



**Indiana**  
**Department**  
**of**  
**Health**

# CLINICIAN UPDATES

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12/20/2024

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

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We have no conflicts of interest to disclose

# CMEs

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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 \(cmepassport.org\)](#) (This will allow you to monitor CME credits and find other available opportunities to gain CMEs.)

# E coli IHAN

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## Indiana Health Alert Network Notification

Increase in *E. coli* and HUS cases



December 10, 2024

Recommendations for Testing and Reporting STEC and HUS

# E coli STEC/HUS

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## Summary

The Indiana Department of Health (IDOH) is working with the Centers for Disease Control and Prevention (CDC) and local health departments to investigate an increase in Shiga toxin-producing *E. coli* (STEC). Multiple states have had cases that are linked by whole genome sequencing; however, the sources of these illnesses have not been identified. Indiana has cases related to this cluster to date.

## Recommendations

- Healthcare providers should consider STEC in differential diagnoses for patients with compatible symptoms and collect stool specimens for testing for STEC or *E. coli* O157:H7, especially in cases of bloody diarrhea.
- Report **all STEC** cases to local health departments or via [NBS](#), the IDOH communicable disease reporting system.
- **Post-diarrheal HUS** should be **immediately** reported per the Indiana [communicable disease rule](#), 410 IAC 1-2.3-47. Providers should report cases upon suspicion to the local health jurisdiction of the patient or the IDOH enteric team at 317-233-7125.
- Laboratories are required to submit all isolates of STEC/*E. coli* O157 to the IDOH Laboratory. Call the IDOH Laboratory at 317-921-5531 for assistance with submitting isolates.

# E coli STEC/HUS

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## Clinical Presentation

- Symptoms of STEC infection can include: Severe abdominal cramps, diarrhea (often bloody), vomiting
- Incubation period: Typically 3-4 days (range: 2-10 days).
- About 5-10% of STEC cases may develop hemolytic uremic syndrome (HUS), with a higher risk (15%) in children, especially those younger than 5 years old.
- Signs and symptoms of HUS can include: Fatigue, paleness, decreased urination frequency, abdominal pain, and vomiting
  - Anemia, thrombocytopenia, and kidney injury
  - HUS, especially in adults, may mimic thrombotic thrombocytopenic purpura (TTP), in which blood clots form in small blood vessels throughout the body. TTP can lead to strokes, brain damage and death.

## Diagnosis/Treatment

- Testing for STEC is crucial to prevent delays in care and to reduce the risk of HUS.
- Rectal swabbing may be an alternative for faster results in emergent care settings. If this is done a follow-up culture specimen is recommended for additional sequencing.
- If STEC is detected, obtain a complete blood count, serum electrolytes, blood urea nitrogen, and creatinine to screen for HUS.
- Supportive care is the primary treatment for STEC infections. Rehydration with intravenous fluids, as clinically indicated, is important and early use may decrease the risk of renal failure and/or HUS.
- Antibiotic treatment is not recommended for STEC infections, as it may increase the risk of developing HUS
- Consider consultation with a nephrologist if HUS is suspected.
- Consult the CDC information for [clinicians](#).





**H5N1**



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# H5 Bird Flu Update

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- 61 confirmed human cases in the U.S. (eight states)
  - 56% are from CA
  - 61% exposed to dairy herds
- CDC confirmed the first severe case of H5N1 in the U.S. in Louisiana
  - Patient had exposure to sick and dead birds in backyard flocks
- California
  - Confirmed first pediatric H5N1 case in the U.S.
  - Declared a public health emergency

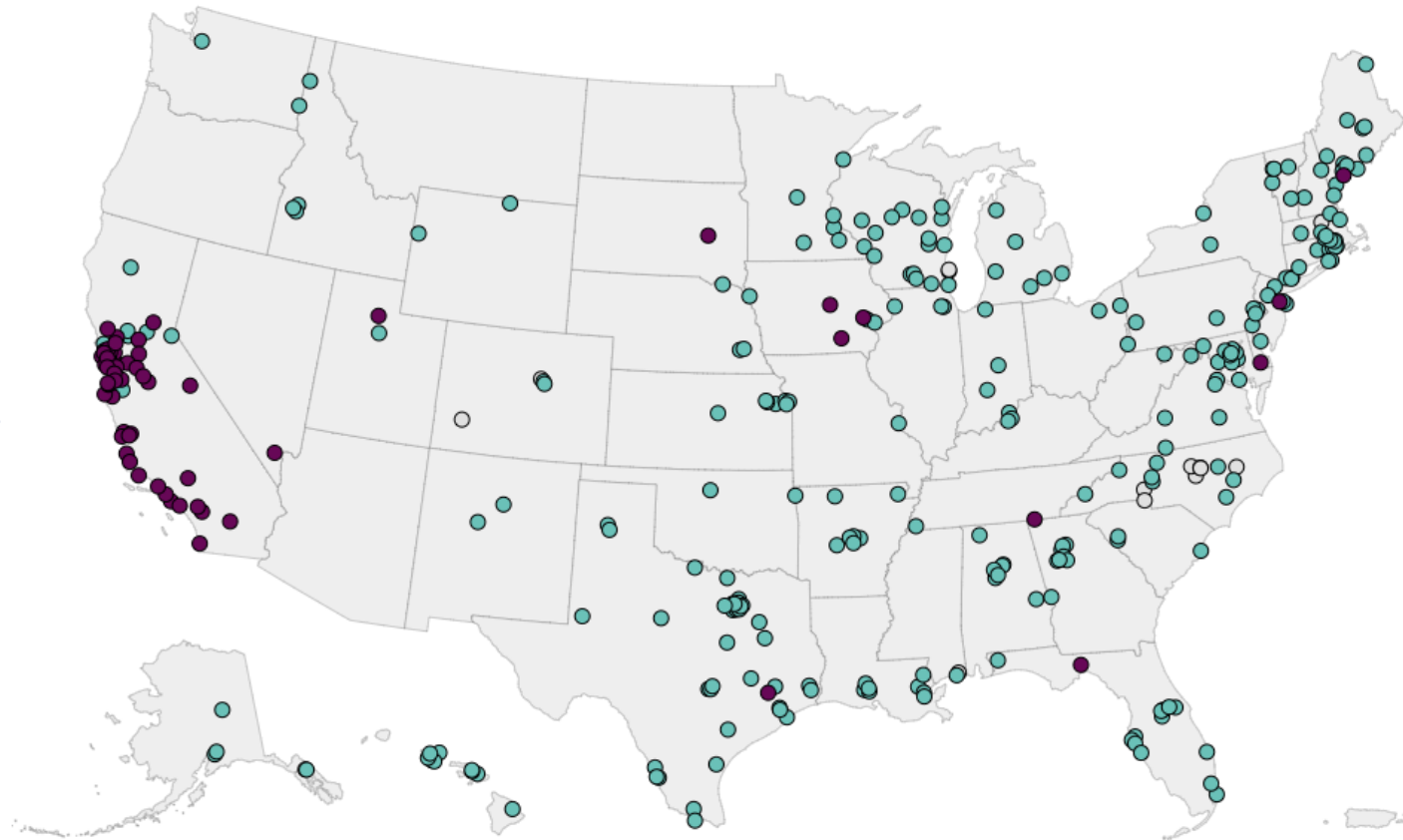
# Key Points

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- **The risk of avian influenza to the general public is considered low**
  - People with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection
- **There is no concern for contamination of the food/milk supply**
  - Food products from sick animals are prevented from entering the food supply and beef cooked to the recommended cooking temperatures are effective in inactivating H5N1 virus
  - Pasteurization is required in Indiana for any milk entering interstate commerce for human consumption and this process is proven to inactivate H5N1 viruses in milk
- **Asymptomatic infections have been observed in people with exposure to infected dairy cattle in HPAI A(H5) serologic investigations**
- **As of 12/16/2024, Indiana has not had detections in either cattle or poultry this year**

# H5 National Wastewater

- Dec. 1 – Dec. 7
- H5 detections at 60 sites
- 11 states
- Last month – 3 states



# USDA Announces New Federal Order, Begins National Milk Testing Strategy to Address H5N1 in Dairy Herds

New Federal Order Will Require National Milk Testing and Support State Officials and Dairy Regulators; Builds on Actions to Protect Farms, Farmworkers and Communities from H5N1 Avian Influenza

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PUBLISHED: December 6, 2024

- Increase understanding of the virus' spread in the U.S.
- NMTS goal is to have testing in all 50 states
- 15 states have now been enrolled; ~50% of milk production

