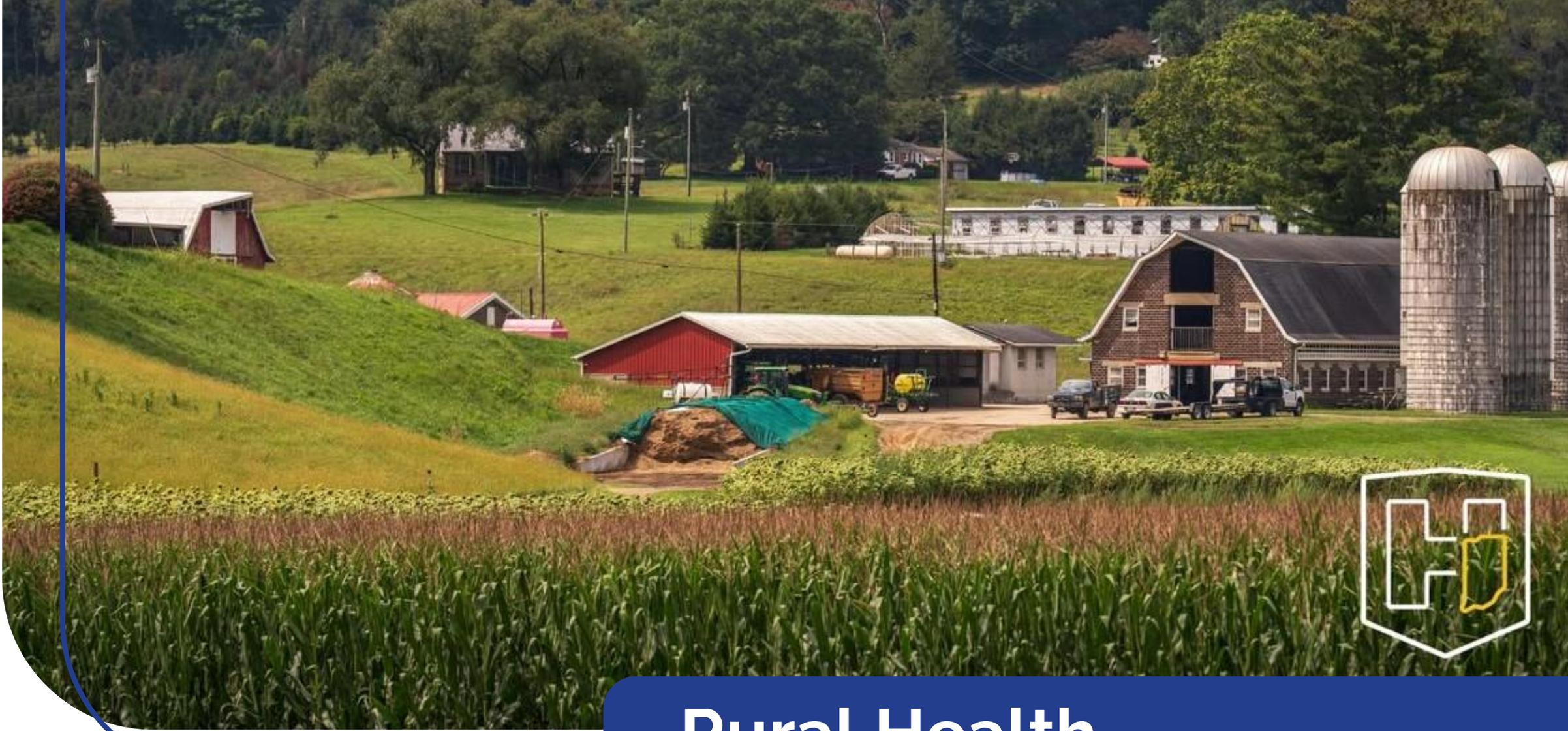
* 2023 has only Q1 data

Select Time Period
Year ▼

Year	Total Cases
2020	203
2021	181
2022	246
2023	77

Case Counts by District

District	New Cases	Total Cases
District 1	19	257
District 2	7	57
District 3	21	60
District 4	1	14
District 5	20	179
District 6	4	61
District 7	0	29
District 8	1	14
District 9	1	21
District 10	3	15



