



Indiana
Department
of
Health

CLINICIAN UPDATES

GUY CROWDER, M.D., MPHTM
CHIEF MEDICAL OFFICER

10/25/2024

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.



Conflict of interest

I have no conflicts of interest to disclose

CMEs



CME credits are available for physicians participating in this webinar.

Once you complete the REDCap survey (link will be added to the chat during the Clinician Update), the IDOH enters your name into the Accreditation Council for Continuing Medical Education (ACCME) Program and Activity Reporting System (PARS). PARS is your entry point into the digitized world of CME.

To access the CME credit from this webinar, please go to [PARS - ACCME](#) (This will allow you to monitor CMEs awarded and entered into ACCME's PARS) and/or [Homepage \(cmepassport.org\)](http://cmepassport.org) (This will allow you to monitor CME credits and find other available opportunities to gain CMEs.)



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MARBURG VIRUS IN RWANDA

HALEY BEEMAN, MPH
SENIOR HAI EPIDEMIOLOGIST

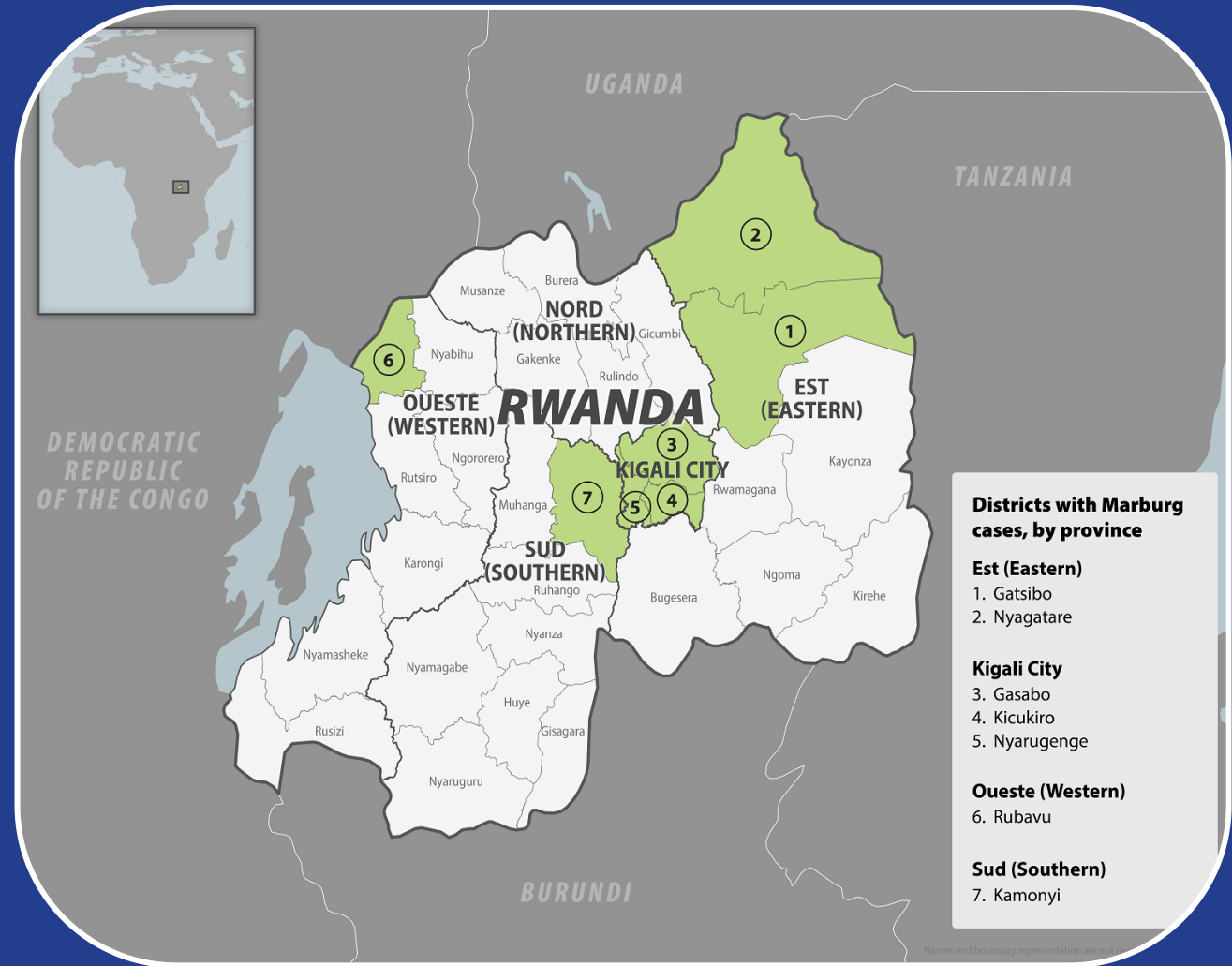
10/25/24

Marburg Update

On Sept. 30, Republic of Rwanda's Ministry of Health declared an outbreak of Marburg virus disease (MVD).

As of October 23:

- 63 confirmed cases
- 2 patients in isolation and receiving treatment
- 15 deaths
- 46 patients recovered
- 5,005 tests administered
- 1,284 vaccine doses administered



Updates from Rwanda available here: <https://rbc.gov.rw/marburg/>

Traveler Monitoring

- Risk for MVD in the United States is low. Out of abundance of caution, the Centers for Disease Control and Prevention (CDC) has implemented symptom monitoring for travelers coming from Rwanda.
- CDC's Division of Global Migration and Health provides notifications of incoming travelers to Indiana Department of Health (IDOH).
- Indiana's local health departments, in conjunction with IDOH, will conduct monitoring for all travelers deemed high risk by the CDC.



Additional Information:

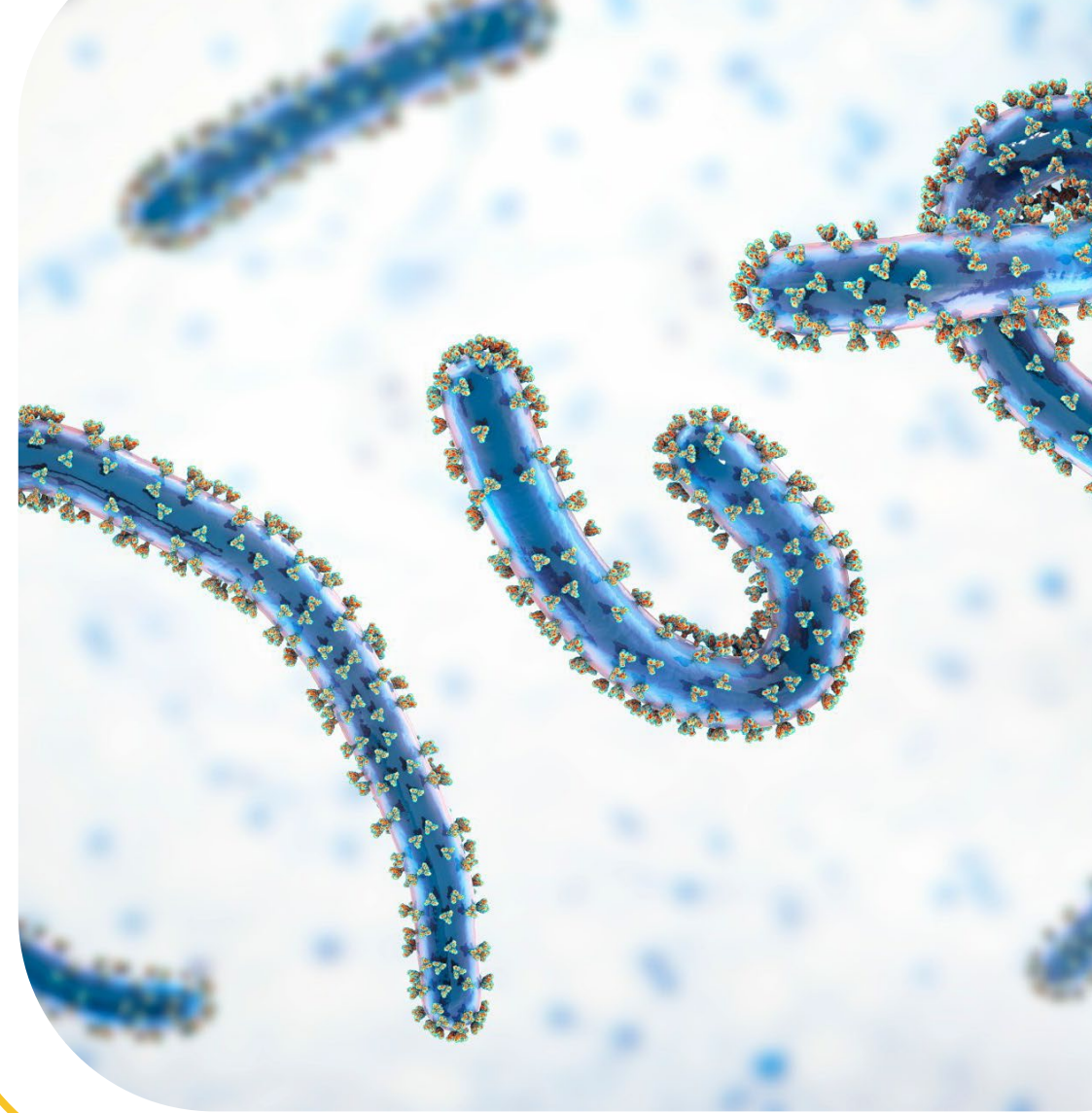
- [Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda | CDC](#)
- [Special Pathogens State Operations Plan | IDOH](#)

Considerations for Health Care

Increase vigilance in obtaining travel history in the 21 days before illness onset for any patient presenting with symptoms consistent with Marburg virus disease (MVD).

Isolate patients with a travel history to Rwanda and who are exhibiting MVD symptoms in a private room with a private bathroom and implement standard, contact, and droplet precautions.

Contact the Infectious Disease Epidemiology & Prevention Division immediately at 317-233-7125 during normal business hours or at 317-233-1325 after hours or on holidays.



Contact:

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hbeeman@health.in.gov





Baxter IV Supply Chain Updates



Indiana
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News Release from Indiana Hospital Association

OCTOBER 21, 2024

Indiana Hospitals Conserving Resources Amid National IV Fluid Shortage

Oct. 21, 2024 (INDIANAPOLIS) — Indiana hospitals are closely monitoring the ongoing national shortage of IV fluids that has impacted hospitals and health care providers across the country. While hospitals are experiencing varying degrees of impact related to the shortage, recent delays in shipments from third-party vendors have forced some hospitals to reassess their stock levels and prioritize their current supply for patients in critical need.

“Despite Baxter’s return to 60% production, and the incoming shipments from international suppliers, it could take weeks until some hospitals begin receiving their allocation of IV fluids,” said Blake Dye, interim president of IHA.

Indiana hospitals have implemented comprehensive conservation plans, which include reviewing and optimizing fluid use for each patient, exploring alternative therapies, and prioritizing the available supply for critical care.



<https://www.ihaconnect.org/member/newsroom/Pages/ivfluidshortage.aspx>

Baxter Response Activities

- Focusing efforts on bringing the Baxter North Cove facility back online
- Continuing to scale processes to increase production at existing Baxter facilities
- Bringing in product from 9 international facilities – first arrivals this week
- ***Effective 10/09/2024: increased allocations to 60% of some product orders***
- ***Children's hospital allocations increased to 100%***
- Dedicated support email: HurricaneHeleneSupport@baxter.com
- **Baxter Goal: Return to 90% to 100% allocation of certain IV solution product codes for U.S. customers by the end of 2024.**

Healthcare providers should reference [Baxter.com](https://www.baxter.com) updates as the main source of information. Expect updates every Monday and Thursday.

Federal Response Activities

- **Administration for Strategic Preparedness and Response (ASPR)**
 - Invoked the Defense Production Act to prioritize supplies for Baxter
 - Provided technical assistance to increase manufacturing at other manufacturers
 - Ensured stability of the remainder of the IV supply
 - ***Note: These products are not part of the Strategic National Stockpile (SNS)***
- **Food and Drug Administration (FDA)**
 - Declaring impacted drugs in shortage
 - Prioritizing allowance of internationally manufactured products into the U.S. supply chain
 - Extending shelf-life by encouraging manufacturers to submit data to the FDA for expedited evaluation and reviewing approval of extensions
 - Authorizing Baxter to bring in products from international plants
 - Sharing guidance on compounding drugs by hospital pharmacies and outsourcing facilities

Information for Healthcare Facilities and Hospitals

Critically Low Supply Actions (2-3 days)

- If a facility is critically low on supplies (2-3 days), Baxter can make exceptions. Patient care remains the priority.
- Hospitals should contact the Baxter [Center for Service](#), their Baxter representative, or HurricaneHeleneSupport@baxter.com for support.