# H5 Bird Flu Resources

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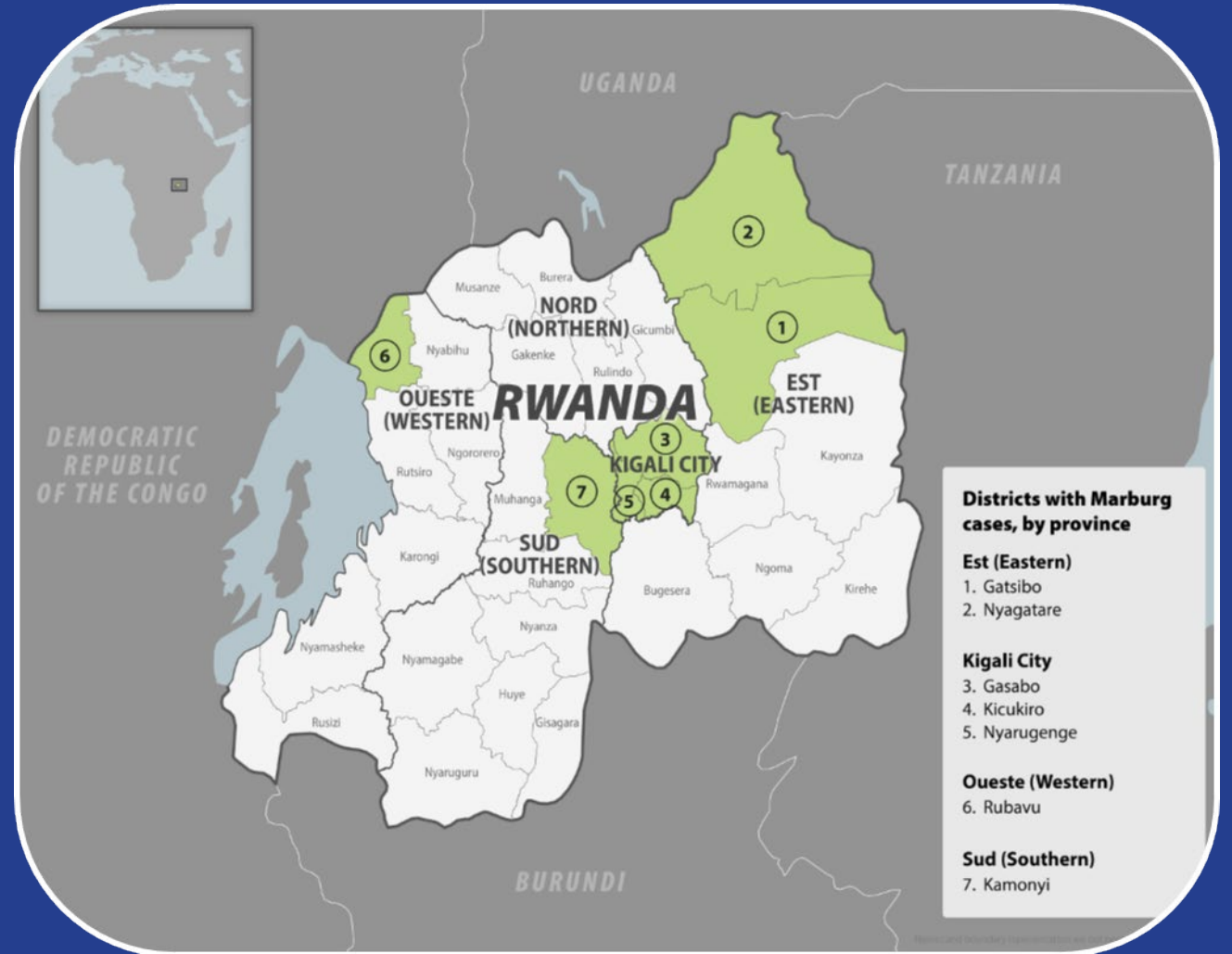
- PPE use by dairy worker MWMR 11/7 - [https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a2.htm?s\\_cid=mm7344a2\\_w](https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a2.htm?s_cid=mm7344a2_w)
- Serologic evidence of recent infection with HPAI MI and CO MMWR 11/7 - [https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a3.htm?s\\_cid=mm7344a3\\_w](https://www.cdc.gov/mmwr/volumes/73/wr/mm7344a3.htm?s_cid=mm7344a3_w)
- H:5 Bird Flu Current Situation - <https://www.cdc.gov/bird-flu/situation-summary/index.html>
- USDA Detections of Highly Pathogenic Avian Influenza - <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/livestock>

# Marburg Outbreak Update

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

- 66 confirmed cases
- 15 deaths
- 51 patients recovered
- CFR 22.7%

No new cases reported since Oct. 30.



Source: <https://rbc.gov.rw/marburg/>



# Traveler Monitoring

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Risk for MVD in the United States is low. Out of abundance of caution, the Centers for Disease Control and Prevention (CDC) implemented symptom monitoring for healthcare workers coming from Rwanda on Oct. 3.

- Oct. 16: CDC recommendations expanded to all travelers leaving Rwanda
- Oct. 30: 42-day count down began
- Nov. 8: Last case patient completed treatment
- Dec. 4: Traveler redirection ceased; entry screening of travelers ceased
- **Dec. 11: 42-day count down ended**





# Respiratory Updates



**Indiana**  
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# National Respiratory Outlook

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- Season outlook
  - Similar or lower peak hospitalizations as last year
- Peak hospitalizations from all respiratory viruses higher than pre-COVID-19
- US emergency department visits
  - COVID – low; increasing
  - Flu – low; increasing
  - RSV – moderate; increasing



# Biofire Respiratory Viral Panel



BIOFIRE® Syndromic Trends

Midwest Region

Respiratory Report  
RP2.1

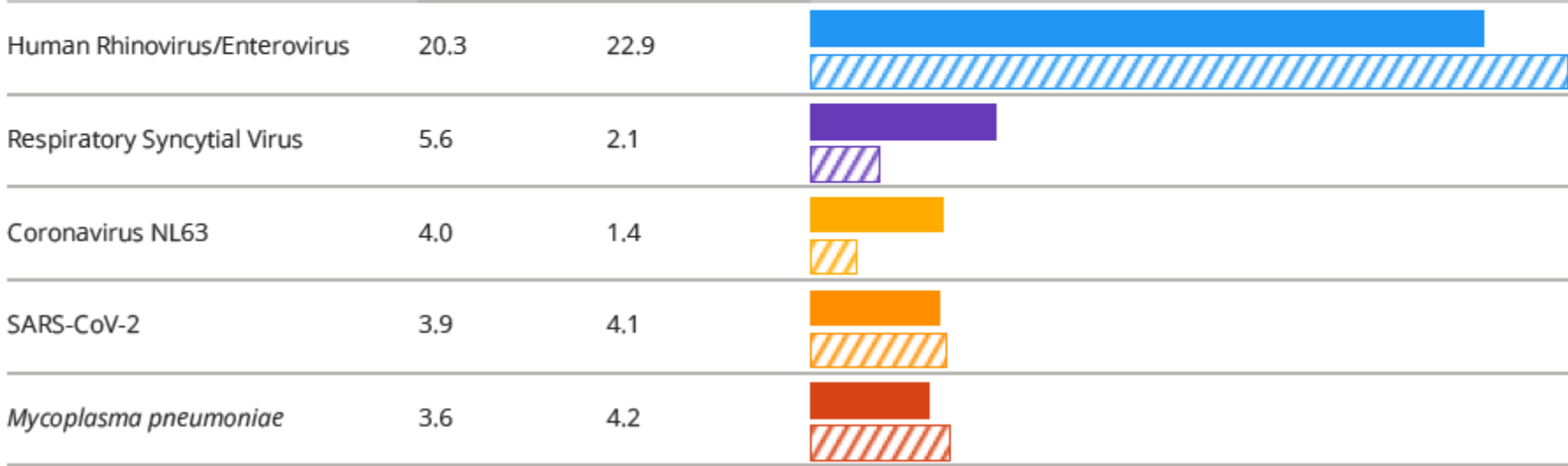


Weekly Detection Rates (%)

14% Region Co-Detection Rate\*

High Activity (>3%)

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





# 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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# Indiana COVID-19 Home Dashboard

Data are updated as of 12/10/2024 and refreshed on a weekly basis every Wednesday by 5 p.m.



## Indiana COVID-19 Home Dashboard

Data are updated as of 12/18/2024 and refreshed on a weekly basis every Wednesday by 5 p.m.

7-Day Average  
COVID-19 Counts

### COVID-19 Trends

Year Selection  
(filters Timeseries only)

2024

- 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

COVID-19 Hospital Admissions  
0 (No Change)



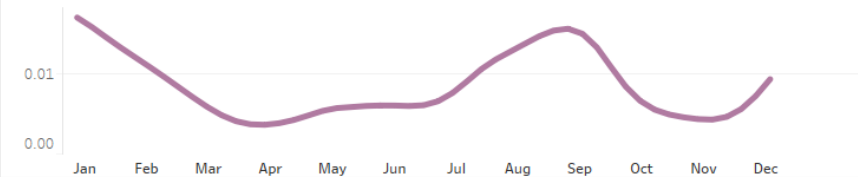
Emergency Department Visits for COVID-Like Illness  
372 (↑29)



COVID-19 Deaths  
0 (↓1)



SARS-CoV-2 Wastewater Concentration  
0.0076 (↑0.0017)  
2,320,677 Total Population Served



All numbers are provisional and reflect only those reported to IDOH. Numbers should not be characterized as a comprehensive total and may change as more data is reported.



