Indiana Department of Health

CLINICIAN UPDATES

GUY CROWDER, MD, MPHTM
CHIEF MEDICAL OFFICER

10/24/2025

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.

Indiana Department of Health

Conflict of Interest Statement

No members of the planning committee and no presenters have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters of this activity.

Indiana Department of Health

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Designation Statement

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CMEs

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Non-physicians can claim a Certificate of Participation to submit for credit.

Once you complete the REDCap survey (link will be added to the chat during the webinar), 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.)

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CAMPUS DRUG PREVENTION

CARRIE BENNETT
DRUG OVERDOSE PREVENTION PROGRAM DIRECTOR

09/26/2025

Campus Drug Prevention

Indiana Department of Health

CampusDrugPrevention.gov

Indiana Department of Health

Available Resources

- Drug and Paraphernalia Index: Search by name, keyword, or drug type
- Research tab includes data and journal articles relevant to college-age substance use
- DEA Publications: Available in English and Spanish, PDFs available for downloading/printing directly from the site
- Resources from additional federal and national organizations, state and local organizations, Red Ribbon Week, webinars, and podcasts
- Practitioner's Toolbox

Practitioner's Toolbox

- Provides tools, recorded webinars, podcasts, and videos for practitioners serving college-aged patients
- Virtual Resources for Campus Professionals provided by the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD) and NASPA- Student Affairs Administrators in Higher Education
- Sample Campus Alcohol and other Drug Policies
- Prevention Library offers insight into best practices to prevent drug misuse

The Student Center

Scan to watch a video overview of the Student Center!

Contains:

- DEA's One Pill Can Kill Campaign materials
- Peer Education Portal
- Quizzes:
  - Fentanyl Quiz
  - Proper Drug Disposal
  - Fact or Fiction? Drug Quiz
- Articles
- How to Help a Friend
- Fact Cards & Posters

Additional information on mixing prescriptions and alcohol, and on marijuana, and prescription drugs for students.

Questions?

Carrie Bennett
Overdose Prevention
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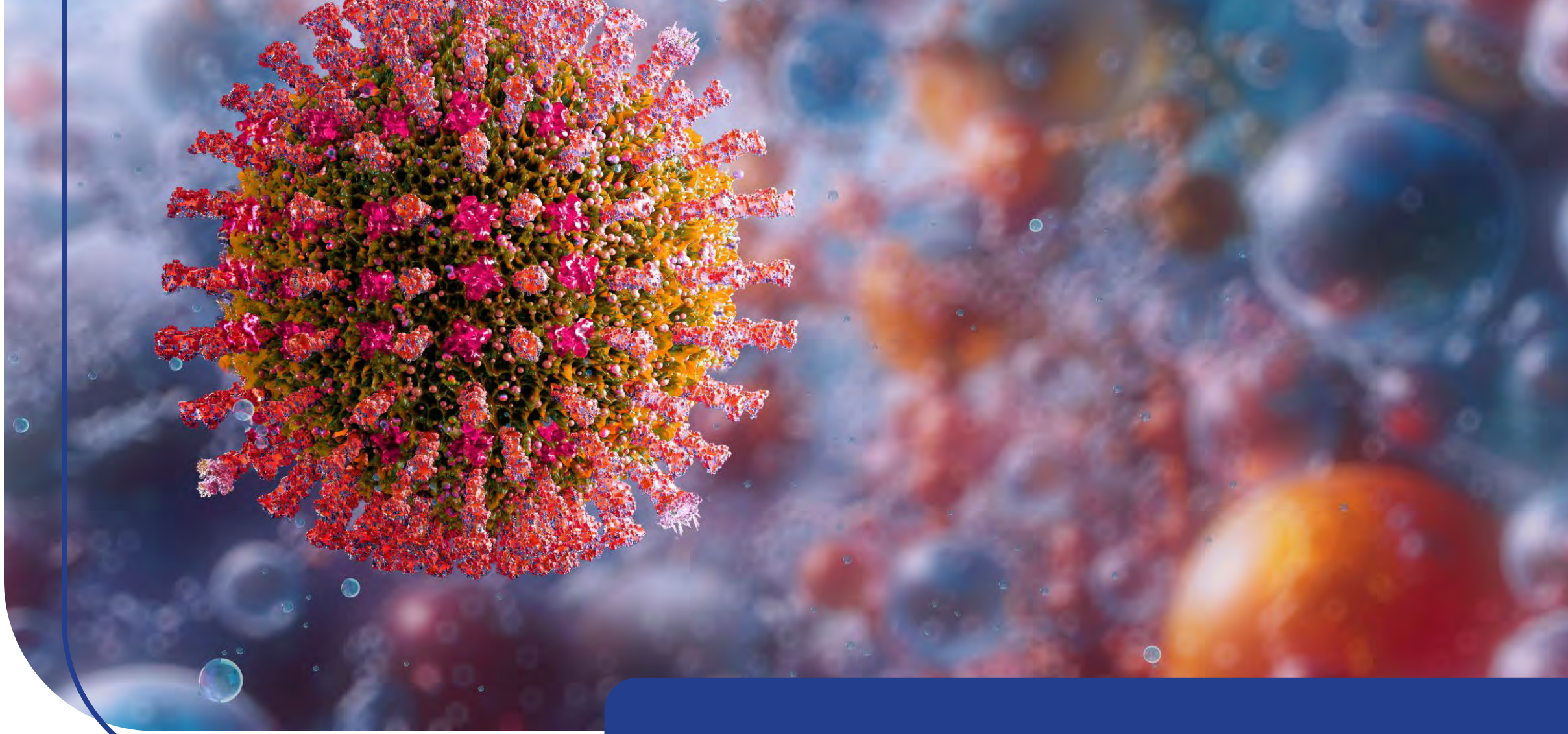
MEASLES UPDATE