Information for Children's Hospitals

- Children's hospitals must submit written documentation on letterhead indicating their status as a children's hospital, including number of beds and utilization.
 - *If children's hospital ordering part of larger healthcare system ordering, request for full allocation and justification to be submitted on letterhead outlined above.*
- Baxter requires this documentation to support 100% allocation and exemption.
- **Include *Children's Hospital* in subject line to prioritize email review**

Information for Healthcare Facilities and Hospitals

Tips for Managing Inventory Across Hospital and Health Systems

- Allocations based on utilization, purchase history, and availability of product
- Continuing ordering Peritoneal Dialysis (PD) products through standard channels.

Drug Compounding Resources

- [Hurricane Helene: Baxter's manufacturing recovery in North Carolina](#)
- [Compounding when Drugs are on FDA's Drug Shortages List](#)
- [Temporary Policies for Compounding Certain Parenteral Drug Products](#) – Rel. 10/11/2024

Additional Resources

- [Fact Sheet: HHS Continues Taking Action to Increase Access and Supply of IV Fluids Following Hurricane Helene](#)

Contact:

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Planning and Preparedness
Manager

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Respiratory Updates



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WHAT YOU NEED TO KNOW ABOUT FALL VACCINES 2024

Immunizations have been shown to lower risk of severe disease. Speak to your health care provider about the best timing for you.

Vaccine

Who

What

When



People 6 months of age and older	Updated 2024–2025 flu vaccine	During flu season. September and October remain the best times for most people to get vaccinated
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Everyone aged 6 months and older should get 1 updated Moderna, Novavax, or Pfizer COVID-19 vaccine to be up to date.	Updated 2024–2025 COVID-19 vaccine	During fall and winter respiratory disease season
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Adults over 75 and older and adults 60-74 at increased risk of severe RSV	NOT AN ANNUAL VACCINE	Eligible adults can get any time, best time is in late summer and early fall
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WHAT YOU NEED TO KNOW ABOUT FALL VACCINES 2024

Immunizations have been shown to lower risk of severe disease. Speak to your health care provider about the best timing for you.

Vaccine

Who

What

When



Pregnant women at 32-36 weeks	Pfizer Abrysvo is the only RSV vaccine approved for pregnant women	September through January
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Infants 19 months and younger	Monoclonal antibody shot	October through the end of March
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COVID-19 Surveillance



Indiana COVID-19 Home Dashboard

Below results are as of 10/22/2024, 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.

7-Day Average
COVID-19 Counts

COVID-19 Hospital
Admissions
0 (↓6)

Emergency
Department Visits
for
COVID-Like Illness
290 (↑24)

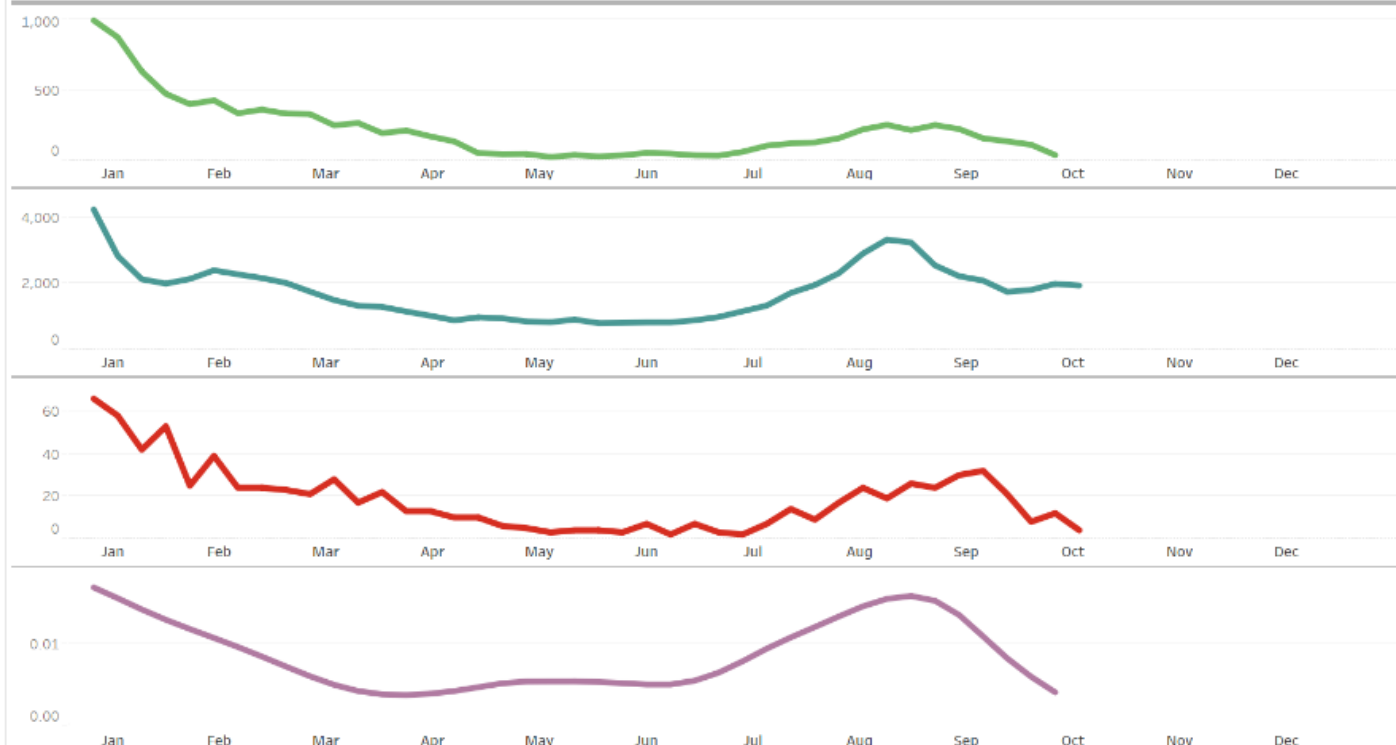
COVID-19 Deaths
1 (↓1)

SARS-CoV-2
Wastewater
Concentration
0.0059 (↓0.0022)
2,120,677 Total
Population Served

COVID-19 Trends

- 2024 COVID-19 Hospital Admissions
 - 2024 Emergency Department Visits for COVID-Like Illness
 - 2024 COVID-19 Deaths
 - 2024 Concentration of SARS-CoV-2 in Wastewater
- 2020 ■ 2021 ■ 2022 ■ 2023

Year Selection
(filters Timeseries only)
2024



<https://www.in.gov/health/idepd/respiratory-disease/influenza/influenza-dashboard/>

COVID-19 Update for the United States

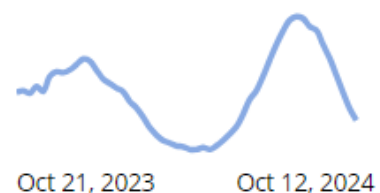
Early Indicators

Test Positivity >

% Test Positivity

6.3%

Week ending October 12, 2024
Previous week 7.6%

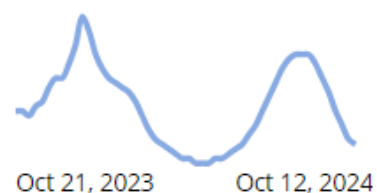


Emergency Department Visits >

% Diagnosed as COVID-19

0.7%

Week ending October 12, 2024
Previous week 0.8%



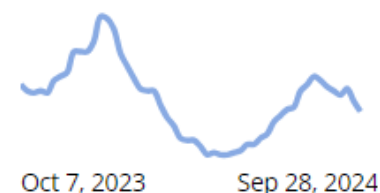
Severity Indicators

Hospitalizations >

Rate per 100,000 population

3.2

Week ending September 28, 2024
Previous week 3.7

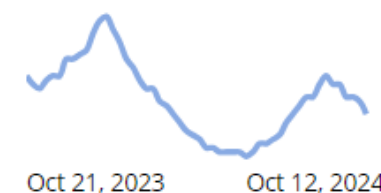


Deaths >

% of All Deaths in U.S. Due to COVID-19

1.5%

Week ending October 12, 2024
Previous week 1.8%



These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

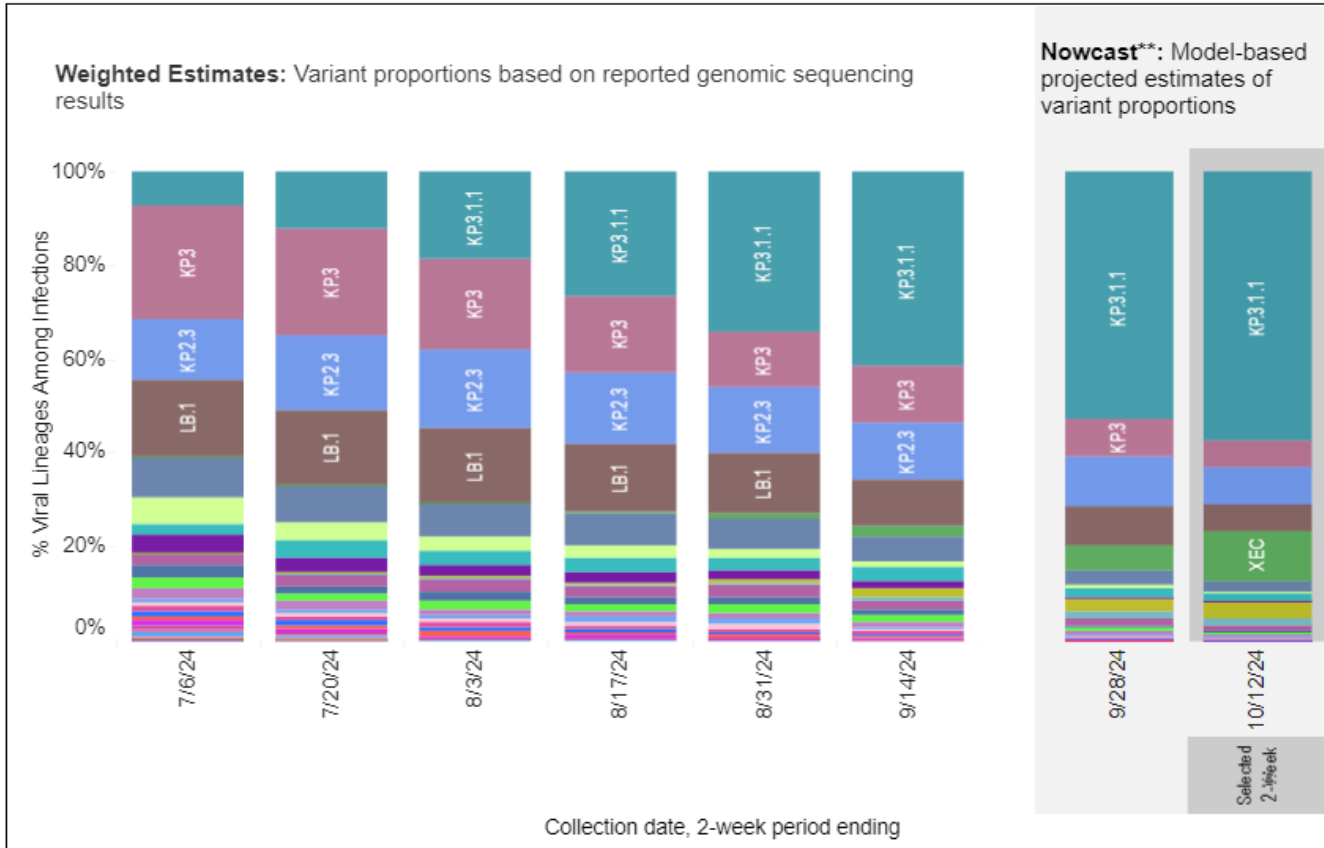
CDC | Test Positivity data through: October 12, 2024; Emergency Department Visit data through: October 12, 2024; Hospitalization data through: September 28, 2024; Death data through: October 12, 2024.
Posted: October 21, 2024 3:59 PM ET



Weighted and Nowcast Estimates in United States for 2-Week Periods in 6/23/2024 – 10/12/2024

Nowcast Estimates in United States for 9/29/2024 – 10/12/2024

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	KP.3.1.1		57.2%	53.4-61.0%
	XEC		10.7%	6.8-16.1%
	KP.2.3		7.8%	6.7-9.0%
	LB.1		5.8%	4.9-6.8%
	KP.3		5.7%	4.9-6.6%
	MC.1		3.6%	2.1-6.0%
	KP.2		2.0%	1.4-3.0%
	LB.1.3.1		1.6%	0.5-4.3%
	KP.1.1.3		1.3%	0.9-1.9%
	LP.1		1.1%	0.8-1.6%
	KP.1.1		0.6%	0.5-0.8%
	JN.1.18		0.5%	0.3-0.8%
	KS.1		0.4%	0.3-0.6%
	JN.1.16.1		0.4%	0.3-0.6%
	KP.2.15		0.3%	0.2-0.4%
	LF.3.1		0.2%	0.1-0.4%
JN.1		0.2%	0.1-0.4%	
JN.1.11.1		0.2%	0.1-0.3%	
KP.4.1		0.1%	0.0-0.2%	
XDV.1		0.0%	0.0-0.1%	
KW.1.1		0.0%	0.0-0.1%	
JN.1.7		0.0%	0.0-0.0%	
JN.1.16		0.0%	0.0-0.0%	

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
 # Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed. While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in more detail here: <https://web.archive.org/web/20240116214031/https://www.pango.network/the-pango-nomenclature-system/statement-of-nomenclature-rules>.