Indiana Department of Health



# COVID-19 Update for the United States

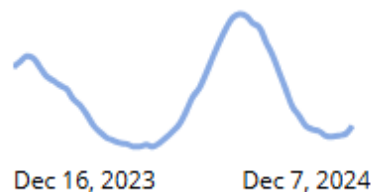
## Early Indicators

### Test Positivity >

% Test Positivity

**5.4%**

Week ending December 7, 2024  
Previous week 4.5%

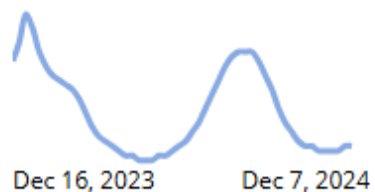


### Emergency Department Visits >

% Diagnosed as COVID-19

**0.6%**

Week ending December 7, 2024  
Previous week 0.6%



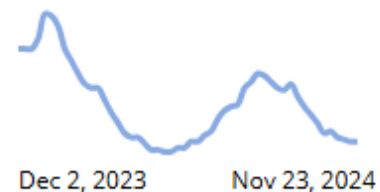
## Severity Indicators

### Hospitalizations >

Rate per 100,000 population

**1.6**

Week ending November 23, 2024  
Previous week 1.6

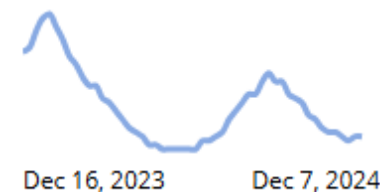


### Deaths >

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

**0.9%**

Week ending December 7, 2024  
Previous week 0.9%

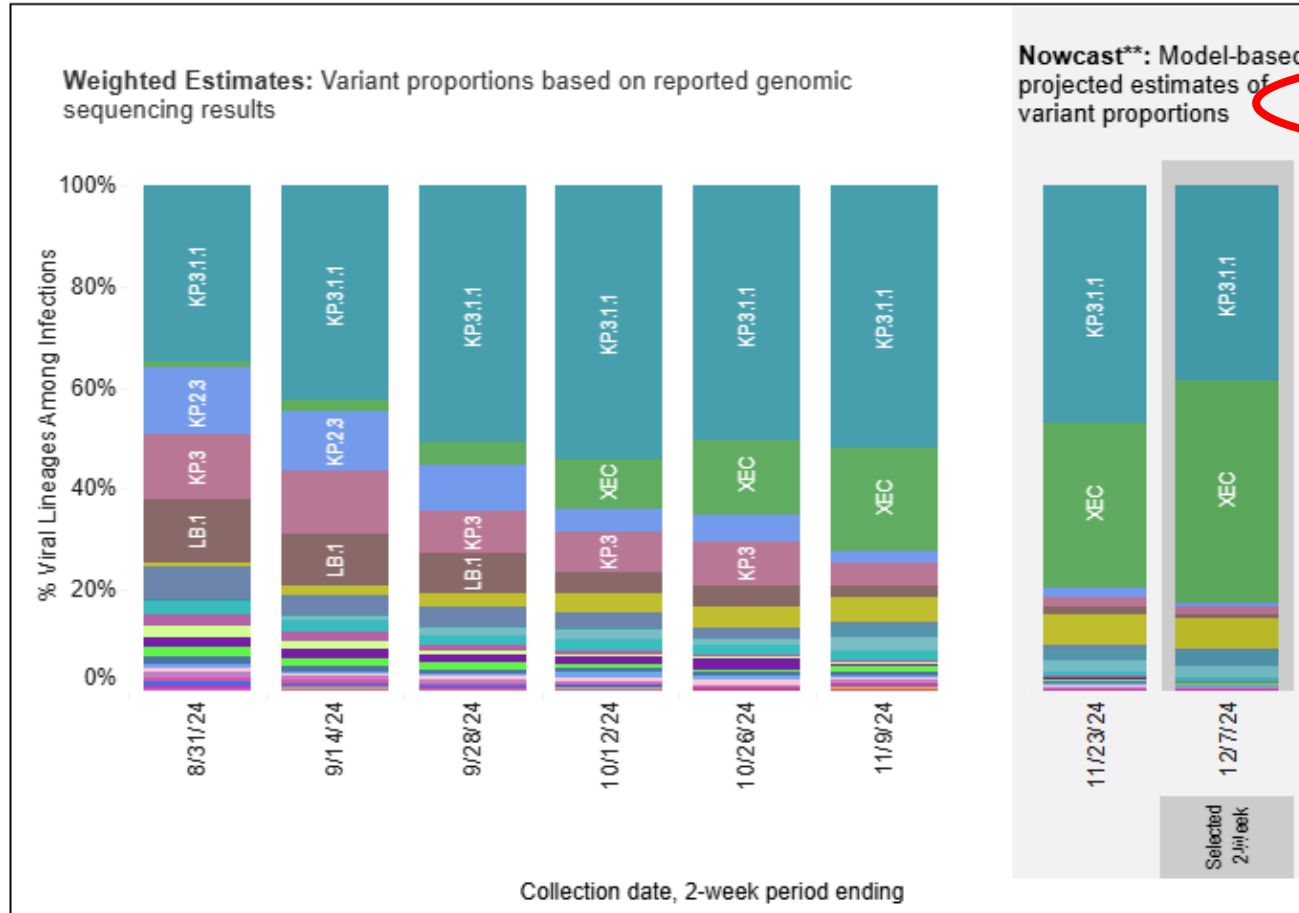


These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

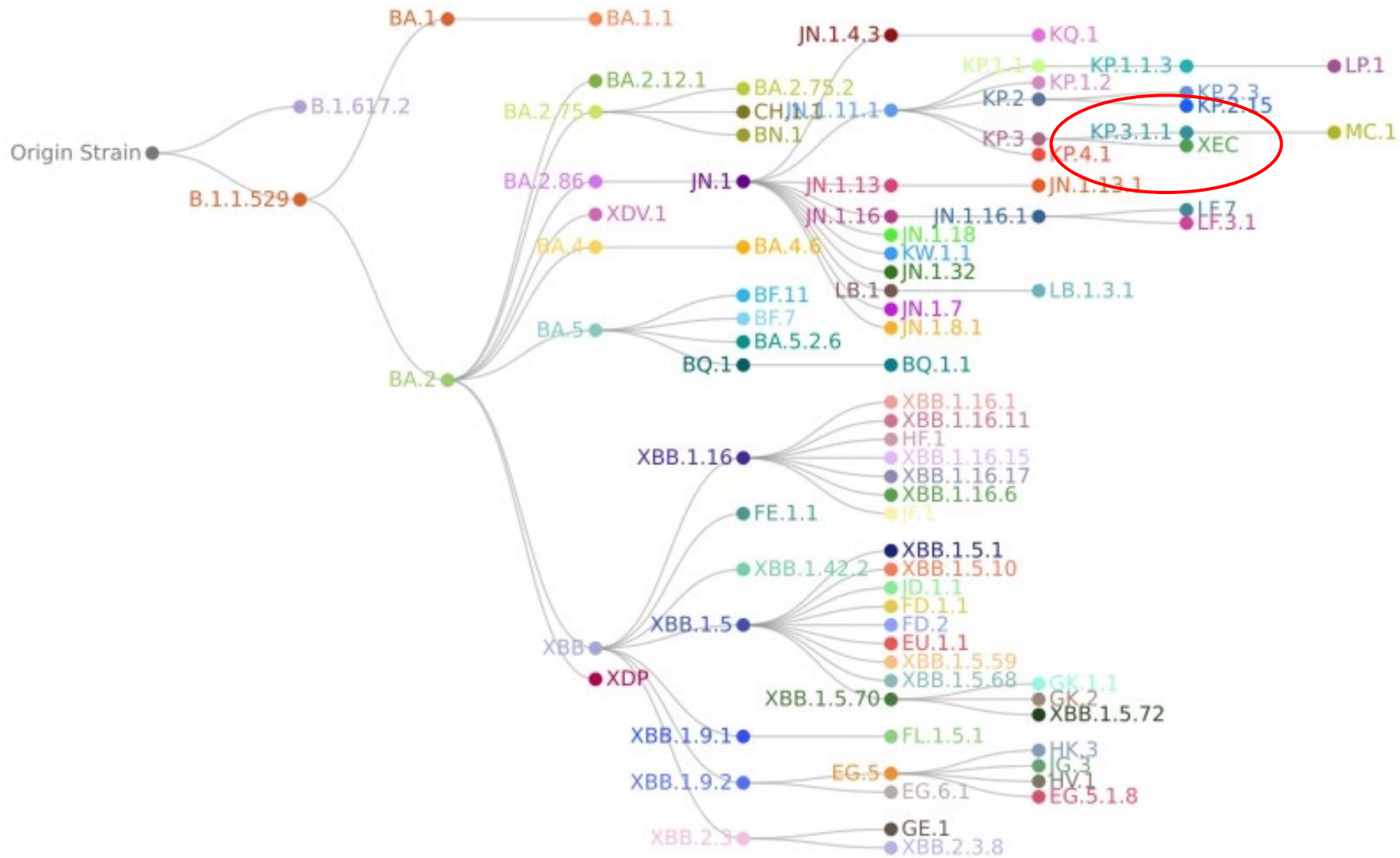
## Weighted and Nowcast Estimates in United States for 2-Week Periods in 8/18/2024 – 12/7/2024

## Nowcast Estimates in United States for 11/24/2024 – 12/7/2024

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 #	%Total	95%PI
Omicron	XEC	44%	39–49%
	KP3.1.1	39%	34–43%
	MC.1	6%	5–8%
	LF.7	3%	1–6%
	LB.1.3.1	2%	1–5%
	KP.3	1%	1–2%
	KP.2.3	1%	1–1%
	LB.1	1%	1–1%
	KP.1.1.3	0%	0–1%
	KP.2	0%	0–1%
	JN.1.18	0%	0–1%
	JN.1	0%	NA
	JN.1.11.1	0%	0–1%
	JN.1.16.1	0%	NA
	KS.1	0%	NA
	JN.1.16	0%	NA
	LP.1	0%	NA
	KP.1.1	0%	NA
	KP.2.15	0%	NA
	LF.3.1	0%	NA