MAKAYLA CULBERTSON
SENIOR VACCINE-PREVENTABLE DISEASE EPIDEMIOLOGIST

10/24/2025



Measles

Indiana Department of Health

Situational Update

Oct. 16: IDOH identified a confirmed (PCR positive + clinically compatible symptoms) case of measles in an unvaccinated child. Child recovered well and is no longer infectious.

- **Jurisdiction:** Lake
- **Exposures:**
  - School (kindergarten classroom) – 10/9
    - Out of PEP window by time of investigation
  - No known public exposures
  - 2 healthcare exposures in Illinois – 10/13
    - IL notified and monitoring

Situational Update

- **Public health actions taken:**
  - Child isolated for remainder of infectious period
  - Family quarantine without proof of immunity
  - Parents/guardians of exposed students notified
  - Unvaccinated classmates excluded from school and school activities
  - Immunocompromised and pregnant school staff who may have been exposed following with PCP
- **Risk to public: Low**
- This is Indiana's 11th measles case of 2025, following the Allen County outbreak earlier this year.

Clinical Guidance

- Measles is **immediately reportable** upon suspicion
  - Call (317) 233-7125 during business hours (M – F, 8:15 a.m. – 4:45 p.m. EST)
  - Call (317) 233-1325 after hours, weekends, and on state holidays
- Resources:
  - Fact Sheet: Measles Clinical Diagnosis (CDC)
  - Fact Sheet: Caring for Patients with Measles (CDC)
  - Measles Preparedness and Response in Healthcare Settings (CDC)
  - Infection Prevention and Control Recommendations for Measles in Healthcare Settings (CDC)
  - FAQs for Healthcare Providers: Measles (IDOH)

Contact:

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Epidemiologist
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Indiana Department of Health

MAKE INDIANA HEALTHY AGAIN

NAIMA GARDNER, DIRECTOR

DIVISION OF NUTRITION AND PHYSICAL ACTIVITY

10/24/2025

Make Indiana Healthy Again

Indiana Department of Health

Make Indiana Healthy Again

In April 2025, Governor Mike Braun signed nine executive orders targeting nutrition and public health systems.

Key objectives:

- Improve Hoosier health outcomes, with a focus on children and diet-related chronic illness
- Align state policy with federal wellness goals
- Empower individuals with transparent health information

"This isn't a usual top-down, one-size-fits-all public health agenda. We're focused on root causes, transparent information, and real results."