COVID-19 Vaccines

**CDC recommends the 2024-25
COVID-19 vaccine for everyone 6 months and older**

**An updated vaccine protects
against:**

- COVID-19 variants spreading now
- Severe illness, hospitalization,
and death



CDC

[bit.ly/mm7337e2](https://www.cdc.gov/mmwr/volumes/73/wr/mm7337e2)

SEPTEMBER 10, 2024

MMWR

COVID hospitalization data CDC MMWR 10/7

- During October 2023–April 2024, adults aged ≥ 65 years accounted for 70% of all COVID-19–associated hospitalizations among adults.
- Most hospitalized adults had multiple underlying medical conditions. Only 12% had received the CDC recommended COVID-19 2023–2024 formula vaccine.
- Cumulative rates of COVID-19–associated hospitalization during October 2023–April 2024 were the lowest for all adult age groups during an October–April surveillance period since 2020–2021.
- Hospitalization rates among all adults aged ≥ 75 years approached one COVID-19–associated hospitalization for every 100 persons.
- Among adults hospitalized with COVID-19, 88.1% had not received the 2023–2024 formula COVID-19 vaccine before hospitalization, 80.0% had multiple underlying medical conditions, and 16.6% were residents of long-term care facilities (LTCFs).

Free COVID-19 Tests



COVID-19 Testing

Order Your 4 Free At-home COVID-19 Tests

Every U.S. household is eligible to order 4 free at-home tests.

Need help placing an order for your at-home tests?
Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).



<https://covidtests.gov/>



Indiana Influenza Dashboard

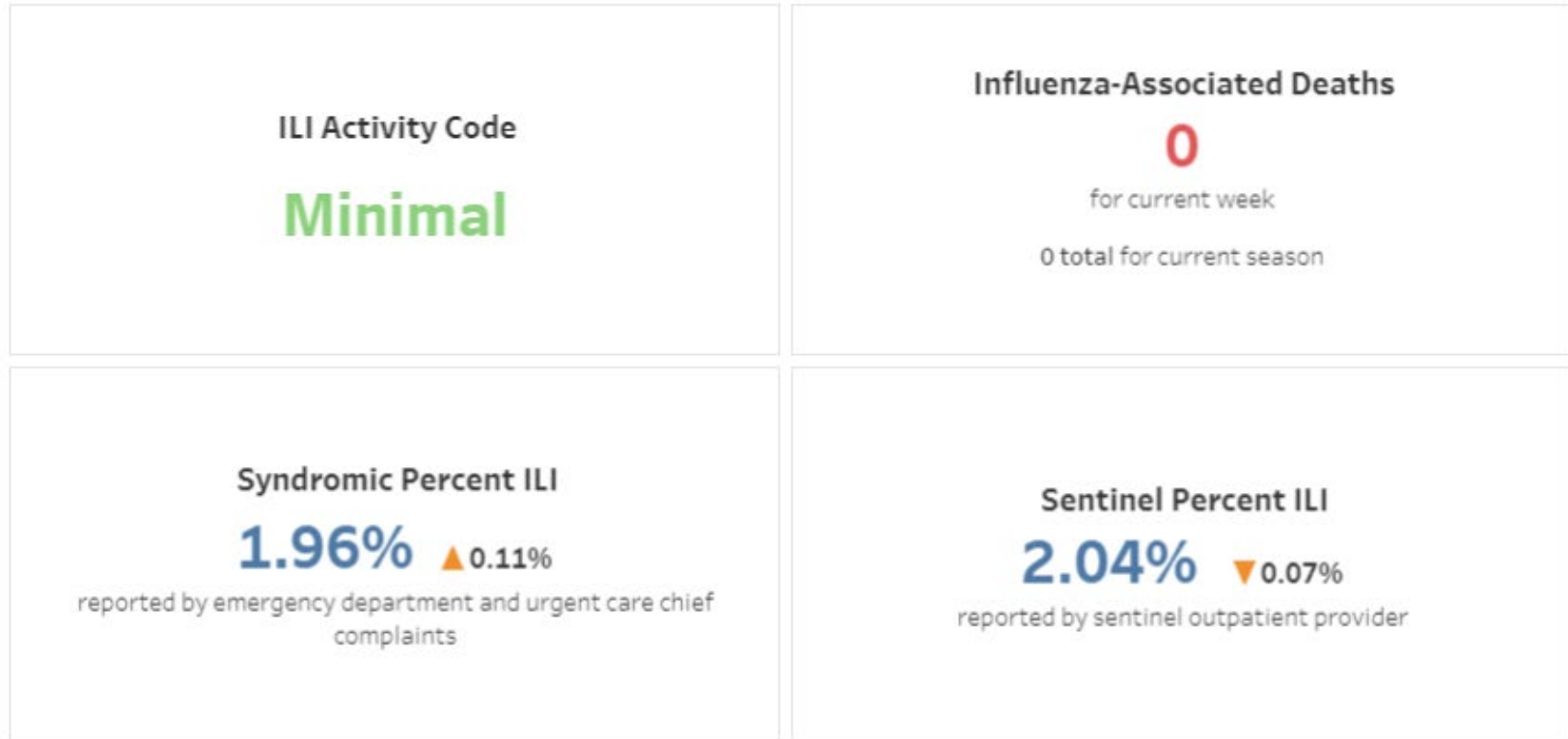
All data will be updated weekly beginning Friday, October 11, 2024. Data as of October 18, 2024.
Observed Current Week - October 6, 2024 - October 12, 2024

- WEEKLY OVERVIEW
- SYNDROMIC SURVEILLANCE
- SENTINEL SURVEILLANCE
- VIROLOGIC SURVEILLANCE
- INFLUENZA-ASSOCIATED MORTALITY

Indiana Influenza-Like Illness (ILI) Surveillance - Week ending October 12, 2024

This influenza "flu" dashboard is to describe the spread and prevalence of influenza-like illness (ILI) in Indiana. It is meant to provide local health departments, hospitals, healthcare professionals, and the community with the general burden of ILI activity. Flu season for the U.S. typically occurs from October - May, however, flu can and does circulate year-round.

ILI Definition = fever of 100° F or higher (measured) AND cough and/or sore throat.



Influenza Vaccines

- CDC recommends everyone 6 months and older get a flu vaccine every year with rare exceptions
- Vaccination typically starts during September or October, but as long as flu is circulating you should still get vaccinated
- The Advisory Committee on Immunization Practices (ACIP) recommends that adults aged 65 and older receive any of the following vaccines for the 2024-2025 season –
 - High-dose inactivated influenza vaccine
 - Recombinant influenza vaccine
 - Adjuvanted inactivated influenza vaccine
- Per CDC, it is important that healthcare providers, caregivers, and contacts get vaccinated especially when caring for those who are high risk for more severe outcomes.

All U.S. 2024-2025 influenza vaccines will be trivalent protecting against influenza A/H1N1pdm09, influenza A/H3N2, and influenza B/Victoria.

FDA approval Flu/COVID home test

- The U.S. Food and Drug Administration granted marketing authorization for the Healgen Rapid Check COVID-19/Flu A&B Antigen Test.
- The test is for use by individuals experiencing respiratory symptoms and uses a nasal swab sample to deliver at-home results in approximately 15 minutes for COVID-19 and influenza (flu). The test detects proteins from both SARS-CoV-2 (the virus that causes COVID-19) and influenza A and B (the viruses that causes flu).
- The test is for use by individuals 14 years or older taking and testing their own sample, or individuals 2 years and older with a sample taken and tested by an adult.
- The FDA reviewed data from a study of individuals with signs and symptoms of COVID-19 and influenza, which showed that this test correctly identified **99% of negative and 92% of positive SARS-CoV-2 samples, 99.9% of negative Flu A and B samples, and 92.5% and 90.5% of positive Flu A and Flu B samples, respectively.**

FDA NEWS RELEASE

FDA Authorizes Marketing of First Home Flu and COVID-19 Combination Test Outside of Emergency Use Authorities




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ments For Immediate Release: October 07, 2024



RSV Vaccines

Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Who Is It Recommended For?	When Is It Available?
 Adults 60 and over	RSV vaccine	Adults ages 60-74 who are at increased risk of severe RSV AND Everyone ages 75 and older	Available any time, but best time to get vaccinated is late summer and early fall
 Babies	RSV antibody (nirsevimab) given to baby	All infants whose mother did not receive RSV vaccine during pregnancy, and some children ages 8-19 months who are at increased risk for severe RSV	October through March*
 Babies	RSV vaccine (Pfizer's ABRYSVO) given to mother during pregnancy	All pregnant people during weeks 32-36 of their pregnancy	September through January

www.cdc.gov/rsv

*Recommended timing of administration in most of the continental United States. Recommended timing of administration may differ in some areas, based on state, local, or territorial guidance.



RSV maternal vaccine and infant monoclonal antibody recommendations from CDC

Infants and young children

- To prevent severe RSV disease in infants, CDC recommends either maternal RSV vaccination or infant immunization with RSV monoclonal antibodies. **Most infants will not need both.**

Vaccination for pregnant women

- 1 dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered **September through January**. Pfizer Abrysvo is the only RSV vaccine recommended during pregnancy.

Immunization for infants and young children (monoclonal antibodies)

- 1 dose of nirsevimab is recommended for infants younger than 8 months of age who were born shortly before or are entering their first RSV season (**typically October through March**)
- 1 dose of nirsevimab for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season.
- *Note:* A different monoclonal antibody, palivizumab, is limited to children aged 24 months and younger with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season.

RSV Supply – Beyfortus (nirsevimab)

- In 2023 the large demand for nirsevimab was not anticipated and soon greatly outpaced the supply. When the CDC contracted with the manufacturer to supply the VFC program, private payer supply was very little and extremely hard to come by.
- Knowing the high demand for this monoclonal antibody, the manufacturer has planned to produce large quantities of nirsevimab this 2024-2025 season. As the CDC opened ordering and supply for nirsevimab in September of 2024, there was an allocation set to maintain appropriate supply.
- **Supply levels are still meeting demand and allocations are now released. This means all providers are free to order nirsevimab for the VFC program like they would any other vaccine.**
- We recommend placing orders every 4-6 weeks as with other vaccine orders. If more is needed please let your vaccine ordering specialist know, and we will work to accommodate requests.



RSV Supply – Beyfortus (nirsevimab)

- In 2023 nirsevimab demand was not met
- September 2024 CDC placed an allocation the first few weeks following release
- October 2024: Ordering is now **open** for nirsevimab on VFC
- Like all other vaccines please place orders every 4-6 weeks
- Age younger than 8 months:
 - 50 mg for infants weighing <5 kg (or) 100 mg for infants weighing ≥5 kg
- Age 8 through 19 months:
 - 200 mg, administered as two 100 mg injections
- Please do not use 2 - 50mg doses to replace a 100mg dose

VFC ordering information

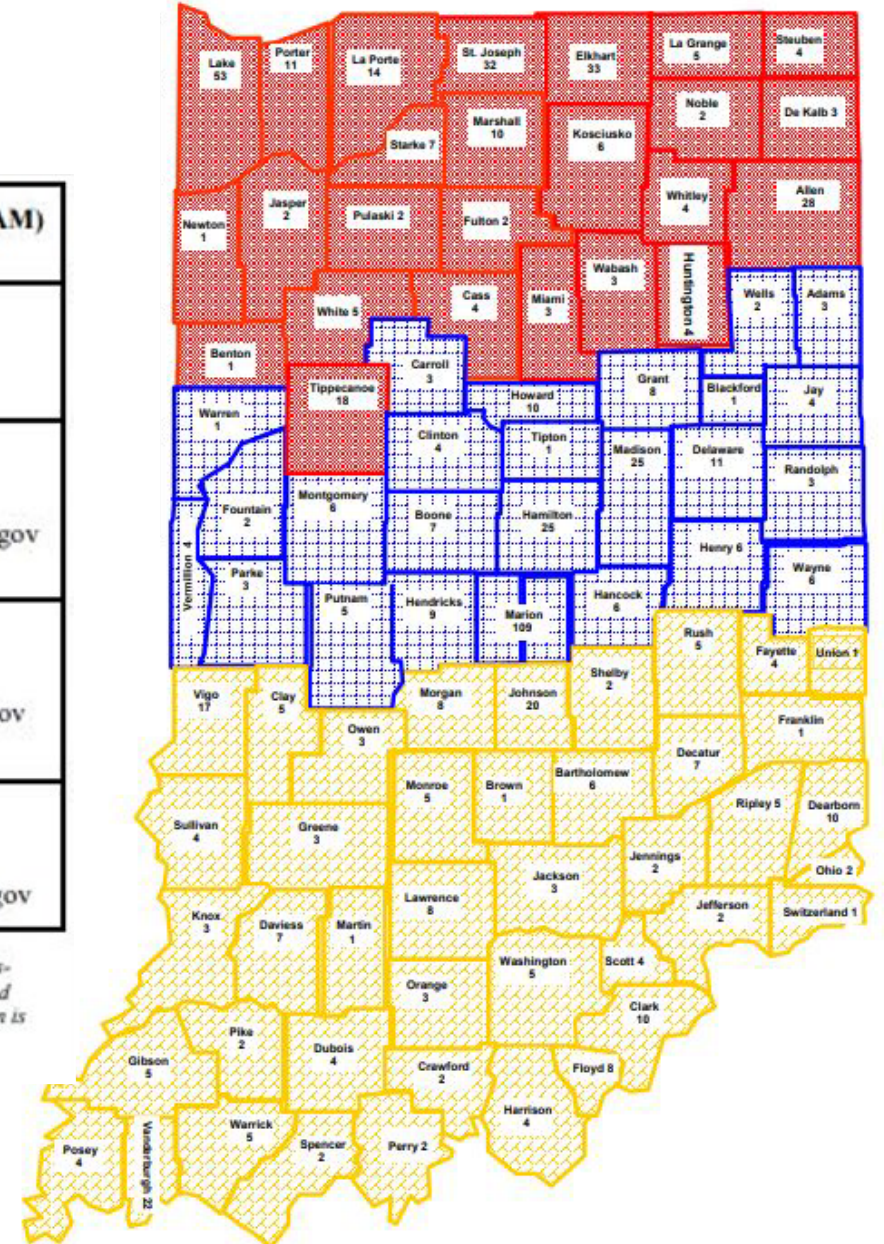
Vaccine Ordering & Accountability (VAM) Team contact information