# CDC COVID-19 Vaccine Recommendations and Schedule

- The CDC recommends vaccination against COVID for individuals 6 months and older.
- [Helpful PDF with schedule information from CDC:](#)

## 2024–2025 COVID-19 Vaccine Immunization Schedule

for People 6 Months of Age and Older



**Table 1b.** For people who are **NOT** moderately or severely immunocompromised\*

If current age is:	And the COVID-19 vaccination history is:	Then:	Administer:
<b>2024–25 Pfizer-BioNTech COVID-19 Vaccine</b> Vaccine type: mRNA   Do NOT use any previously available Pfizer-BioNTech COVID-19 vaccine products.			
<b>6 months through 4 years<sup>†</sup></b>	Unvaccinated (0 doses)	Give a 3-dose initial series. <ul style="list-style-type: none"> <li>• Dose 1 now.</li> <li>• Dose 2 at least 3–8 weeks after Dose 1.<sup>‡</sup></li> <li>• Dose 3 at least 8 weeks after Dose 2.</li> </ul>	<b>0.3 mL/3 µg</b> from a yellow-capped multidose vial  Intramuscular (IM) injection
	1 previous dose of any Pfizer-BioNTech COVID-19 Vaccine (Dose 1) <sup>§</sup>	Complete the before series. Give: <ul style="list-style-type: none"> <li>• Dose 2 at least 3–8 weeks after Dose 1.<sup>‡</sup></li> <li>• Dose 3 at least 8 weeks after Dose 2.</li> </ul>	
	2 previous doses of any Pfizer-BioNTech COVID-19 Vaccine (Doses 1 and 2) <sup>§</sup>	Complete the series. Give: <ul style="list-style-type: none"> <li>• Dose 3 at least 8 weeks after Dose 2.</li> </ul>	
	3 or more previous doses of any Pfizer-BioNTech COVID-19 vaccine, <b>NOT</b> including at least 1 dose of 2024–25 COVID-19 vaccine <sup>§</sup>	Give 1 dose at least 8 weeks after the last dose.	
	3 or more previous doses of any Pfizer-BioNTech COVID-19 vaccine, <b>INCLUDING</b> at least 1 dose of 2024–25 COVID-19 vaccine	No further doses are indicated.	



# Indiana Influenza Dashboard

Data were last refreshed on December 13, 2024. Data are refreshed weekly.  
Observed Current Week - December 1, 2024 - December 7, 2024

WEEKLY OVERVIEW

SYNDROMIC

SENTINEL

VIROLOGIC

MORTALITY

ABOUT THE DATA

## Indiana Influenza-Like Illness (ILI) Surveillance – Week ending December 7, 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.

ILI Activity Code

**Moderate**

Influenza-Associated Deaths

**0**

for current week

**5 total** for current season

Syndromic Percent ILI

**2.72%** ▲ 0.27%

reported by emergency department and urgent care chief complaints

Sentinel Percent ILI

**2.93%** ▲ 0.28%

reported by sentinel outpatient provider





# Indiana Influenza Dashboard

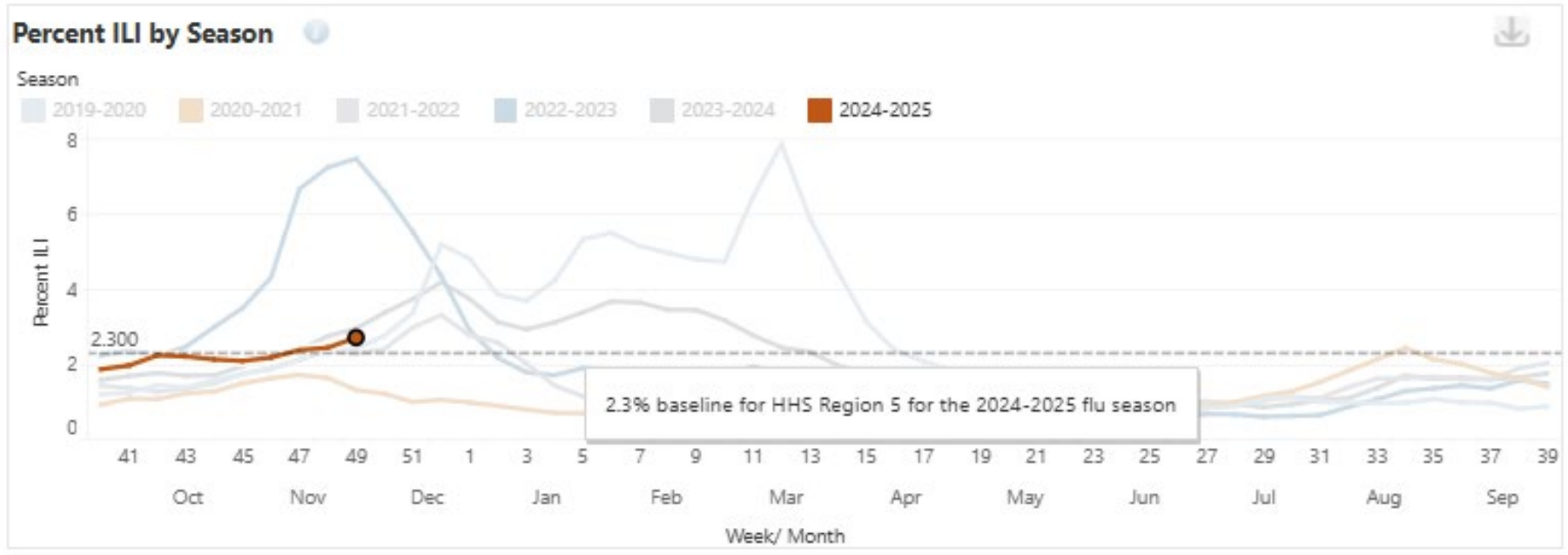
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- WEEKLY OVERVIEW
- SYNDROMIC**
- SENTINEL
- VIROLOGIC
- MORTALITY
- ABOUT THE DATA

## Emergency Department and Urgent Care Visits for ILI

The Indiana Department of Health (IDOH) uses a system called ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics) to track and monitor syndromic surveillance for ILI. In ESSENCE, a visit is classified as ILI when a patient presents with a chief complaint of fever (greater than or equal to 100 °F) accompanied by a cough and/or sore throat, or complaining of "influenza". Epidemiologists at IDOH analyze data from 119 emergency departments and 23 urgent care facilities across the state.

[Download all seasons data here.](#)





# Influenza Vaccines

- CDC recommends everyone 6 months and older get a flu vaccine every year with rare exceptions
- Vaccination should continue as long as flu is circulating
- The 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.

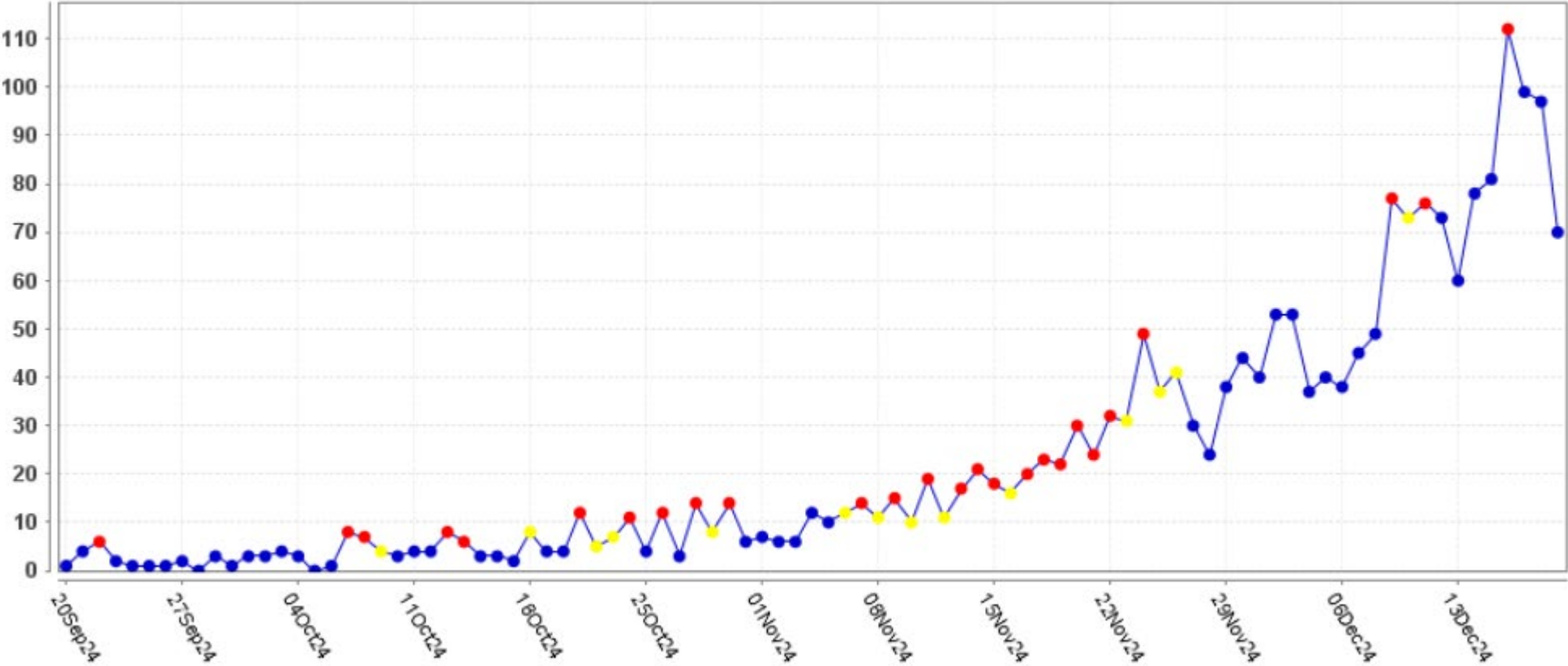
**All U.S. 2024-2025 influenza vaccines will be trivalent protecting against influenza A/H1N1pdm09, influenza A/H3N2, and influenza B/Victoria.**