Rural Health Transformation



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Rural Health Transformation Program Initiatives

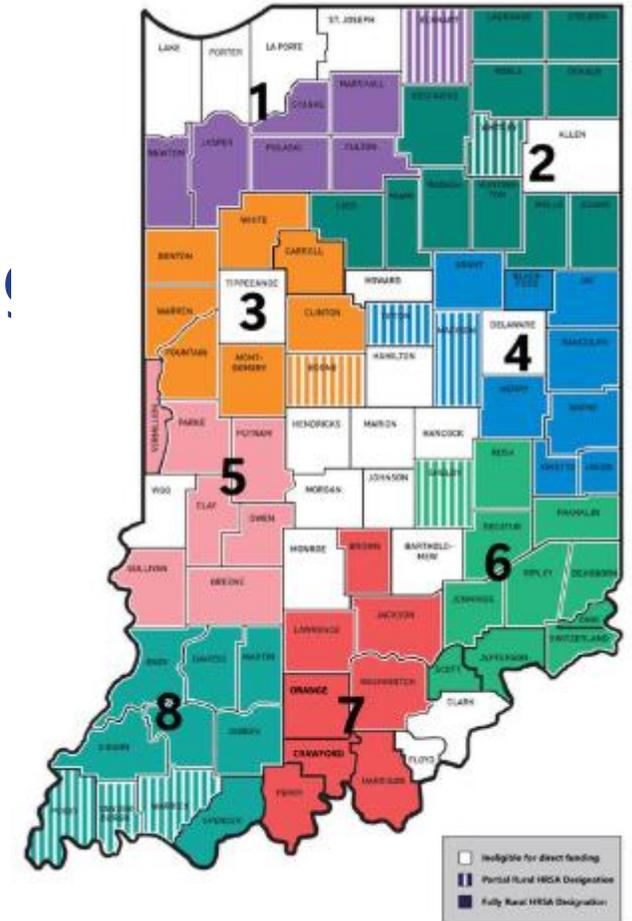
- The One Big Beautiful Bill Act includes \$50 billion nationwide for a Rural Health Transformation Program (RHTP), a federal relief program to transform care and improve health outcomes in rural communities.
- Planning for \$200 million over the next five years to support rural communities starting in January
- Hoosiers living in 64 of Indiana's 92 counties account for 1,846,221 people or 27% of the state's total population

■ Fully Rural Counties
■ Not Fully Rural Counties



12 Indiana Rural Health Initiatives

- 11 statewide initiatives
 - 40% spend of total grant
- GROW (Growing Rural Opportunities for Well-being) Regional Grants
 - 60% spend of total grant
 - Eight regions (map at right)
 - Identification of duplication of services and gaps in care to right size healthcare delivery in rural Indiana
 - Increased care of pregnant women, through increasing percentage of women with first trimester care and completing all prenatal and postnatal visits



Key Performance Objectives (KPOs)

- Improve chronic disease indicators
- Decrease ED and hospital utilization
- Improve maternal and infant health outcomes
- Rural health workforce stability
- Improved timeliness and access to care
- Data interoperability
- Telehealth and teleconsult expansion
- Cross-sector collaboration

Data Trends

Details on these health topics of potential impact for each of the eight regions now available on the website



Next Steps

- Formation of regional coalition and identification of advisory committee
- Determine needs and top priorities of the region
- Begin conversations about potential partnerships and collaborative opportunities
- Watch for an announcement next week that the Request for Funds application period is open

Learn More

Website: GrowRuralHealth.in.gov

Visit the **Indiana RHTP** website for updates including:

- Frequently Asked Questions
- Initiative Descriptions
- Regional grant application
- Results of stakeholder survey



Email questions to GrowRuralHealth@health.in.gov



Other Public Health Updates



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DKA Brochures

The Division of Family Health Data and Fatality Prevention (DFP) has created a brochure focusing on Diabetic Ketoacidosis, specifically in youth. Brochures are available to be ordered and shipped directly to local partners at no cost. If you are interested in placing an order, email Allie Houston at AHouston@health.in.gov or fatalityprevention@health.in.gov.