- Per map to the right
- Or at this [link](#)

Vaccine Ordering & Accountability (VAM) Team	
VAM Coordinator Tracy Brunette 317-606-5091 tbrunette@isdh.in.gov	
	North Region Melissa Sailors 317-376-9783 msailors@isdh.in.gov
	Central Region Nancy Fetsch 317-233-2320 nfetsch@isdh.in.gov
	South Region Holly Carson 317-726-7426 hcarson@isdh.in.gov

**Marion County is divided for the Regional Quality Assurance Specialists (RQAS). The Vaccine Ordering and Accountability (VAM) Specialist in the Central Region is responsible for all of Marion County.*

Indiana Department of Health Immunization Division



RSV Vaccine for Ages 60+

Conditions that increase your risk for severe RSV-related illness include:

- Chronic heart or lung disease
- Weakened immune system
- Certain other medical conditions, including some people with diabetes and some people with obesity
- Living in a nursing home

For a complete list of chronic health issues that lead to increased risk of severe RSV, see [Clinical Overview of RSV](#).

The RSV vaccine **is not an annual vaccine**, meaning people do not need to get a dose every year. If you have already received an RSV vaccine, you do not need another dose at this time.

CDC lowers age of adult pneumococcal vaccine to 50

CDC Recommends Lowering the Age for Pneumococcal Vaccination from 65 to 50 Years Old

STATEMENT

📅 For immediate release: October 23, 2024

CDC Media Relations
☎ (404) 639-3286
✉ media@cdc.gov
🌐 <https://www.cdc.gov/media/>

October 23, 2024 - Today, CDC Director Mandy Cohen endorsed the CDC Advisory Committee on Immunization Practices' (ACIP) recommendation for lowering the age for pneumococcal vaccination from 65 to 50 years old.

Lowering the age for pneumococcal vaccination gives more adults the opportunity to protect themselves from pneumococcal disease at the age when risk of infection substantially increases. Pneumococcal bacteria can cause serious illnesses, including pneumonia, meningitis, and bloodstream infections, and older adults are at increased risk for pneumococcal disease.

Adults 50 years or older should talk with a healthcare provider to make sure they're up to date with pneumococcal vaccination. Now is a great time to get vaccinated against pneumococcal disease in preparation for the winter respiratory season.



CDC adult pneumococcal vaccine recs

Adults 50 years or older

Routine vaccination

Administer PCV15, PCV20, or PCV21 for all adults 50 years or older

- Who have never received any pneumococcal conjugate vaccine
- Whose previous vaccination history is unknown

PCV15: Additional vaccination needed

If PCV15 is used, administer a dose of PPSV23 [\[A\]](#) one year later, if needed [\[B\]](#). Their pneumococcal vaccinations are complete.

The minimum interval is 8 weeks and can be considered in adults with:

- [An immunocompromising condition](#)
- A cochlear implant
- A cerebrospinal fluid leak

PCV20 or PCV21: Additional vaccination not recommended

If PCV20 or PCV21 is used, a dose of PPSV23 isn't indicated. Regardless of which vaccine is used (PCV20 or PCV21), their pneumococcal vaccinations are complete.

Biofire Respiratory Viral Panel



BIOFIRE® Syndromic Trends

Midwest Region

Respiratory Report
RP2.1

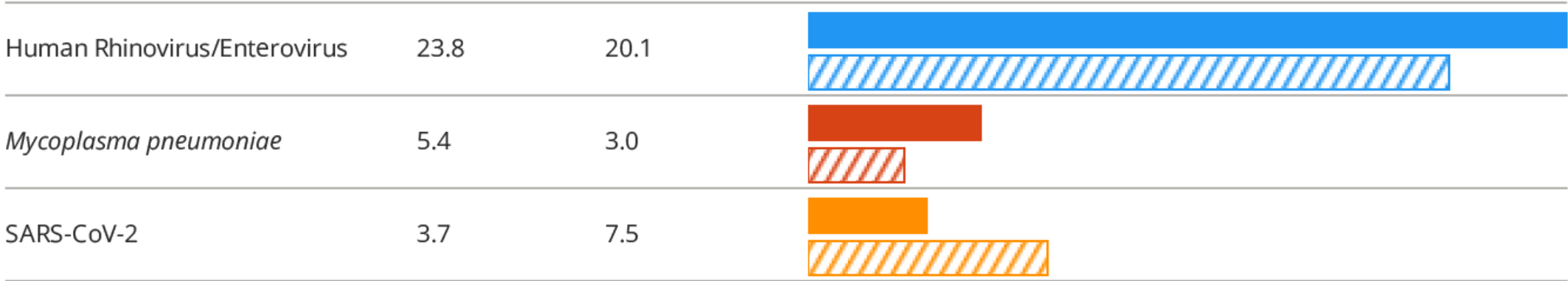


Weekly Detection Rates (%)

10% Region Co-Detection Rate*

High Activity (>3%)

One Week Three Months One Week: ■ Three Months: ▨



Increase in *Mycoplasma pneumoniae*

Indiana Health Alert Network Notification

Respiratory Season Updates and Recommendations



October 2, 2024

Increase in *Mycoplasma pneumoniae* reported among Indiana children

The Indiana Department of Health (IDOH) has received reports of increases in pediatric pneumonia cases, including those caused by *Mycoplasma pneumoniae*. This uptick has been also observed across various regions in the United States, particularly affecting young children.

- *M. pneumoniae* usually peaks every 3 to 7 years, with variation of strain types contributing to this pattern.
- *M. pneumoniae* infections began increasing in Indiana in late spring/early summer 2024, including emergency department visits across all pediatric ages.



Mycoplasma Recommendations

- Healthcare providers should have increased suspicion of *M. pneumoniae* among patients presenting with compatible symptoms or clinical presentations, including pneumonia.
 - Children younger than 5 years of age may have a milder, subclinical illness that does not result in pneumonia
 - Complications can include asthma exacerbation, severe pneumonia, hemolytic anemia, renal dysfunction, mycoplasma induced rash and mucositis, and others.
- Diagnosis is often clinical. However, testing can be molecular (RVP), if available, or serology (IgM). Serologic testing for *M. pneumoniae* can have false positives but with the increase in cases, if pre-test probability is high, it is likely accurate.
- The preferred treatment is with macrolides, including azithromycin. Other treatment options include tetracyclines and fluoroquinolones. *Mycoplasma pneumoniae* does not respond to beta-lactams and should also be considered in the differential for a patient failing this therapy.
 - Macrolide resistance is expected to be low (<10%) in Indiana, despite higher rates in other geographic areas. Reported cases have been responsive.
- **Reporting:** Cases of *M. pneumoniae* are not reportable however outbreaks or unusual clusters of *M. pneumoniae* should be reported to your local health department or to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125.
- **Prevention:** Emphasize the importance of good respiratory hygiene and infection control practices to patients and their families to help prevent the spread of respiratory infections.

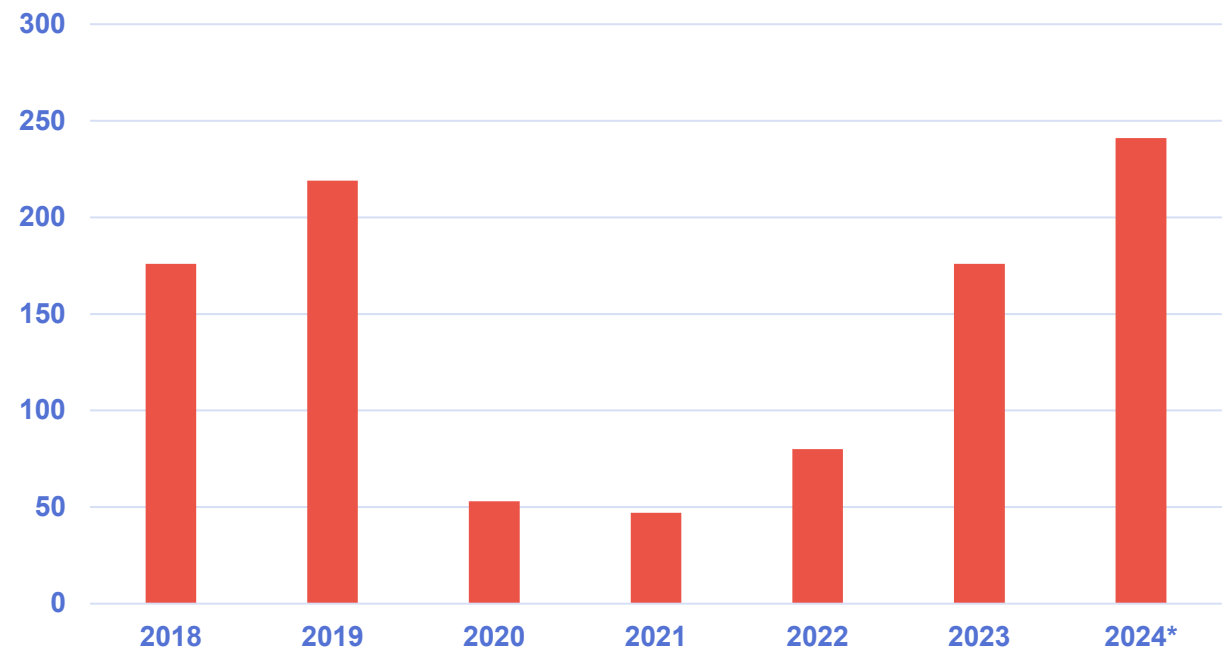
Mp Resources

1. CDC *Mycoplasma pneumoniae* Infection Surveillance and Trends - <https://www.cdc.gov/mycoplasma/php/surveillance/index.html>
2. Clinical Care of *Mycoplasma pneumoniae* Infection - <https://www.cdc.gov/mycoplasma/hcp/clinical-care/index.html>
3. Laboratory Testing for *Mycoplasma pneumoniae* - <https://www.cdc.gov/mycoplasma/php/laboratories/index.html>
4. Submitting Specimens for *Mycoplasma pneumoniae* Testing - <https://www.cdc.gov/mycoplasma/php/laboratories/specimen-packing.html>
5. MMWR (Notes from the Field): Reemergence of *Mycoplasma pneumoniae* Infections in Children and Adolescents After the COVID-19 Pandemic, United States, 2018-2024 - https://www.cdc.gov/mmwr/volumes/73/wr/mm7307a3.htm?s_cid=mm7307a3_w

Pertussis National and Indiana Trends

- In 2024, reported cases of pertussis increased across the United States, indicating a return to more typical trends before the pandemic
- Preliminary data from CDC shows that more than five times as many cases have been reported as of Oct. 12 compared to the same time in 2023
 - The number of reported cases in 2024 is higher than what was seen at the same time in 2019, prior to the pandemic

Number of Probable and Confirmed Pertussis Cases in Indiana



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

<https://www.in.gov/health/idepd/comunicable-disease-reporting/>



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/>

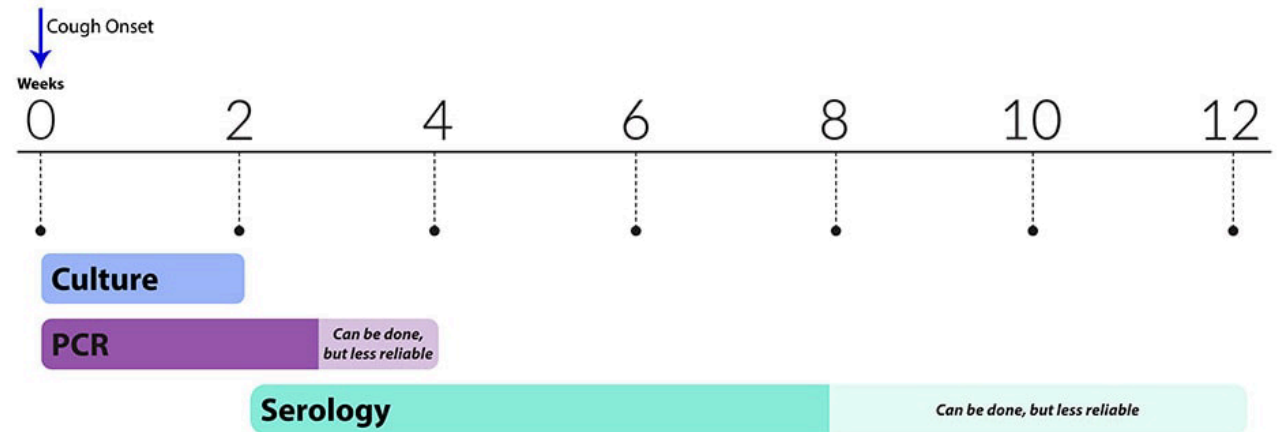


Updated: June 2023

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
- Isolate until completion of 5 days of antibiotics or 21 days from cough onset