## FLU PREVENTION TIPS



# RSV Surveillance

Daily Data Counts

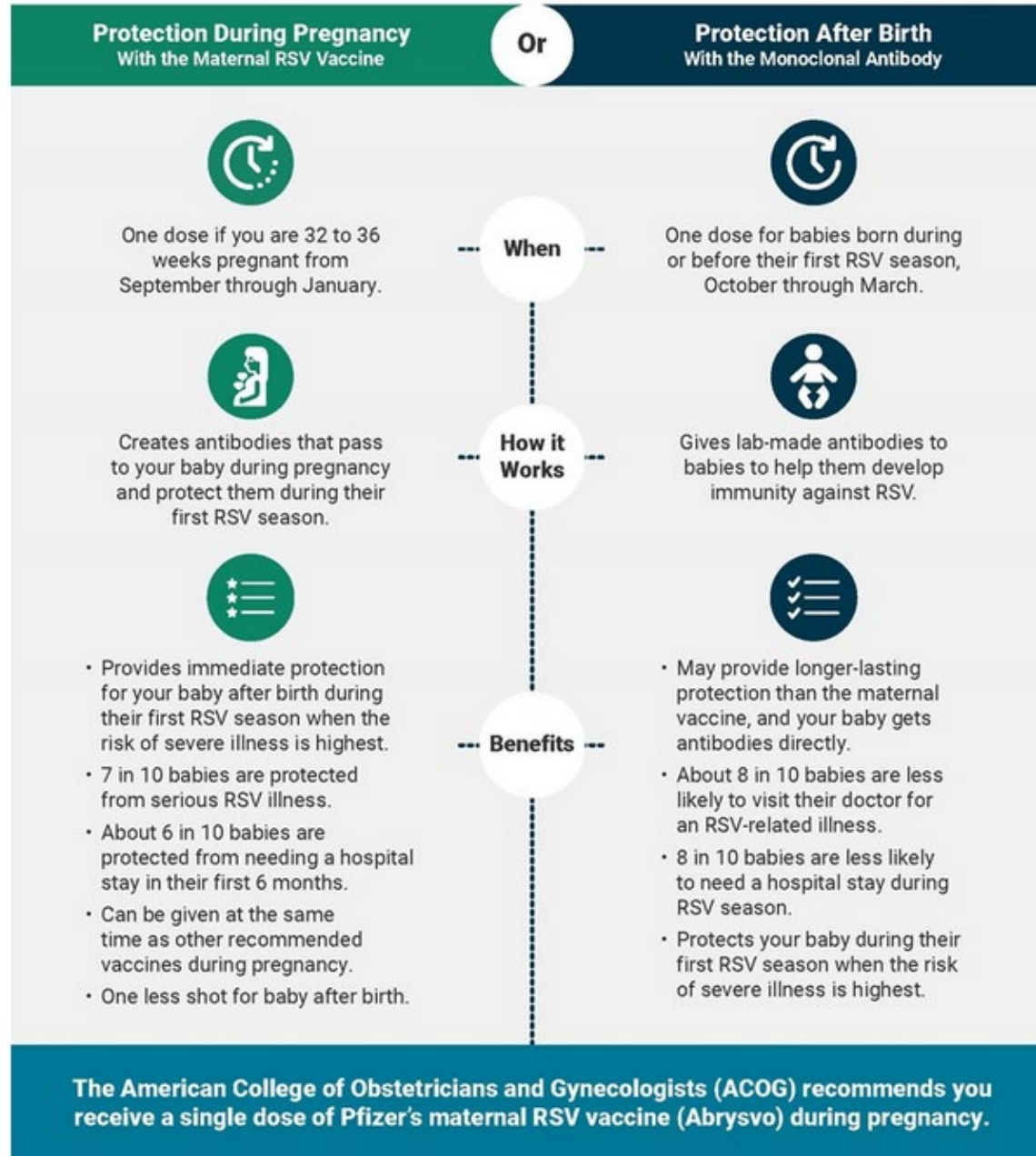


# ACOG RSV infographic for moms/babies

<https://www.acog.org/programs/immunization-for-women/physician-tools/infographic-respiratory-syncytial-virus>



## Protecting Your Baby from RSV



# CDC RSV factsheet for older adults

Accessible Link: <https://www.cdc.gov/rsv/older-adults/index.html>

## Older Adults Are at High Risk for Severe RSV Illness

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs and breathing passages

- ✓ **RSV vaccine is recommended for:**
  - Everyone 75 and older
  - People 60-74 who are at increased risk of severe RSV
- ✓ **It can PROTECT against severe illness**
- ✓ **The best time to get vaccinated is in late summer and early fall**





# CDC MMWRs on nirsevimab effectiveness



**Nirsevimab was 90% effective at protecting infants from RSV-associated hospitalization\***

**Clinicians, talk to parents about nirsevimab, a preventive antibody**

\* Early estimates from the New Vaccine Surveillance Network, October 2023-February 2024

[bit.ly/mm7309a4](https://bit.ly/mm7309a4)  
MARCH 7, 2024

CDC MMWR

March 2024



**Nirsevimab was 89% effective at protecting Alaska Native infants from RSV-associated hospitalization\***

**Talk to your health care provider about protecting your child from RSV<sup>†</sup>**

\* Among infants in Alaska's Yukon-Kuskokwim Delta region during their first RSV season, October 16, 2023-April 30, 2024.  
<sup>†</sup> RSV = respiratory syncytial virus.

[bit.ly/mm7345a1](https://bit.ly/mm7345a1)  
NOVEMBER 14, 2024

CDC MMWR

November 2024

# CDC MMWR on nirsevimab availability

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- New York City, 2023-24 RSV Season
- For infants who reportedly received nirsevimab, percentage receiving it within the first 7 days of life:
  - 37% of Vaccines for Children (VFC) eligible
  - 45% non-VFC eligible
- Take-away:
  - CDC recommends birthing hospital VFC enrollment and establishing protocols to offer nirsevimab before discharge, to increase nirsevimab administration within the first week of life

Email Immunizations Director David McCormick at [dmccormick@health.in.gov](mailto:dmccormick@health.in.gov) if you have questions about VFC

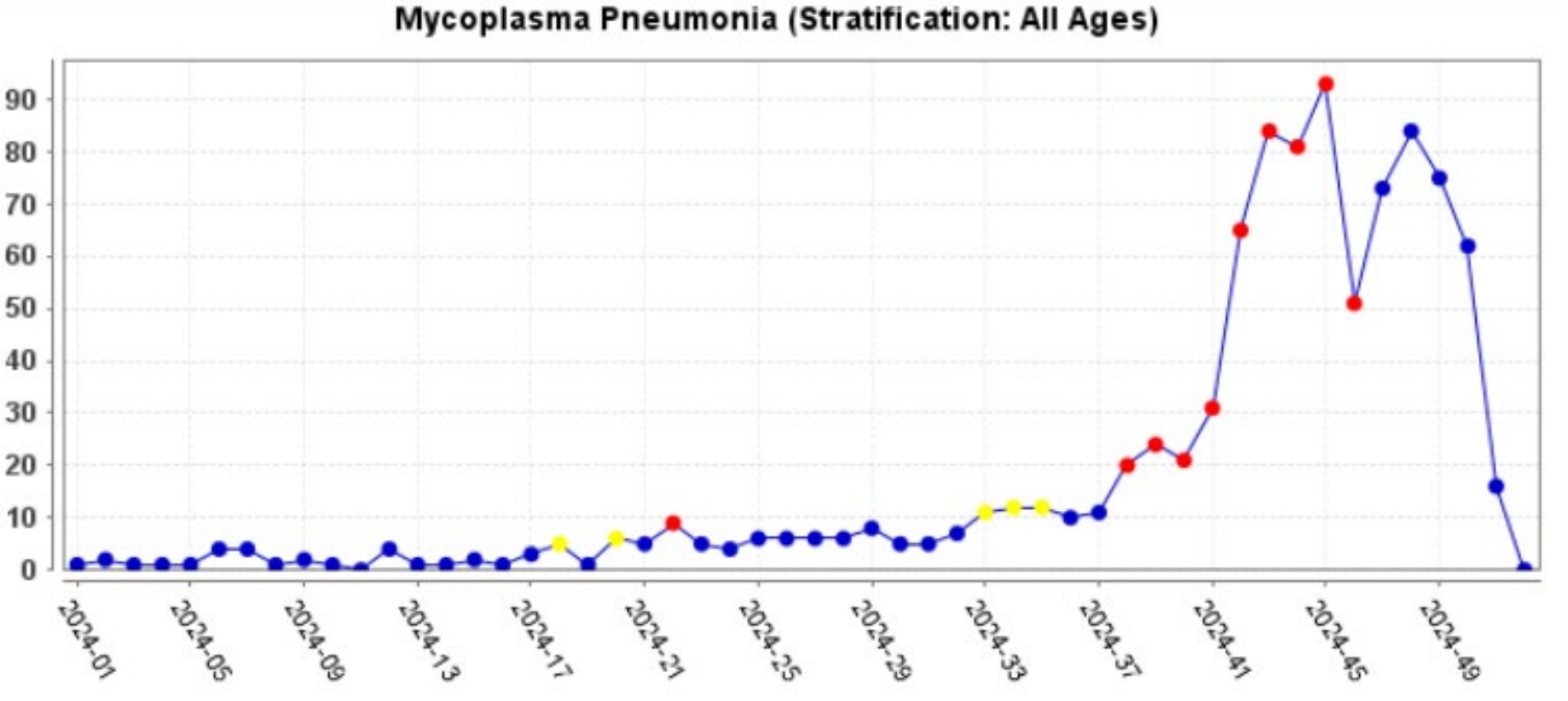


# Pertussis

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- Nationally, pertussis had been lower during and following the pandemic
- Returning to pre-pandemic patterns
- 2024 cases are indicating a return to normal trends
  - Six times as many pertussis cases YTD compared to the same week in 2023
  - Higher than the same time in 2019