A few examples of how to use these **brochures**

- Provide to local pediatrician offices to have in their waiting rooms
- Include in back-to-school packets given to parents at the beginning of the school year.
- Distribute during Diabetes Awareness Month (November) to schools, after school organizations, Family Resources Centers, and any organization interacting with youth



Know the Signs. Act Fast.

Pediatric Diabetic Ketoacidosis (DKA)

If your child has diabetes, knowing the signs of DKA can help you act quickly and keep them safe.



What is DKA?

Diabetic ketoacidosis (DKA) happens when the body doesn't have enough insulin.

The body needs sugar (called glucose) for energy. Insulin helps move sugar from the blood into the body's cells where it can be used.

Without insulin, sugar builds up in the blood and can't get into the cells. When this happens, the body starts to burn fat for energy, and this makes substances called ketones (KEE-tones).

Too many ketones can make blood too acidic. This is dangerous and can lead to serious health problems, including coma or even death.



DKA is a serious health emergency. It needs treatment at the hospital right away.

Signs and Symptoms of Pediatric DKA

Early Signs:

- Increased thirst
- Frequent urination
- Increased hunger
- Feeling tired or weak
- Bedwetting after at least six months of nighttime dryness

Serious Signs

(go to the ER right away):

- Nausea or vomiting
- Stomach pain
- Fast, deep breathing
- Breath that smells fruity or like nail polish remover
- Confused or hard to wake up
- Feeling very sleepy or sick



If your child shows any of these signs, don't wait—get help now.

How to Prevent DKA

Help your child stay healthy by following their diabetes care plan:



Check blood sugar often.



Drink plenty of water.



Give insulin on time.



Create and follow a "sick day" plan.



Check for ketones when blood sugar is high (over 240 mg/dL) or if your child is sick.



Offer regular meals and snacks.

How to Check for Ketones

When blood sugar is high (over 240 mg/dL) or your child is sick, check for ketones:

- 1 Collect your child's urine in a clean cup.
- 2 Dip the urine ketone strip in the urine.
- 3 Wait 15 seconds.
- 4 Match the strip color to the guide on the bottle.
- 5 Write down the result along with the time.

For blood ketone tests:



If ketones are small, moderate, or large:

- ✓ Give extra rapid-acting insulin (ask your child's care team how much).
- ✓ Make sure long-acting insulin was given.
- ✓ Give fluids every 30-60 minutes (ideally an electrolyte drink).
- ✓ Check blood sugar and ketones every 2 hours, or as directed by your child's care team.
- ✓ Encourage rest and limit physical activity until ketones are gone.
- ✓ If using an insulin pump:
 - Check or change the site to be sure insulin is getting in
 - If pump problems continue and ketones are present, your care team may recommend switching to long- and short-acting insulin until fixed



When to Call for Help

Call your child's diabetes care team if:

- Ketones are still moderate or large after two insulin doses
- Your child vomits three times in 2 hours
- Your child is very sleepy, confused, or breathing fast
- Blood sugar stays high, or you don't know what to do

Go to the ER if:

- Ketones are not going down after checking every 2 hours
- Blood sugar stays high or symptoms worsen
- Your child shows signs of infection (fever, sore throat, etc.) with ketones or high blood sugar
- Your child has trouble breathing
- Their breath smells fruity
- Your child is hard to wake up or acts confused

Be prepared:

- Talk to other caregivers, teachers, friends, and family members about DKA
- Keep emergency numbers handy
- Get your child a medical ID bracelet
- Know your child's care plan—ask questions if you're unsure



My child's care team info:

DKA can be scary, but you're not alone.

With the right plan, fast action, and support, you can help your child stay safe and healthy.