Resources

- [CDC Pertussis Trends](#)
- [IDOH Pertussis Page](#)
- [IDOH Pertussis Reporting](#)
- [CDC Pertussis Testing](#)
- [CDC Pertussis PCR Best Practices](#)
- [CDC Treatment and Post-Exposure Prophylaxis](#)

Respiratory Infection Control Resources

- Interim Guidance for Influenza Outbreak Management in Long-Term Care and Post-Acute Care Facilities - <https://www.cdc.gov/flu/hcp/infection-control/ltc-facility-guidance.html>
- Infection Control Guidance: SARS-CoV-2 - <https://www.cdc.gov/covid/hcp/infection-control/index.html>
- Interim Guidance for the Use of Masks to Control Seasonal Influenza Virus Transmission - https://www.cdc.gov/flu/hcp/infection-control/mask-guidance.html?CDC_AAref_Val=https://www.cdc.gov/flu/professionals/infectioncontrol/maskguidance.htm
- Viral Respiratory Pathogens Toolkit for Nursing Homes - <https://www.cdc.gov/long-term-care-facilities/hcp/respiratory-virus-toolkit/index.html>
- Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings - <https://www.cdc.gov/infection-control/hcp/viral-respiratory-prevention/>
- **Project Firstline** Infection Control Guidance: Respiratory Viruses - <https://www.cdc.gov/project-firstline/hcp/infection-control/>
- Testing and Management Considerations for Nursing Home Residents - https://www.cdc.gov/flu/hcp/testing-methods/nursing-homes.html?CDC_AAref_Val=https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm
- Healthcare Provider Resources for Respiratory Virus Season - <https://www.cdc.gov/respiratory-viruses/hcp/tools-resources/index.html>
- Environmental Infection Control Guidelines - <https://www.cdc.gov/infection-control/hcp/environmental-control/index.html#toc>
- **(Poster)** Infection Control Actions for Respiratory Viruses - <https://www.cdc.gov/project-firstline/media/pdfs/respiratory-actions-508.pdf>

Plans for IDOH Website

- Working on implementing a public pan-respiratory dashboard that will include data for flu, COVID-19, and RSV. The following data will be shared:
 - Hospitalizations
 - Deaths
 - Immunizations
 - Syndromic Surveillance
 - Wastewater Surveillance

**Case data will not be shared as it is not reportable for all three conditions*

- **What type of information would you like to see included on this dashboard?**
- COVID-19 Dashboard: <https://www.coronavirus.in.gov>
- Influenza Dashboard: <https://www.in.gov/health/idepd/respiratory-disease/influenza/influenza-dashboard/>

Contacts:

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Senior Vaccine-Preventable Disease Epidemiologist

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Infectious Diseases of Public Health Importance

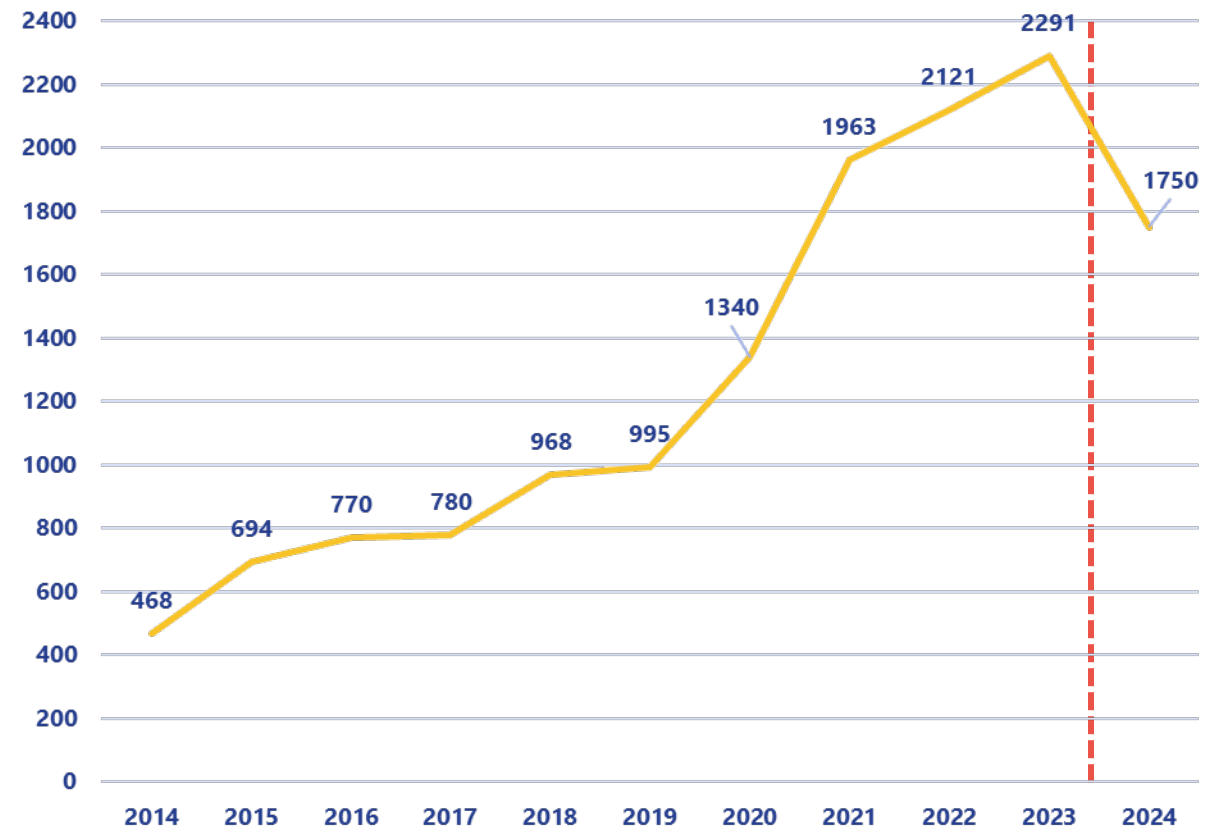


Indiana
Department
of
Health

Adult Syphilis Morbidity

- Rates of adult syphilis have been on the rise since 2014 in Indiana, reaching 33.9 (per 100,000) in 2023
- **Year to date there have been 1,750 cases of adult syphilis reported in 2024*, down 5.9% compared to this time last year**
- From 2019-2023 there was a 283% increase in syphilis cases among females of childbearing age (15-44 years old)

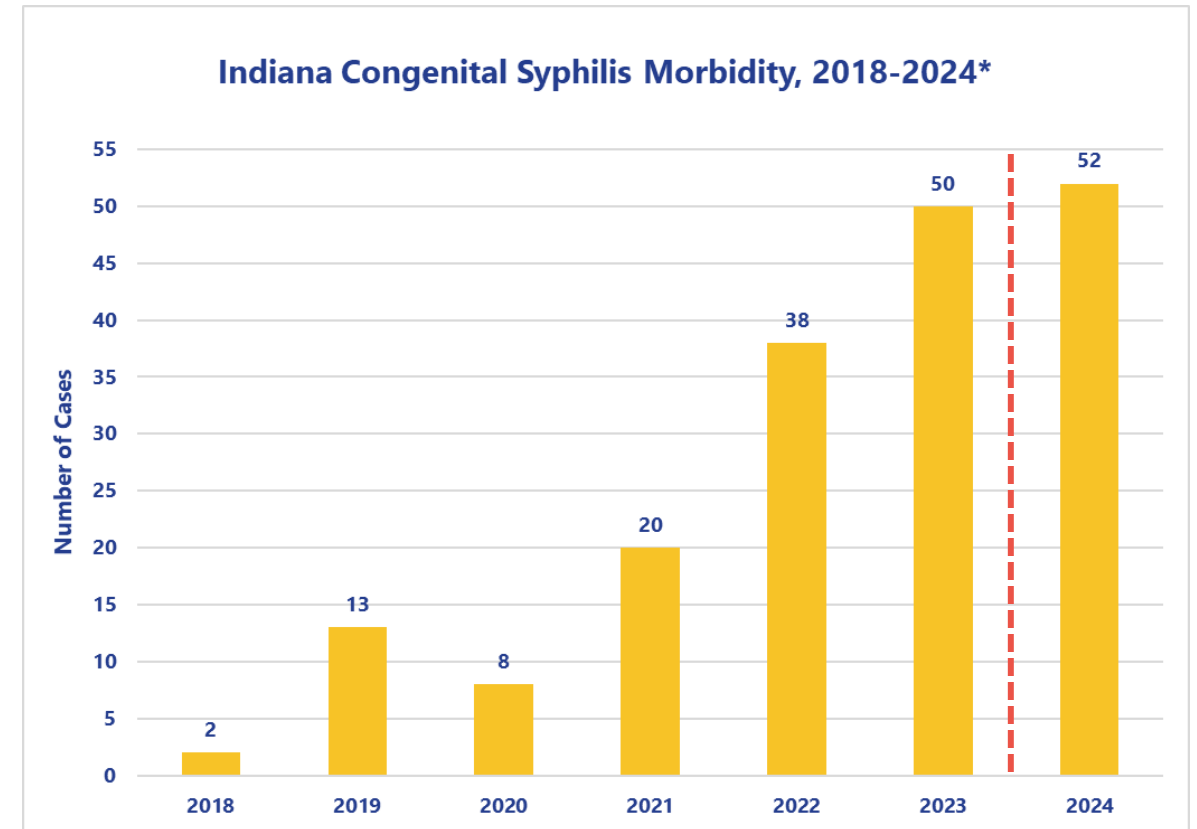
Adult Syphilis Morbidity, Indiana 2014-2024*



*2024 STI data are preliminary and as of 10/15/2024.

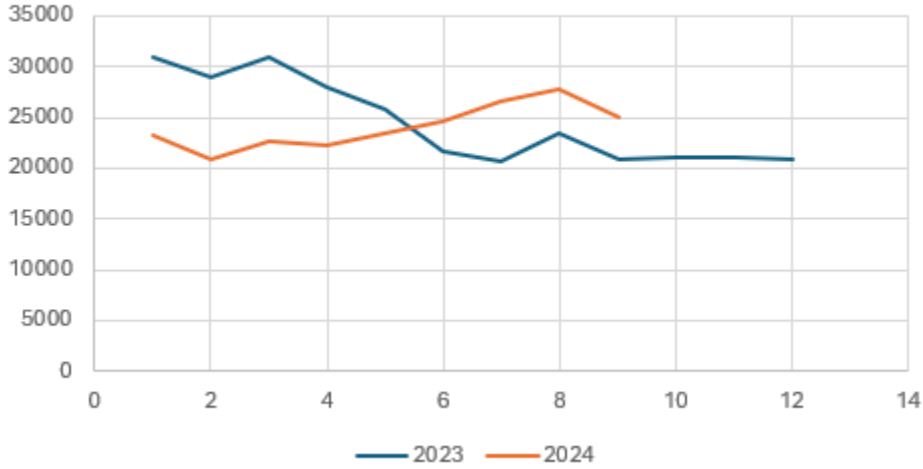
Congenital Syphilis Morbidity

- From 2018-2023 there was a 2,400% increase in congenital syphilis (CS) cases reported.
- **Year to date there have been 52 cases of CS reported in 2024*, up 41% from this time last year.**
- Of the 52 CS cases reported this year in Indiana, two were stillbirths.