- Governor Braun

Make Indiana Healthy Again (MIHA)

Overview

- MIHA is a set of nine executive orders signed by Governor Braun in April 2025 that aim to improve Hoosiers' health
- Aims to reduce obesity and chronic disease through prevention and healthier choices
- Connects state government, communities, schools, healthcare providers, non-profits, and private partners in a unified effort

Key Focus Areas

Nutrition Reform	Changes to SNAP/TANF eligibility, promoting healthier food access
Food Transparency	Clear labeling and consumer awareness around additives and dyes
School Wellness	Fitness testing, School Fitness Month, and healthier school environments
Access to Local Foods	Expansion of fresh, Indiana-grown food availability
Program Effectiveness	Evaluation of state programs and return on investment in health initiatives

Executive Order 25-57

- Directs IDOH to develop a comprehensive statewide plan to address obesity and diet-related chronic disease, with a special focus on children's health.
- Requires a study of Indiana's current programs, funding, and outcomes to identify service gaps, measure effectiveness, and improve return on investment.
- Establishes the foundation for a unified, long-term strategy. Today's kickoff launches the next phase of turning this directive into action!

STATE OF INDIANA

EXECUTIVE DEPARTMENT
INDIANAPOLIS

EXECUTIVE ORDER 25-57

FOR: MAKING INDIANA HEALTHY AGAIN BY DEVELOPING A COMPREHENSIVE DIET-RELATED CHRONIC DISEASE PLAN

TO ALL WHOM THESE PRESENTS MAY COME, GREETINGS.

WHEREAS, the health and well-being of Hoosiers are critical to the State of Indiana's prosperity and improving public health—especially by reducing chronic diseases—is a priority;

WHEREAS, according to the Center for Disease Control, six in ten Americans have at least one chronic disease and four in ten Americans have two or more chronic diseases;

WHEREAS, obesity affects 17.4 percent of Hoosier high schoolers and 44 percent of adults, which puts them at risk of chronic diseases such as type 2 diabetes, heart disease, and cancer;

WHEREAS, 90 percent of the country's $4.5 trillion in annual healthcare expenditures treats chronic and mental health conditions;

WHEREAS, obesity costs the United States health care system nearly $173 billion per year;

WHEREAS, nearly 38 percent of Indiana adults are obese and 70 percent of Indiana adults are either overweight or obese;

WHEREAS, according to the National Survey of Children's Health, 16.3 percent of Indiana children between the ages of 6 and 17 are obese;

WHEREAS, the root causes of chronic disease can be addressed through preventative, evidence-based interventions such as nutrition, physical activity, early screening, and disease management;

WHEREAS, preventative interventions are essential to reducing long-term healthcare costs, promoting healthier lifestyles, and improving Hoosiers' quality of life; and

WHEREAS, the State of Indiana has a responsibility to its citizens to ensure public policy serves to improve public health outcomes and provide Hoosiers with the resources to live healthy lives;

NOW, THEREFORE, I, MIKE BRAUN, by virtue of the authority vested in me as the Governor of the State of Indiana, do hereby order that:

1. The Secretary of Health and Family Services shall conduct a comprehensive study related to diet-related chronic disease in Indiana, especially among Hoosier children. This study shall include an analysis of:
   a. Historic, current, and projected figures related to obesity and diet-related chronic disease in Indiana;
   b. Existing State programs related to nutrition, physical activity, and chronic disease management, to include:
      i. Each program's total budget, broken out by source;
      ii. Each program's effectiveness in reducing the incidence of diet-related chronic disease in the State;
      iii. Opportunities to improve the State's return on investment in diet-related chronic disease spending by reducing program overlap, filling gaps in services, and increasing coordination between substantively related programs;
      iv. Regulatory barriers that limit the effectiveness of State, local, or private efforts to address diet-related chronic illness;
   c. Successful efforts by the Health First Indiana initiative, county health departments, private sector organizations, healthcare providers, community groups, and educational institutions that have improved health outcomes related to diet-related chronic disease;
   d. Successful efforts by other states that have improved health outcomes related to diet-related chronic disease;
   e. Opportunities to improve nutrition education for medical professionals, emphasizing the role that nutrition plays in improving medical outcomes and promoting lifelong health and wellness;
   f. Opportunities to improve nutrition and diet-related chronic disease education for students, in coordination with the Secretary of Education; and
   g. Potential cost-savings to individual Hoosiers, the State, and the federal government that may be realized by investing in evidence-based prevention and early intervention strategies to combat diet-related chronic disease.

2. The Secretary of Health and Family Services shall provide quarterly progress reports and a final written report to the Governor by July 1, 2026, detailing the study's findings and making recommendations to reduce obesity rates, prevent chronic disease, and promote healthy lifestyles for all Hoosiers. In developing this report, the Secretary of Health and Family Services shall consult with the U.S. Department of Health and Human Services to develop new partnerships that align with state and federal efforts.