Please share! Loan repayment and scholarship programs available for dentists and dental hygienists

Available through a partnership between Delta Dental of Indiana and the Delta Dental Foundation, programs being offered include:

- A loan repayment program to support private practice dentists in underserved communities (up to \$40,000 per year, up to five years). At least 15% of the dentist's patients must be covered by Medicaid each year.
- A loan repayment program for dentists (up to \$25,000 per year, up to three years) who commit to working in nonprofit clinics.
- A loan repayment program for dental hygienists (up to \$5,000 per year, up to three years) who commit to working in nonprofit clinics.
- A scholarship program for dental hygiene students to cover the cost of attendance (up to \$15,000 per year, up to two years).

Apply by March 31. For more information and to apply visit this webpage: [Loan repayment](#)

FDA Intends to Take Action Against Non-FDA-Approved GLP-1 Drugs

FDA press release from 2/6/26:

“The U.S. Food and Drug Administration is announcing its intent to take decisive steps to restrict GLP-1 active pharmaceutical ingredients (APIs) intended for use in non-FDA-approved compounded drugs that are being mass-marketed by companies — including Hims & Hers and other compounding pharmacies — as similar alternatives to FDA-approved drugs. These actions are aimed to safeguard consumers from drugs for which the FDA cannot verify quality, safety, or efficacy. We take seriously any potential violations of the Federal Food, Drug, and Cosmetic Act.

The FDA is also taking steps to combat misleading direct-to-consumer advertising and marketing following warning letters that were sent in the fall of 2025. In promotional materials, companies cannot claim that non-FDA-approved compounded products are generic versions or the same as drugs approved by FDA. They also cannot state compounded drugs use the same active ingredient as the FDA-approved drugs or that compounded drugs are clinically proven to produce results for the patient.

The FDA will use all available compliance and enforcement tools within its authorities to address unsubstantiated claims and associated public health concerns. Entities engaged in the manufacture, distribution, or marketing of unapproved compounded GLP-1 products should be aware that failure to adequately address any violations may result in legal action without further notice, including, without limitation, seizure and injunction.”



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- [Link to press release](#)
 - [FDA website about unapproved GLP-1 medications](#)

FDA BeSafeRx Campaign



BeSafeRx Resources for Health Professionals

DID YOU KNOW?

95% of Websites Selling Prescription Medicine Online are Unsafe and Unlicensed*

Help Your Patients Choose Safety Over Shortcuts

If purchasing medicine online, encourage patients to make safer choices. Share the signs of a safe online pharmacy.

An Online Pharmacy is Likely Safe If It:

- Requires a doctor's prescription
- Has a licensed pharmacist on staff
- Has a physical address in the United States
- Is licensed by the state pharmacy board



For more information and resources for locating a licensed online pharmacy, go to BeSafeRx www.FDA.gov/BeSafeRx

Considering an Online Pharmacy?

Purchasing medicine online may offer convenience, cost savings and privacy, but many websites selling medicine are unsafe and unlicensed.

Before ordering prescription medicine online, check that your online pharmacy is safe.

Safe Signs

Your online pharmacy is likely safe if it:

- Requires a doctor's prescription
- Has a licensed pharmacist on staff
- Has a physical address in the U.S.
- Is licensed by the state pharmacy board

Warning Signs

Beware of purchasing medicine from a website that:

- Does not require a doctor's prescription
- Does not have a U.S. address
- Does not have a pharmacist on staff
- Is not licensed by the state pharmacy board
- Provides medication that is expired, damaged, looks different or has no expiration date
- Offers deep discounts or prices too good to be true



[Link to website](http://www.FDA.gov/BeSafeRx)

Public Health Day at the Statehouse



Indiana
Department
of
Health

The Doctor is IN podcast for clinicians

- Variety of topics with a special guest
- New 15-20 minute episodes approx. every other week
- Email if you have any ideas for topics
- On podcast platforms, including Google Play, Apple Podcasts, Spotify and Amazon
- Launched season 2 with SHC Lindsay Weaver, MD, FACEP and Chief of Staff Jon Ferguson taking a look back at 2025 and what's ahead for 2026



Ways to connect with us

- Access our [webpage](#) with resources for clinicians
- Sign up for 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?

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Next call: Noon, March 27