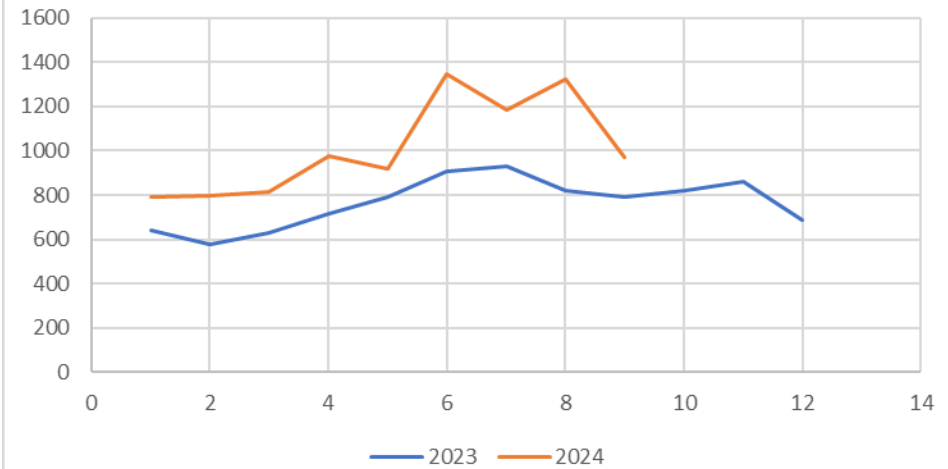


Preliminary syphilis testing data

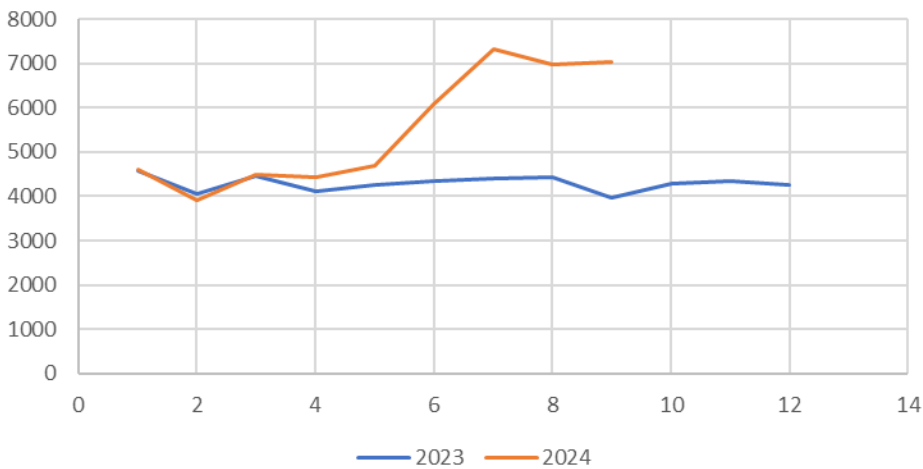
Count of Tests (+ and -) All Settings



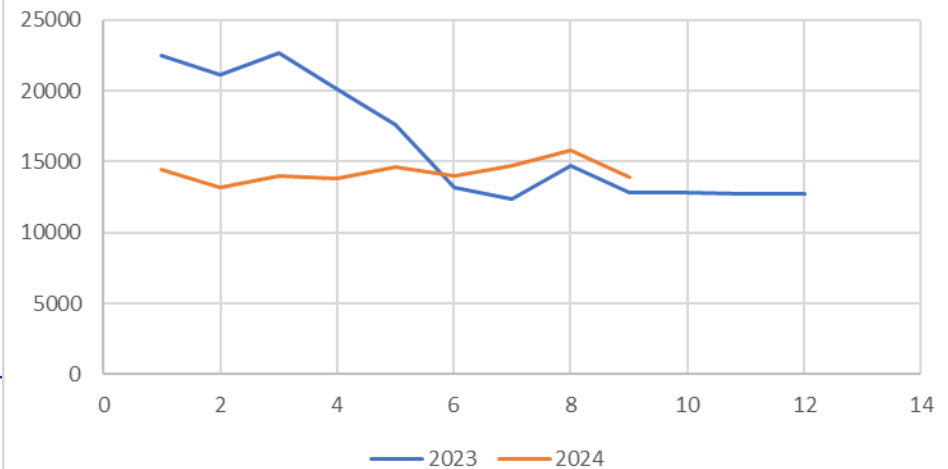
Count of Tests (+ and -) ED



Count of Tests (+ and -) Inpatient



Count of Tests (+ and -) - Outpatient



Reminder from last webinar - Importance of ED screening

- Study of about 300,000 people in Chicago
- Prior to study, about 3.6% of patients screened for syphilis. After implementation, about 24.4%.
- Pregnant women:
 - Pre-intervention testing was 5.9% (272 of 4,579), post-intervention was 49.9% (2,061 of 4,129)
 - Cases went from 2 to 15

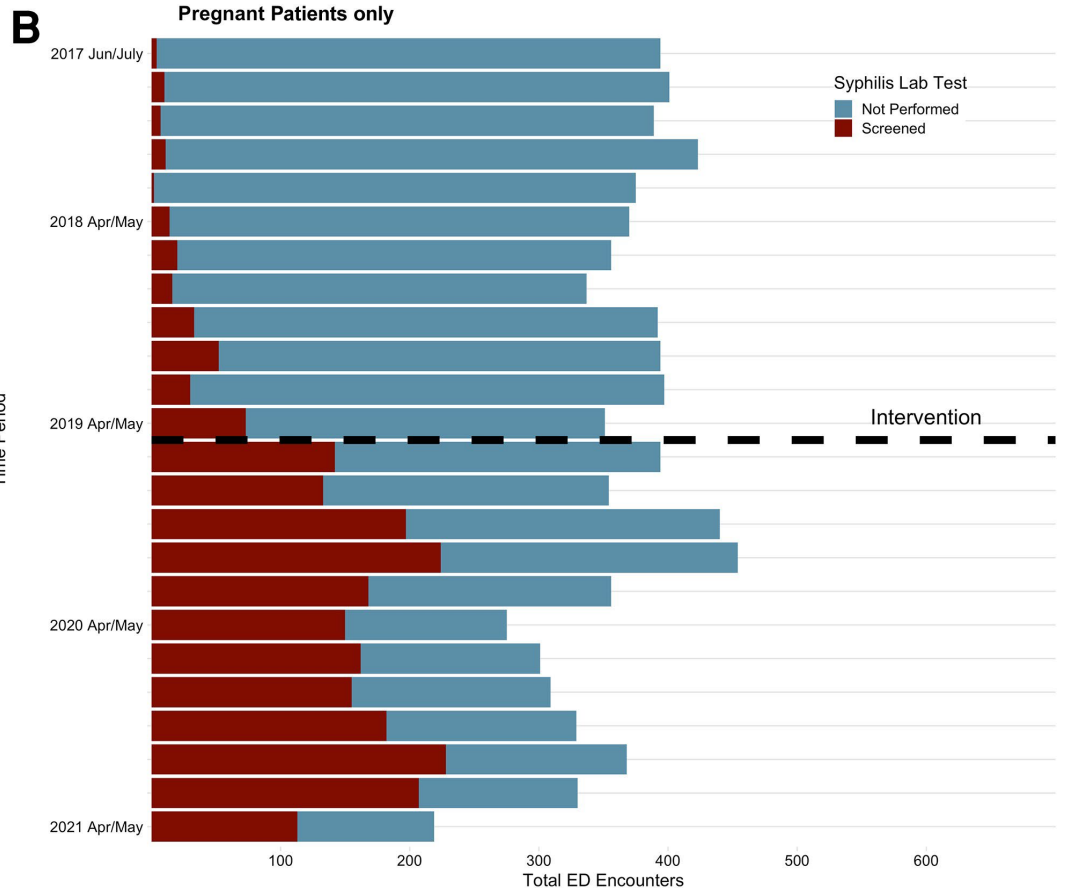
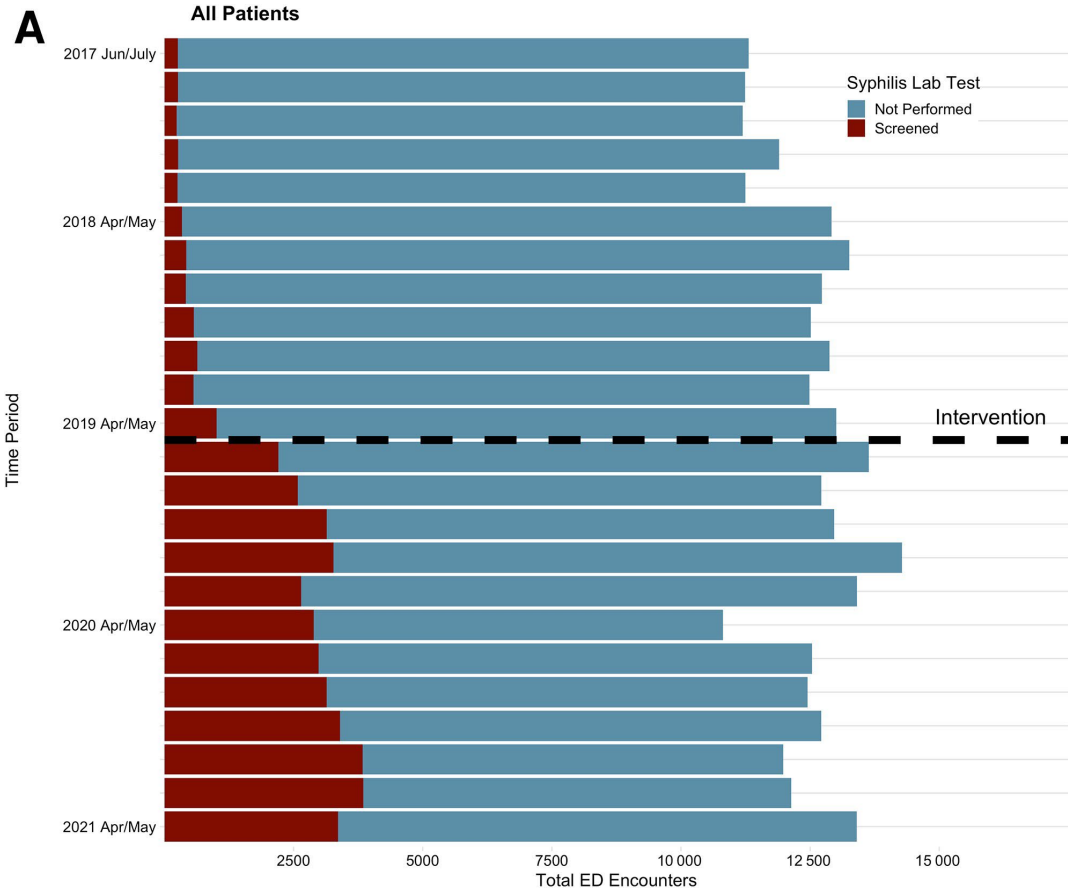
Media Advisory

Tuesday, September 10, 2024

Emergency department screening more than doubles detection of syphilis cases

NIH-supported study shows potential of strategy to reach people with and without symptoms.

Importance of ED screening



Recommendations

- Perform syphilis testing on all patients upon finding a positive pregnancy test
- Test all pregnant patients three times during pregnancy (at initial prenatal visit, again at 28-32 weeks of gestation, and then at delivery)
- Meet people where they are with syphilis testing and treatment outside of settings in which pregnant patients are typically encountered.
 - This could include emergency departments, urgent cares, primary care visits, jail/prison intake, local health departments, community programs, and other addiction services.
- Perform screening and treatment of all sexually active women and their partners for syphilis in counties with [high syphilis rates](#)
- Perform screening and appropriate treatment for those with other risk factors for syphilis (have unprotected sex and do not use condoms or do not use them correctly, have multiple sex partners, have a sex partner who has syphilis and have sex with a partner who has multiple sex partners)
- Treat all pregnant women who are infected with syphilis immediately upon diagnosis, according to their clinical stage of infection. Treatment must be with penicillin G benzathine (Bicillin LA).

Congenital Syphilis is Preventable

Toolkit can be found here:

<https://www.in.gov/health/audiences/clinicians/clinical-guidelines-and-references/congenital-syphilis-clinician-toolkit/>

Includes:

- Dashboards (Adult and Congenital Syphilis)
- Case definitions
- Treatment algorithm
- Clinical staging
- Treatment information



Mpox Clade I Update

- Since January 1, 2024, the Democratic Republic of the Congo (DRC) has reported more than 33,000 suspect mpox cases and more than 1,000 deaths
 - Of these, about 6,700 cases have been confirmed through laboratory testing
 - In affected African countries, there have been over 42,000 suspect cases and over 8,000 confirmed
- There have also been travel-associated cases in Germany, India, Kenya, Sweden, and Thailand.
- The current outbreak is more widespread than any previous DRC outbreak, and clade I mpox has spread to some neighboring countries, including Burundi, Central African Republic, Republic of the Congo, Rwanda, and Uganda

Mpox Clade I Update

Outside of Africa:

- A case of clade I mpox in a Swedish traveler who visited an affected country in Africa was announced August 15.
- Thailand announced August 22 that a traveler to that country from DRC was diagnosed with clade I mpox.
- India announced a clade I mpox case September 25.
- Germany announced a clade I mpox case October 22 in someone who'd traveled to an affected country in east Africa.