# Increase in *Mycoplasma pneumoniae*



# Mp Resources

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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](https://www.cdc.gov/mmwr/volumes/73/wr/mm7307a3.htm?s_cid=mm7307a3_w)

# Parvovirus B19 - 3 recent MMWR reports

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- 1) Test positivity was decreased during pandemic, but in 2024 there has been a return to prepandemic levels, actually even higher across multiple communities in the study
  - 1) Higher test positivity suspected to be due to lower transmission during pandemic leading to higher numbers of people being susceptible
- 2) MFM clinic in Minnesota noted several cases among pregnant women and fetal complications
  - 1) 5 pregnant women, 3 of whom had fever, rash, malaise, fatigue, arthralgia, lymphadenopathy.
  - 2) Fetal manifestations included fetal anemia requiring transfusion, hydrops and demise
- 3) Large sickle cell disease center in southeast US noted incidence of B19-associated aplastic crisis to be 3.6 times higher in first 9 months of 2024 vs overall rate from 2010-23

## CDC recommendations:

- Healthcare providers, public health authorities, and the public should be aware of the likely increased circulation of B19 in the United States.
- Providers should include in differential and counsel patients on prevention (resp droplet)





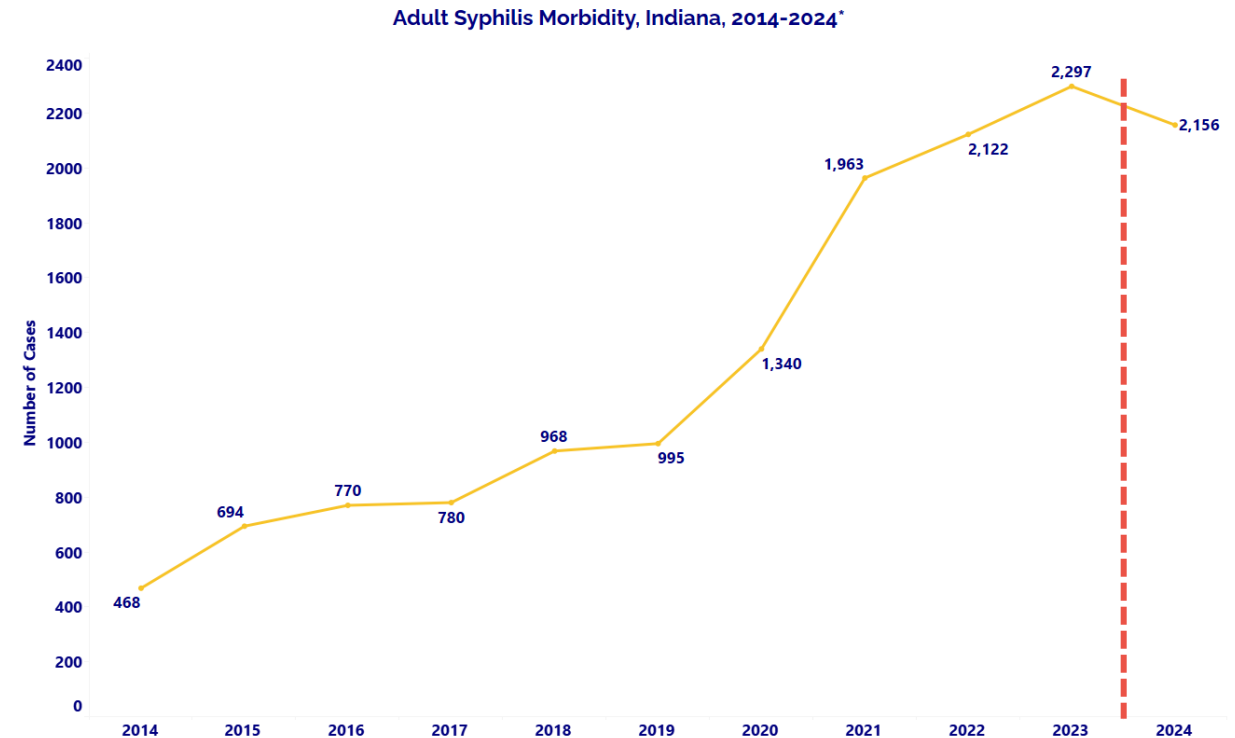
# Syphilis



**Indiana**  
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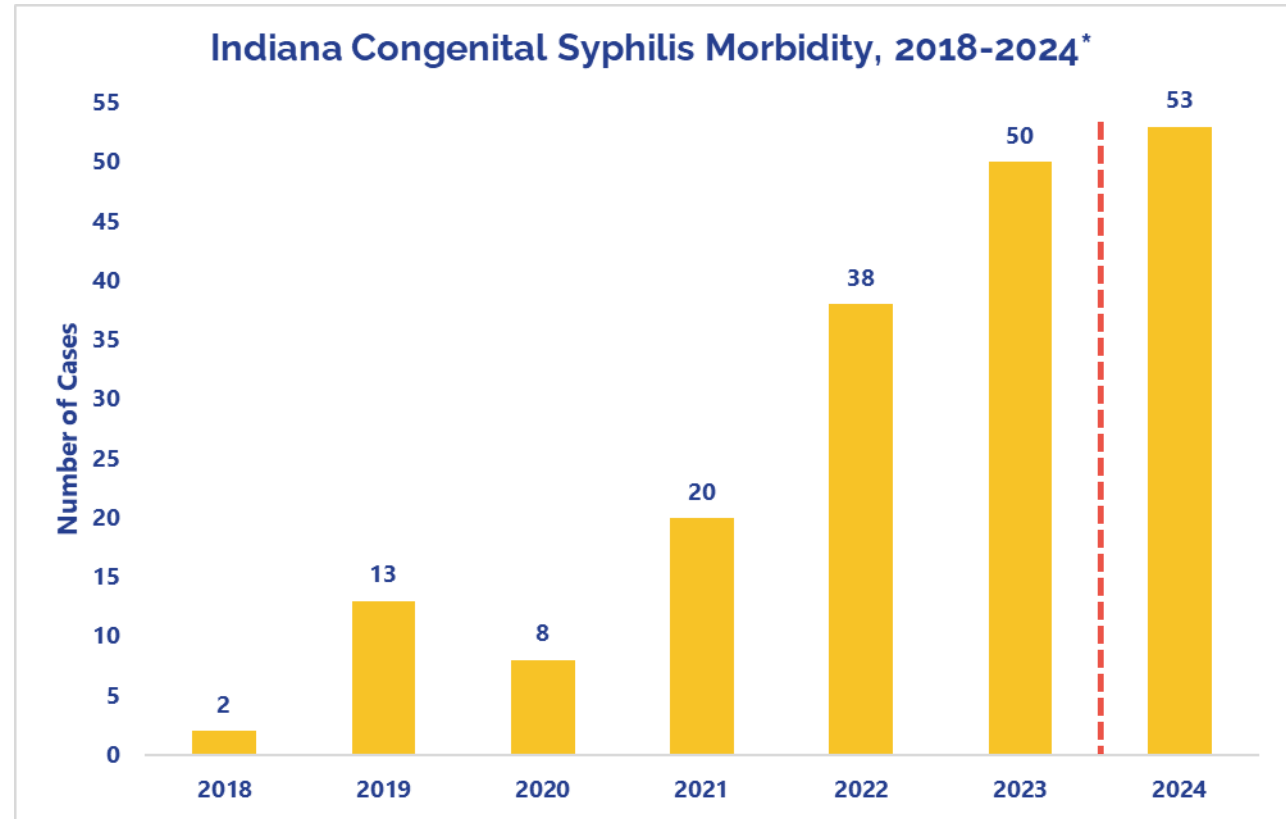
# Adult Syphilis Morbidity

- 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 2,156 cases of adult syphilis reported in 2024\*, down 2.3% 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).
- **Year to date there have been 641 cases of adult syphilis among females of childbearing age in 2024\*, up 7.7% compared to this time last year.**



# Congenital Syphilis Morbidity

- From 2018-2023 there was a 2,400% increase in congenital syphilis (CS) cases reported.
- **Year to date there have been 53 cases of CS reported in 2024\*, up 12.8% from this time last year.**
- Of the 53 CS cases reported this year in Indiana, 2 were stillbirths.





# Congenital Syphilis is Preventable

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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



# Recommendations

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- Perform syphilis testing on all patients upon finding a positive pregnancy test
- Test all pregnant women 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).