***No clade I cases detected in the United States**

CDC Clinical Recommendations

- Consider the diagnosis of clade I in a patient who develops symptoms suggestive of Mpox with a history of travel to countries in Africa with Clade 1 cases within 21 days:
 - **Consult with IDOH to coordinate testing – 317-508-8490 during business hours (8:15am-4:45pm M-F) or 317-233-1325 after hours or on the weekend**
 - Our lab can send to the CDC for genotyping
- Recommend adding screening questions about travel history if not already included
- Otherwise, treatment and other clinical recommendations are unchanged for now.
- Vaccination continues to be recommended by the CDC for adults who meet the eligibility criteria:

*Persons at risk:

- Gay, bisexual, and other men who have sex with men, transgender or nonbinary people who in the past 6 months have had one of the following:
 - A new diagnosis of ≥ 1 sexually transmitted disease
 - More than one sex partner
 - Sex at a commercial sex venue
 - Sex in association with a large public event in a geographic area where mpox transmission is occurring
- Sexual partners of persons with the risks described in above
- Persons who anticipate experiencing any of the above



PUBLIC HEALTH

Other Public Health Updates



Indiana
Department
of
Health



Trauma & Injury Prevention

Overview of CARES

*(Cardiac Arrest Registry
to Enhance Survival)*



Program Goals

The ultimate goals of CARES are to identify:



Who is affected by cardiac arrest



When and where cardiac arrest events occur

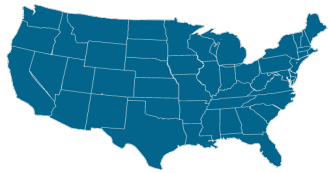


Which elements of the system are functioning well and those that are not



How changes can be made to improve cardiac arrest outcomes

CDC CARES Expansion & Modernization



NATIONWIDE EXPANSION

Over a span of five years, CARES aims to expand its reach from its current presence in 33 states to encompass all 50 states, ensuring that comprehensive data on cardiac arrests is captured across the entire nation.



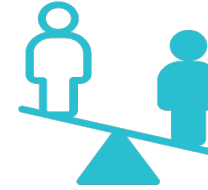
QUALITY IMPROVEMENT INTEGRATION

CARES will establish a critical linkage between its QI activities and two influential curricula: CPR LifeLinks and the Resuscitation Academy. This integration will elevate the effectiveness of OHCA interventions by promoting evidence-based practices and enhancing T-CPR training protocols.



MODERNIZED SOFTWARE PLATFORM

CARES will transition to its NextGen Software platform, a technological advancement that will streamline data collection, analysis, and dissemination. This transition promises to expedite the delivery of actionable insights to healthcare professionals, thereby facilitating more informed decision-making and improving outcomes.



ADDRESSING HEALTH DISPARITIES

Recognizing the inequalities that exist in OHCA outcomes, CARES commits to tackling health disparities head-on. By dissecting the intricacies of OHCA's impact across different demographic and geographical contexts, CARES will devise targeted strategies to reduce disparities and ensure equitable access to life-saving interventions.

CARES 2024 Footprint

- **179** million population catchment
- **54%** U.S. population covered
- **34** state-based registries
- More than **2,300** EMS agencies
- More than **2,500** hospitals
- **40** additional communities in **13** states



Current Indiana Participants

Indianapolis EMS

GMR Evansville

St. Joseph County EMS Council

- Clay Fire Territory
- Mishawaka Fire & EMS Department
- Penn Fire Department
- South Bend Fire Department

Three Rivers Ambulance Authority

Parkview Health

- Parkview DeKalb EMS
- Parkview Huntington EMS
- Parkview LaGrange EMS
- Parkview Noble EMS
- Parkview Wabash/Kosciusko EMS
- Parkview Whitley EMS

1.9 million population catchment
28% of state population



Measure and Improve Cycle

Measure

EMS Agencies, hospitals, and dispatch centers enter data into CARES, allowing for comprehensive measurement of OHCA patient care.

Analyze

Using standard CARES reports, communities and states analyze and evaluate their OHCA data.

Monitor

System performance is tracked and observed post-implementation, comparing longitudinal data with baseline metrics.

Identify Areas for Improvement

Benchmarking against aggregate data allows EMS agencies and hospitals to identify opportunities for improvement within their system of care.

Implement Changes

Resuscitation Academy and CPR LifeLinks strategies are implemented locally, regionally, and nationally.



Benefits of State Participation

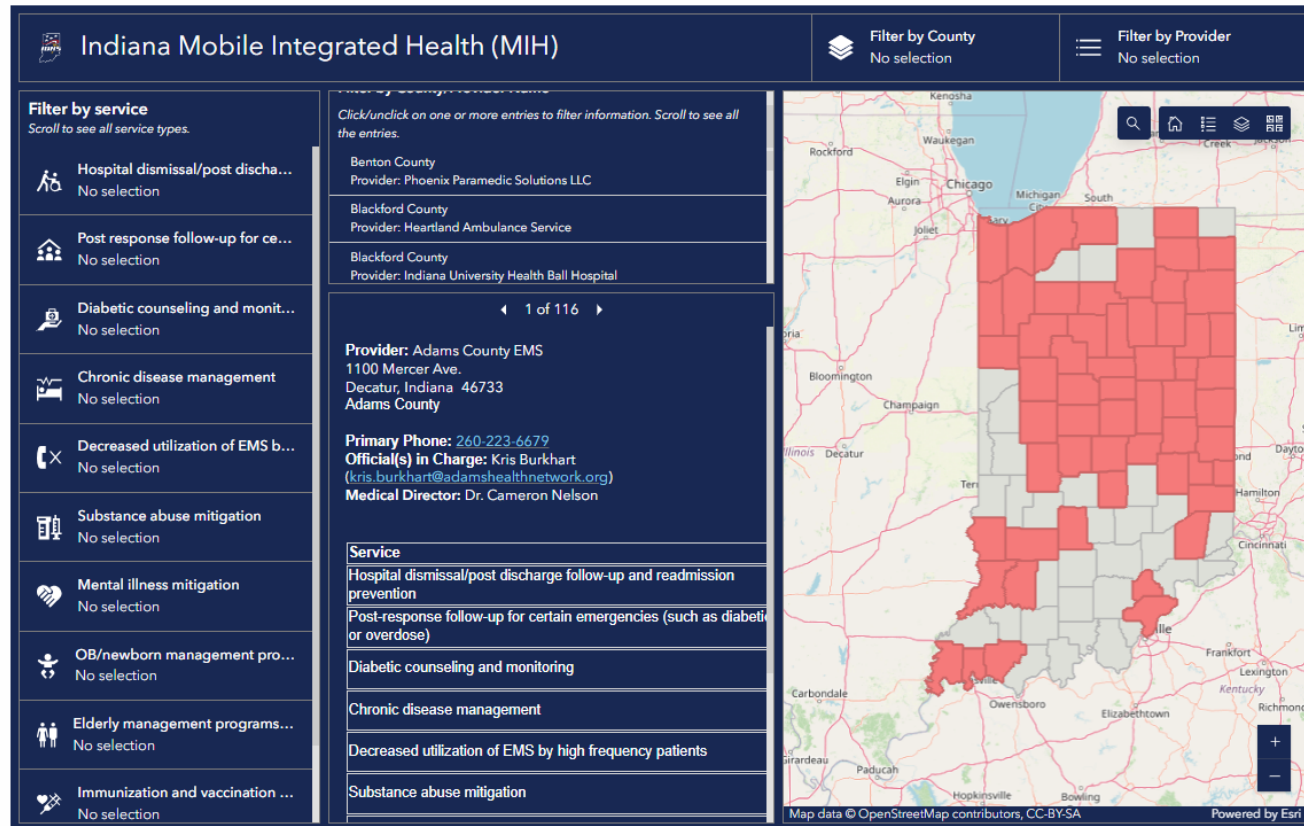
- Helps improve system of care for OHCA by allowing you to more efficiently track your patients and their outcomes
- Ability to aggregate data for the entire state, as well as identify high and low performers to target interventions that help improve outcomes
- Can measure the impact of resources to show benefit for sustained QI
- Leverage statewide data to obtain funding for strategic allocation of resources
- Ability to pull local and national data from current and previous years to educate stakeholders and benchmark performance
- Access to tools and resources for implementing Dispatcher-Assisted CPR and tracking targeted temperature management in the hospital

Trauma and Injury: Mobile Integrated Health

- Car seat safety stations/checks and technicians (statewide)
- Home visitation program educating on injury and safety – safe sleep, assess child neglect, family counseling (Marion)
- Injury prevention education/programming at community events including health fairs (Elkhart)
- Provide education and training in schools on safe environments – bike safety/helmets, bullying, sexual abuse, violence
- Falls prevention facilitation to provide education and support to community organizations
- Partner with local BMV to educate on motor vehicle safety and impaired driving
- Develop a mobile integrated health program/team (Marion, Montgomery, Fishers)

Indiana Mobile Integrated Healthcare

Indiana MIH Dashboard



- Indiana counties: 92
- Indiana counties with MIH: 60 (65%)
- Indiana counties without MIH: 32
- Unique providers/organizations: 54

Indiana Mobile Integrated Healthcare

<u>Program Provided</u>	<u>Yes</u>	<u>No</u>	<u>% Yes</u>	<u>% No</u>
Hospital dismissal/post discharge follow-up and readmission prevention	40	10	80.0	20.0
Post-response follow-up for certain emergencies (such as diabetic or overdose)	32	18	64.0	36.0
Diabetic counseling and monitoring	24	26	48.0	52.0
Chronic disease management	33	17	66.0	34.0
Decreased utilization of EMS by high frequency patients	42	8	84.0	16.0
Substance abuse mitigation	31	18	62.0	36.0
Mental illness mitigation	28	22	56.0	44.0
OB/newborn management programs	20	30	40.0	60.0
Elderly management programs, including falls	40	10	80.0	20.0
Immunization and vaccination initiatives	35	15	70.0	30.0



Indiana Mobile Integrated Healthcare

State MIH Grant Program

The basic eligibility requirements:

- Must be a certified EMS provider organization (BLS non-transport, BLS transport, ALS non-transport and ALS transport—including Advanced EMT).
- Must be a city, town, or township operated provider (see IC 16-31-12-4(c))
- Must be an approved MIH program (may be approved concurrently with approval of the grant).

Priority areas include:

- New programs or expansion of existing programs
- Programs that have a demonstrated community need
- Programs that include cross-disciplinary cooperation to address a community need
- Programs that propose matching funds for the program

If interested in MIH or have questions

Contact:

Emily Castor

MIH Coordinator with the Department of Homeland Security

E-mail: ecastor@dhs.in.gov / MIH@dhs.in.gov



MIH AARP video

Healthcare the Hoosier Way: Crawfordsville



https://www.youtube.com/watch?v=cK6_vqRlwB8

Trauma Care Commission: Trauma System Development

- **Funding Opportunity** is available on the Indiana Clinical and Translational Sciences Institute [website](#).
- Focused on improving Indiana's trauma system
 - Trauma System Development - verification
 - Quality Improvement - care coordination
 - Hospital Engagement – data quality
 - Injury Prevention - programming

^ Indiana Department of Health Trauma System Development Grant

SUBMISSION DEADLINE: Rolling submission.

\$\$\$ / N

The Indiana Department of Health's Division of Trauma and Injury Prevention has been provided funding to support quality improvement projects and the ongoing development of the statewide trauma system. To aid in the implementation of trauma system projects, the Indiana Department of Health will fund the following strategies. Applicants must implement projects that target at least one strategy but can address multiple strategies if appropriate.

- **Strategy 1:** Trauma System Development
- **Strategy 2:** Quality Improvement
- **Strategy 3:** Trauma and Non-Trauma Center Engagement
- **Strategy 4:** Injury Prevention Programming

This request for application (RFA) is designed for all interested entities wishing to submit proposals for trauma system development under the core strategies outlined above. Funding decisions for all proposals submitted under this program will be made following a review process by the Indiana Trauma Care Commission (TCC) and IDOH.

Eligible applicants might include hospitals, hospital networks, first responder agencies, statewide organizations, and entities with previous experience leading quality improvement activities. An entity may submit more than one proposal.

Applicants will be allocated a set dollar amount based on the project scope and potential impact to address outlined strategies and improve Indiana's trauma system.

NOTE: If your application is selected for funding, IDOH will work with you to create the ID numbers defined below that are requested in the application form. These numbers are necessary prior to the finalization of a contract with the State. If you have these numbers already established, please include them in your application.

Inaugural Trauma and Emergency Medicine Symposium



2024
**INDIANA STATEWIDE
TRAUMA
AND EMERGENCY MEDICINE
SYMPOSIUM**

Wednesday Dec. 4,
Full-day trauma and emergency medicine symposium
and Thursday, Dec. 5
Small group educational offerings on Thursday

Forum Events Center
11313 USA Parkway
Fishers, Indiana

The 2024 Indiana Statewide Trauma and Emergency Medicine Symposium is an educational event providing information on innovative approaches to trauma and emergency care. Regional and national speakers will address topics to enhance the quality of care for adult and pediatric trauma patients.

Learning Objectives:

- Identify prevention methods to decrease the incidence of trauma.
- Address medical issues which impact care of the trauma patient.
- Provide insight on the impact of trauma to our community.
- Discuss issues of trauma care at the local and national level.

[Click Here to Register](#)

[Click Here for Agenda](#)

 Please use this QR code or click on this [link](#) to register. **Registration - \$50.** Contact **Madeline Wilson**, IHA's Trauma System Development Manager at mwilson@ihaconnect.org for more information.

The Indiana State Medical Association (ISMA) designates this live activity for a maximum of 6 AMA PRA Category 1 Credits[®]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the ISMA and the Indiana Hospital Association. The ISMA is accredited by the ACCME to provide continuing medical education for physicians.

A certificate of participation will be provided to other health care professionals requesting credits. Participants should ensure in advance that their credentialing or licensing organization accepts AMA PRA Category 1 Credits[®] or ANCC credits.

Parkview Health is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.



A state investment in local public health



Your Community Info

Health First Indiana



Indiana
Department
of
Health

Funding Status

92 local health departments have opted-in for 2025

100% of the State of Indiana will receive
Health First Funding in 2025

County Health Scorecard

<https://www.in.gov/healthfirstindiana/county-health-scorecard/>

Statewide Adult Obesity
43.6%

Highest & Lowest Ranked Counties

Hamilton	#1
Monroe	#2
Boone	#3
Steuben	#4
Brown	#5
Posey	#88
Clark	#89
Clay	#90
Washington	#91
Vermillion	#92

Definition

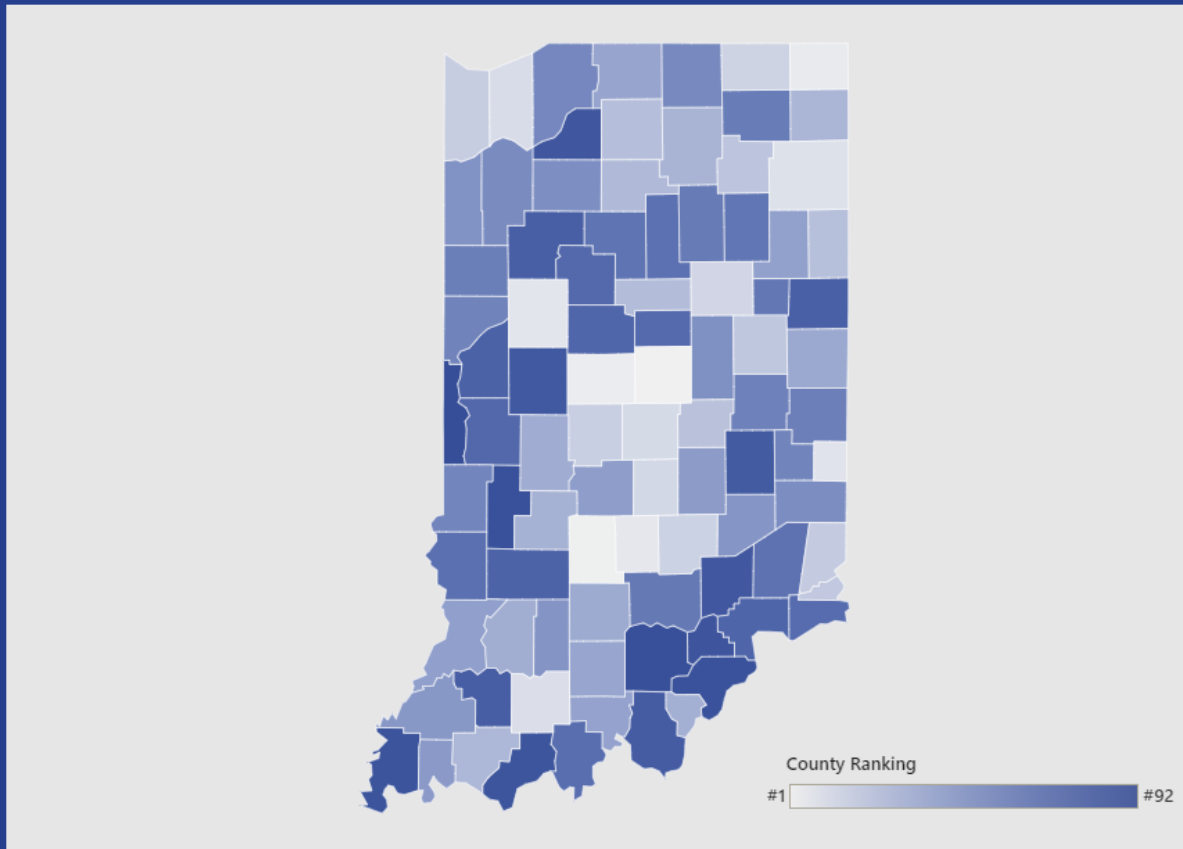
Adult Obesity: % measured is the percentage of the adult population (ages 20 and older) who have a body mass index (BMI) greater than or equal to 30 kg/m². The calculated BMI is based on individuals with documented height and weight measurements captured between September 2018 and August 2023 and available in the Indiana Network for Patient Care (INPC).

Year(s) of data used: 2018-2023

Select Topic

Adult Obesity

Indiana Adult Obesity (2018-2023)



County Rankings

County	County Rate	Ranking	County	County Rate	Ranking
Hamilton	35.0%	#1	Martin	46.4%	#46
Monroe	35.3%	#2	Newton	46.4%	#47
Boone	37.7%	#3	Madison	46.4%	#48
Steuben	38.0%	#4	Pulaski	46.6%	#49
Brown	39.8%	#5	Franklin	46.6%	#50
Tippecanoe	41.5%	#6	Jasper	46.6%	#51
Union	42.1%	#7	Elkhart	46.6%	#52
Allen	42.2%	#8	LaPorte	46.8%	#53
Dubois	42.5%	#9	Vigo	46.9%	#54
Porter	42.6%	#10	Fayette	47.0%	#55
Marion	43.2%	#11	Warren	47.1%	#56
Johnson	43.8%	#12	Henry	47.1%	#57
Grant	43.9%	#13	Wayne	47.1%	#58
LaGrange	44.1%	#14	Benton	47.2%	#59
Bartholomew	44.1%	#15	Noble	47.3%	#60
Hendricks	44.2%	#16	Wabash	47.4%	#61
Lake	44.7%	#17	Jackson	47.5%	#62
Dearborn	44.7%	#18	Blackford	47.5%	#63
Ohio	44.7%	#19	Huntington	47.5%	#64
Delaware	44.7%	#20	Cass	47.5%	#65
Whitley	44.8%	#21	Ripley	47.5%	#66
Hancock	44.9%	#22	Miami	47.8%	#67
Adams	45.1%	#23	Sullivan	47.9%	#68
Marshall	45.2%	#24	Perry	47.9%	#69
Howard	45.2%	#25	Switzerland	47.9%	#70
Fulton	45.2%	#26	Tipton	47.9%	#71
Warrick	45.2%	#27	Carroll	47.9%	#72
DeKalb	45.3%	#28	Parke	48.0%	#73
Kosciusko	45.4%	#29	Clinton	48.0%	#74
Owen	45.7%	#30	Jefferson	48.1%	#75
Floyd	45.8%	#31	Greene	48.2%	#76
Daviess	45.8%	#32	Fountain	48.2%	#77
Putnam	45.8%	#33	Jay	48.3%	#78
Lawrence	46.0%	#34	White	48.3%	#79
Randolph	46.0%	#35	Pike	48.3%	#80
Orange	46.1%	#36	Harrison	48.5%	#81
St. Joseph	46.2%	#37	Rush	48.6%	#82
Crawford	46.2%	#38	Montgomery	48.7%	#83
Wells	46.3%	#39	Jennings	48.8%	#84
Knox	46.3%	#40	Starke	48.8%	#85
Morgan	46.3%	#41	Scott	49.0%	#86
Shelby	46.3%	#42	Spencer	49.1%	#87
Vanderburgh	46.3%	#43	Posey	49.6%	#88
Gibson	46.3%	#44	Clark	50.1%	#89
Decatur	46.4%	#45	Clay	50.3%	#90
Martin	46.4%	#46	Washington	50.6%	#91
			Vermillion	51.0%	#92

Harrison County
Metric: Adult Obesity
Rank: #81
Rate: 48.5%

Activity Tracker - Statewide

Core Service	Number of Services Provided
Access & Linkage to Clinical Care	23,367
Child & Adult Immunizations	68,953
Childhood Lead Screening & Case Management	11,517
Chronic Disease Prevention & Reduction	40,998
Emergency Preparedness	8,344
Fatality Review (Child, Infant, Fetal, Suicide, Overdose)	16,083
Infectious Disease Prevention and Control	77,971
Maternal and Child Health	70,262
Student Health/School Health Liaison	140,040
Tobacco Prevention and Cessation	32,750
Trauma and Injury Prevention and Education	59,549
Tuberculosis (TB) Prevention and Case Management	40,746
TOTAL NUMBER OF SERVICES PROVIDED	590,580

Pledge to Act

- Indiana Hospital Association (IHA) and Indiana Chamber of Commerce have committed to supporting public health efforts
- Pledge was created as a collaboration between healthcare organizations and businesses to help Hoosiers reach their optimal health
- **All Indiana Hospital Association members have taken the pledge**



<https://www.in.gov/healthfirstindiana/pledge-to-act/>

Vermillion County: Dining with Diabetes

- In partnership with Purdue Extension, Vermillion County Health Department (VCHD) hosted a “Dining with Diabetes” program.
- Adults with type 2 diabetes, those who are at-risk for developing type 2 diabetes, family members and caregivers were invited to participate in the four-week program.
- Each session featured an educational presentation about nutrition. Purdue Extension educators covered basics about carbs, sweeteners, fats and sodium. After the presentation, participants sampled a healthy recipe prepared by VCHD staff.
- VCHD gifted each participant with a binder that included healthy recipes. Overall, 12 people participated in the class. This initiative was a success for Vermillion County, and another “Dining with Diabetes” program is scheduled to take place this fall!



• DO YOU HAVE DIABETES?
• WANT TO MAKE THE BEST CHOICES FOR YOUR HEALTH?
WE CAN HELP...

Dining with Diabetes

DATES, TIMES: Thursdays
October 3, 10, 17 and 24
10:00 AM - Noon

LOCATION: Vermillion County Health Department
700 South Main Street
Clinton, IN 47842

COST: \$40/person or \$65/2 from same household

Nutrition and physical activity are keys to managing your type 2 diabetes. But where do you start? The *Dining with Diabetes* program can help!

- *Dining with Diabetes* consists of four sessions and a reunion.
- Adults with type 2 diabetes (or who are at risk) are invited to participate. Family members, caregivers, and support persons, too.

The schedule:

- Week 1 — What is diabetes? / Snacks & appetizers
- Week 2 — Carbs & sweeteners / Desserts
- Week 3 — Fats & sodium / Main dishes
- Week 4 — Putting it all together! / Side dishes

To register, or for more information, please contact:

Lori Bouslog
Extension Educator
Health and Human Sciences
Purdue Extension
Vermillion County

703 West Park Street, Suite #1
Cayuga, IN 47928

765-492-5332
lbouslog@purdue.edu

In partnership with the
Vermillion County Health
Department.

Free registration available,
thanks to CADI. Please ask
for additional information.



PURDUE UNIVERSITY Extension - Health and Human Sciences
For more information, visit
<http://www.purdue.edu/hhs/extension/dwd>

Ohio County: Food as Medicine Program

- The Ohio County Health Department (OCHD) this summer kicked off its Food as Medicine Program. The program is designed to equip Ohio County residents with heart-healthy habits.
- At the first class, public health nurse gave each participant a heart screening. Another screening will be performed at the end of the program to measure participants' progress. The entire program is free for Ohio County residents.
- Classes feature nutrition education, food demos and fun incentives. Several key guest speakers are slated to attend, including Health Officer Dr. Walcott. Participants will have the chance to taste test healthy versions of traditional recipes, including peach crisp and a veggie frittata. At the end of each class, participants are given a food box with heart-healthy ingredients.
- If participants attend seven of the ten classes, they are eligible to win a larger prize, like a crockpot!
- This program was made possible through a partnership with Purdue Extension.



White County: Walking Wednesdays

White County Health Department (WCHD) is using Health First Indiana funding to improve health education efforts in White County. In partnership with Monticello Parks & Recreation,

WCHD kicked off a new initiative dubbed "Walking Wednesdays". WCHD staff and Parks & Recreation staff host an inclusive walking group every Wednesday at a nature park in Monticello.

The walking group is designed to draw walkers of all ages, from kids to retirees to working parents

Every walker decides their own distance. A "featured walker" is spotlighted on the White County Facebook page to promote Walking Wednesdays, including the Mayor of Monticello



Public Health Day at the Statehouse

SAVE THE DATE March 12

Show support for public health
by wearing blue and gold

Features:

- A celebration of an investment in public health
- Partnerships in action
- Local Health Department Awards
- Networking and light refreshments



Call to Action

- Join the conversations about public health funding in your county
- Remember, there is no one-size-fits-all approach
- Remember that better physical and mental health makes Indiana more attractive for families, businesses
- The bottom line: Health First Indiana is **all** of us!

Ways to connect with us

- Access our [webpage](#) with resources for clinicians
- Please let us know what topics you'd like us to cover:
Email Gcrowder@health.in.gov
- Sign up for IHAN– Indiana Health Alert Network
<https://ihan-in.org>
- **MARK YOUR CALENDARS** - Clinician webinars for 2024:
Nov. 22, Dec. 27

Questions?

CONTACT:

Guy Crowder, M.D., MPHTM

Chief Medical Officer

GCrowder@health.in.gov

Next call: Noon, Nov. 22