# For Them: Syphilis Awareness Campaign

**FOR THEM**

Get **Excited** for Them.  
Get **Prepared** for Them.  
Get **Tested** for Them.

You can give your baby syphilis before they're even born.  
Protect yourself and baby and get tested today.

**GET TESTED**



<https://testforthem.org/for-them/>

# Feedback?

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Would appreciate any feedback you have on syphilis and congenital syphilis in your healthcare setting and/or community

- Are you seeing an increase in patients with syphilis?
- Implementing new testing or treatment protocols?
- Recognizing any barriers for patients or healthcare providers?
- Other thoughts?

Feel free to raise your hand, drop a note in the chat, or email me:

[GCrowder@health.in.gov](mailto:GCrowder@health.in.gov).



# Infectious Diseases of Public Health Importance



**Indiana**  
Department  
of  
**Health**

# Mpox Clade I Update

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- From Jan. 1 to Dec. 11, 2024, the Democratic Republic of the Congo (DRC) and several neighboring countries (including Republic of Congo, Rwanda, Uganda, and others) have reported more than 50,000 suspected cases with over 1,000 suspected deaths
- Travel cases have occurred in: Canada, Germany, India, Kenya, Sweden, Thailand, the United Kingdom (UK), the United States, Zambia, and Zimbabwe
- One case of Mpox Clade 1b in California following travel to affected areas of Eastern Africa. **No additional cases were reported.**
  - Information about the case can be found in the [CDC HAN](#)

Overall risk in U.S. is still considered to be **low**

# CDC Clinical Recommendations

- Extensive information in recent [Dear Colleague letter](#) from CDC, 12/3/24
- 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 will send to the CDC for confirmatory genotyping
- Recommend adding screening questions about travel history if not already included
- Vaccination continues to be recommended by the CDC for adults who meet the [eligibility criteria](#):

<sup>1</sup>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  $\geq 1$  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



Reference the [IDOH mpox website](#), [clinical guide for Mpox](#), and the [CDC HAN](#) for more information



# Tecovirimat (Tpoxx) update

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- Clade II Mpox
- STOMP trial enrollment ended on Nov. 27, 2024
  - Preliminary analysis of trial data revealed that tecovirimat was safe but did not reduce pain or time to lesion resolution compared to placebo in adults with mild/moderate infection
    - Similar to previous analysis from [PALM study](#) for Clade 1 in DRC
  - Efficacy in patients with more severe disease not assessed in study
- If needed, tecovirimat is still available through the Strategic National Stockpile under CDC's Expanded Access Investigational New Drug (EA-IND) [protocol](#)
- Three other randomized clinical trials are also enrolling mpox patients, expected to have similar results
- CDC [information](#)
- Manufacturer [news details](#) from Siga

# Dengue MMWR

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## Puerto Rico 2023-24

- Shift from DENV-1 to DENV-2&3 with predominately DENV-3
- Change in age distribution and hospitalizations
  - Median age of infection shifted to 26 years, from previous outbreaks (ages 17, 19 yrs)
  - Increased proportion of hospitalizations from 35.7% to 53.5%
- Suspected to be due to changing population level immunity
  - Lower rates of infection 2014-19 after outbreak 2010-13
- Fatality percentage remained <1 %

# Oropouche update

## Brazil Cases

- Brazil has reported more than 1,300 cases since mid-October. Nearly all of them have occurred in the southern state of Espírito Santo, just north of Rio de Janeiro. The state had no known Oropouche cases in 2023.
  - Meanwhile, cases in other areas of the region have been decreasing.
- Espírito Santo has been added to CDC's list of Level 2 notices
  - The rest of Brazil remains under a Level 1 travel health notice
- CDC is reducing the travel health notice for Cuba to a Level 1.

## Oropouche Virus:

- Spreads to people primarily by the bite of an infected biting midge, and some types of mosquitoes can also spread the virus.
- The best way to avoid Oropouche is to [prevent insect bites by wearing EPA-registered insect repellent.](#)
- Oropouche virus infection during pregnancy has been associated with [birth defects and stillbirths in some cases,](#) so pregnant travelers should reconsider non-essential travel to areas with a Level 2 Travel Health Notice for Oropouche.



# Recommendations for Clinicians

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- Consider Oropouche virus infection in a patient who has been in an area with documented or suspected Oropouche virus circulation within 2 weeks of initial symptom onset compatible with the clinical picture.
- **If you suspect that your patient may have Oropouche virus infection, you can call our IDOH team:**
  - **During business hours (8:15am-4:45pm M-F) 317-233-7125. After hours and weekends 317-233-1325.**
- Rule out dengue virus infection in travelers with suspect Oropouche virus infection because these viruses often cocirculate and cause similar clinical presentations during acute illness.
- No specific antiviral treatments or vaccines are available for Oropouche virus disease. Manage travelers with suspect Oropouche virus disease with acetaminophen as the preferred first-line treatment for fever and pain. Aspirin and other NSAIDS should not be used to reduce the risk of hemorrhage.
- Monitor pregnancies in women with laboratory evidence of Oropouche virus infection and provide thorough [infant evaluations for signs/symptoms](#) of Oropouche
- Inform [pregnant women of the possible risks](#) to the fetus when considering travel to areas with reported Oropouche virus transmission.
- The virus can be present in semen for [6 weeks](#), so counsel patients about using precautions after travel or infection

# DRC illness in the news

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- Illness in Kwango province, nearly 600 cases more than 140 fatalities, CFR 6.2%
- Per Congo health ministry officials, testing has so far indicated severe malaria in patients with malnutrition, possibly with coinciding viral illness. Recent patient with hemorrhagic fever symptoms with labs pending.
- More to come as further results are available.

Recent articles: CIDRAP [12/17](#) and [12/19](#), [Reuters](#)

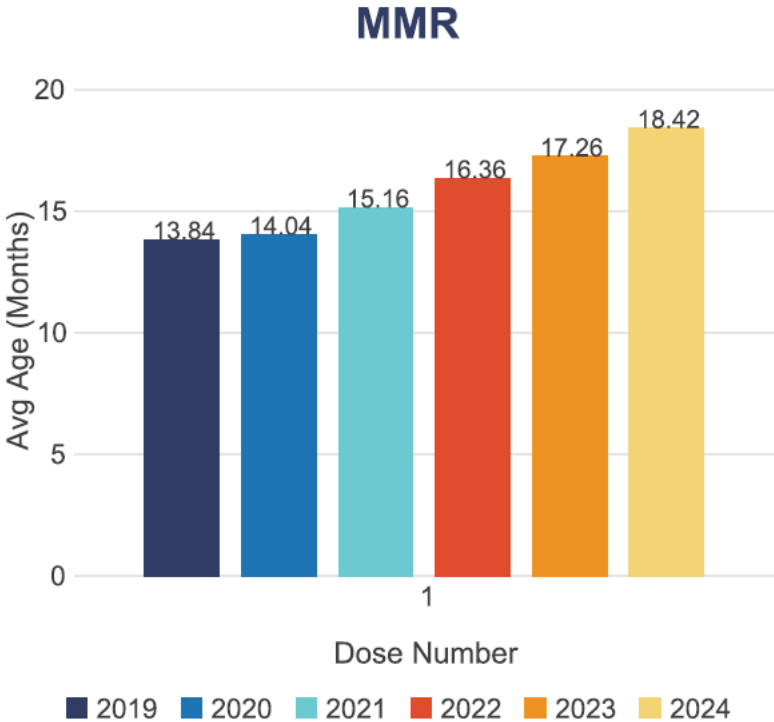


# Other Public Health Updates



# MMR administration

- Prolonged age of first dose with time as illustrated
- 8 counties with average age of first MMR vaccine >20 months.



# Updated CDC Men B-4C vaccine guidance

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## ACIP Recommendations:

- These recommendations apply to use of the 2- and 3-dose schedules of MenB-4C and supersede previous ACIP recommendations for use of MenB-4C published in 2020.
- ACIP recommendations for the MenB-4C dosing interval and schedule are now aligned with the updated FDA label and are harmonized with ACIP recommendations for use of MenB-FHbp.

## Adolescents and Young Adults Aged 16–23 Years (Shared Clinical Decision-Making Recommendation)

- ACIP recommends that MenB-4C (Bexsero) be administered to healthy adolescents and young adults aged 16–23 years as a 2-dose series at **0 and 6 months** for the prevention of serogroup B meningococcal disease, based on *shared clinical decision-making*

## Persons Aged ≥ 10 Years at Increased Risk for Serogroup B Meningococcal Disease

- ACIP recommends that MenB-4C be administered as a 3-dose series at **0, 1–2, and 6 months** to individuals aged ≥ 10 years who are at increased risk for serogroup B meningococcal disease
  - (i.e., patients with anatomic or functional asplenia, complement component deficiencies, or complement inhibitor use; microbiologists routinely exposed to *N. meningitidis* isolates; and those at increased risk during an outbreak).



# Updated CDC Hep B vaccine guidance

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- MMWR from December 5<sup>th</sup> discussed the updated guidance for those 15-59 years old
- Per CDC, pregnant women may receive Engerix-B, Recombivax HB, Twinrix, or *Heplisav-B*
  - FDA approved on 9/11/24

# Intimate Partner Violence (IPV) MMWR

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- During 2016–2022, among women with a live birth in nine jurisdictions:
  - 5.4% experienced IPV during pregnancy.
  - Emotional IPV (5.2%) was more common than physical (1.5%) and sexual (1.0%) IPV.
- IPV was associated with:
  - Delayed or no prenatal care
  - Depression
  - Substance use during pregnancy
  - Preterm birth
  - Low birth weight
  - Prevalence of depression, cigarette smoking, and cannabis or illicit substance use about **2 times** higher than that of women without IPV
  - Pregnancy-related hypertension **1.3 times** higher among women reporting physical IPV



# IPV and related resources

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Resources for IPV from IDOH [website](#):

- [Indiana Coalition Against Domestic Violence](#)
- [Prevention Program for Dating Abuse](#)
- [Break the Cycle: Empowering Youth to End Domestic Violence](#)
- [Dating Matters Initiative](#)
- [CDC Intimate Partner Violence](#)
- [Love is Respect: Dating Violence](#)
- Dating Violence Hotline: 1-866-331-9474
- [National Domestic Violence Hotline](#): 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY)
- [Substance Use During Pregnancy](#) CDC page with resources for providers



# IPV resources from Maternal and Child Health

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- **Sexual Assault Nurse Examiners (SANE) Training:** The Indiana SANE Training Project provides advanced nursing educational opportunities, mentoring and support for registered nurses and advanced practice registered nurses to become trained, clinically competent and certified as Sexual Assault Nurse Examiners.
  - More information available here: <https://www.usi.edu/southwest-indiana-area-health-education-center/indiana-sane-training-project>.
- The [Survivor Services Map](#) identifies nearby healthcare facilities providing medical forensic services, including contact information, populations served, and types of services offered.
  - The map is intended to be used by survivors and/or their support person(s) seeking medical forensic services, as well as community partners (law enforcement, advocacy organizations, DCS, etc.) and healthcare facilities needing to identify an appropriate location with available trained HCPs to transfer and/or refer a survivor for medical forensic services.



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If you have questions, please reach out to Statewide SANE Coordinator, Ashli Smiley - [asmiley@health.in.gov](mailto:asmiley@health.in.gov)



# Eliminating Tobacco-Related Disease and Death: Addressing Disparities – A Report of the Surgeon General

Smoking is the leading preventable cause of disease, disability, and death in the U.S.

Cigarette smoking and secondhand smoke exposure kill more than

# 490,000

people each year.

Smoking is an economic burden costing the U.S. over **\$600 billion** each year in healthcare and lost productivity.

The U.S. has made progress in reducing tobacco use.

Cigarette smoking has **declined by more than 70%** since 1965.



Despite notable progress, **disparities<sup>2</sup> in smoking and exposure to secondhand smoke persist in certain population groups. Since 2000:**

- Disparities in smoking by **education level** have increased.
- Disparities in smoking by **racial and ethnic group** and **poverty status** do not appear to have changed.
- Disparities in **secondhand smoke** exposure by **race, poverty status, and education level** have increased.



In the U.S. **smoking is also higher among other population groups:**

- Nearly **2 x higher** for adults living in poverty compared to adults not living in poverty.
- About **2 x higher** for high school students who identify as lesbian, gay, or bisexual compared to students who identify as heterosexual.
- More than **4 x higher** among adults with less than a high school education compared to adults with a college degree.



Use of **menthol cigarettes is higher among:**

- **Black people** who smoke compared to White or Hispanic people who smoke.
- **Native Hawaiian** and **Pacific Islander** people who smoke compared to White or Hispanic people who smoke.
- People who identify as **lesbian, gay, or bisexual** compared to people who identify as heterosexual.
- People with **lower incomes** versus people with higher incomes.
- **Women** compared to men.



**Secondhand smoke exposure is more than 2 x greater among:**

- **Black adults** compared to White and Mexican American adults.
- Adults 25 years of age or older with **less than a college degree** compared to adults of the same age with a college degree.
- Families with **incomes below the federal poverty level** compared to families with incomes at or above the poverty level.



**There are also disparities in quitting smoking:**

- **Black adults** who smoke make more attempts to quit smoking than White adults who smoke but are less successful at long-term quitting.
- **Nearly 9 in 10 Black adults** who smoke use menthol products. Menthol cigarettes can make quitting more difficult.

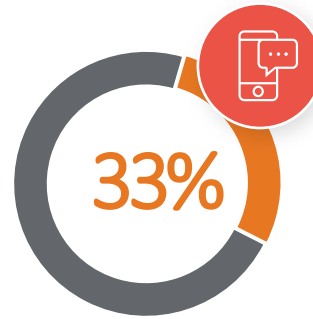


[Surgeon General's Full Report and Executive Summary](#)  
[Key Findings and Fact Sheet](#)

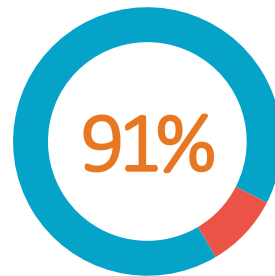
# Quit Now Indiana

## Quit Rate and Satisfaction

Research shows that **only 4–7%** of people who use tobacco who try to quit smoking on their own are successful.



had quit 7 months after receiving treatment



would recommend the program to others

**Behavioral Health Program - 32% quit rate & 84% satisfaction rate**

**Pregnancy Program - 63.5% quit rate & 79% satisfaction rate**

## MINI POSTERS (SPANISH)



## BUSINESS CARDS (ENGLISH)



## PRINT MATERIALS TO ORDER

### PALM CARDS (ENGLISH)



# Free QNI Materials

# QuitNowIndiana.com

# Medical Leadership in Disaster Preparedness and Response: Virtual Conference

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The U.S. Department of Health and Human Services, Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE) and the American College of Emergency Physicians (ACEP) are pleased to co-host the second annual Medical Leadership in Disaster Preparedness and Response Virtual Conference **February 5-6, 2025.**

Topics will include:

- Leadership development
- Developing/implementing best practices during a disaster
- The changing legal landscape
- Navigating downtime
- Using data for action
- Effects of extreme weather on healthcare surge
- Promise and challenges of using telemedicine
- Medical countermeasures for healthcare
- Ensuring at-risk populations access to healthcare during disaster response
- Protecting the well-being of healthcare workers



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<https://asprtracie.hhs.gov/disaster-leadership>



# Public Health Day at the Statehouse

Wednesday, March 12

10 a.m.-Noon

- North rotunda of the Statehouse
- A celebration of an investment in public health
- Featuring LHD success stories
- LHD awards
- Show support for public health by wearing blue and gold



# Ways to connect with us

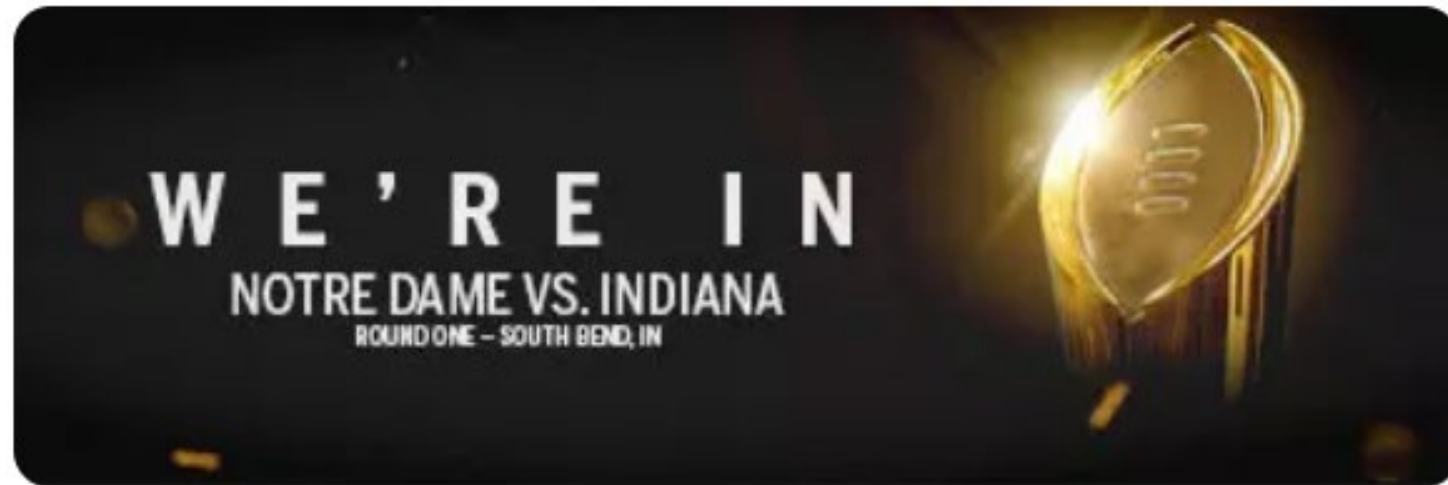
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- Access our [webpage](#) with resources for clinicians
- Please let us know what topics you'd like us to cover:  
Email [Gcrowder@health.in.gov](mailto:Gcrowder@health.in.gov)
- Sign up for IHAN– Indiana Health Alert Network  
<https://ihan-in.org>
- MARK YOUR CALENDARS - Clinician webinars for 2025:  
Jan. 24



# Good luck tonight to IU and ND

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# Questions?

## CONTACT:

**Guy Crowder, MD, MPHTM**

Chief Medical Officer

[GCrowder@health.in.gov](mailto:GCrowder@health.in.gov)

**Eric Hawkins, MS**

State Epidemiologist

[ehawkins@health.in.gov](mailto:ehawkins@health.in.gov)

**Next call: Noon, January 24, 2025**