IN TESTIMONY WHEREOF, I, Mike Braun, have hereunto set my hand and caused to be affixed the Great Seal of the State of Indiana on this 15th day of April, 2025.

Mike Braun
Governor of Indiana

ATTEST: Diego Morales
Secretary of State

Indiana Department of Health

https://www.in.gov/gov/files/25-57.pdf

History and Prior Efforts

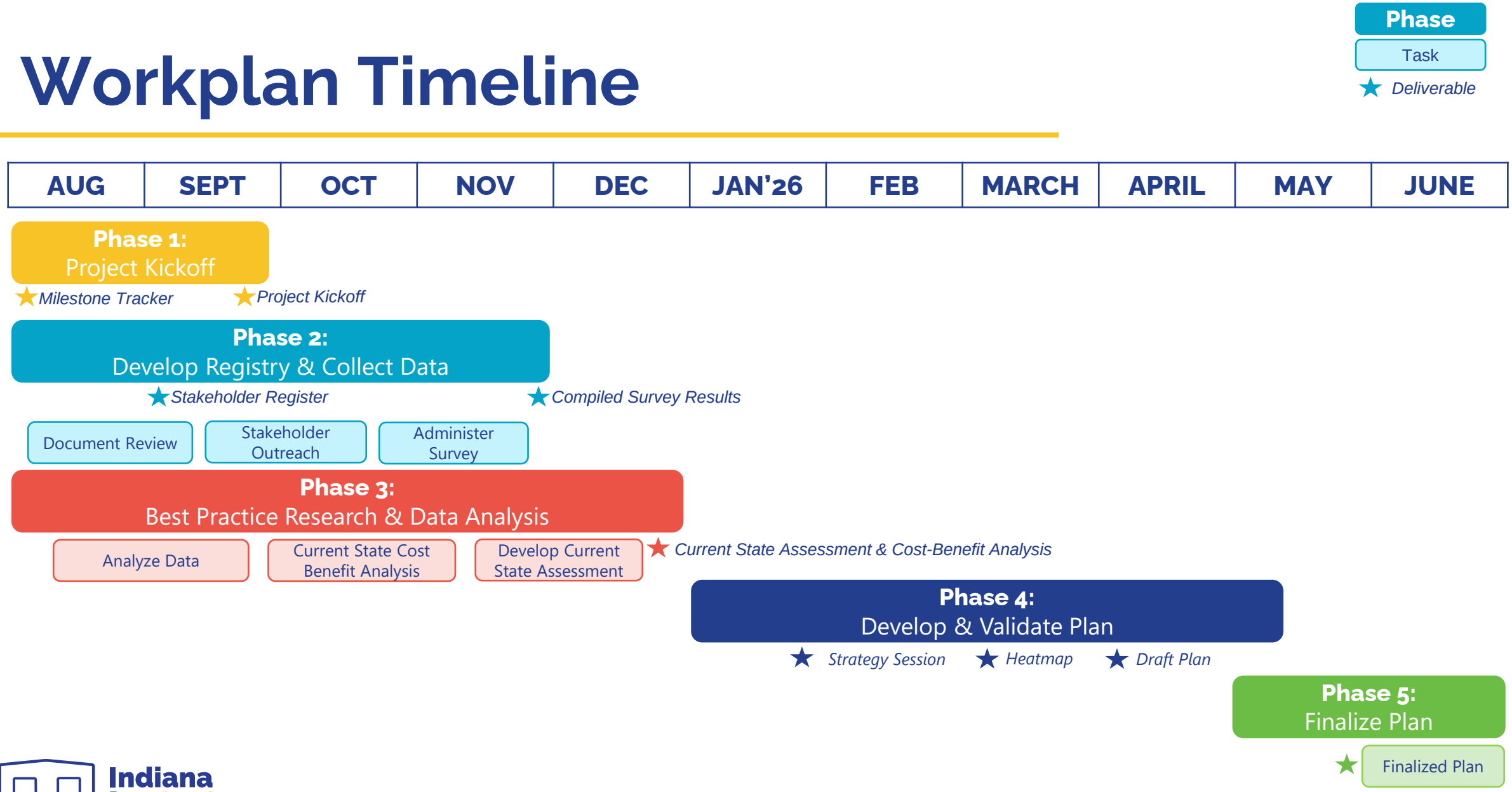
- Indiana's Comprehensive Nutrition & Physical Activity Plan, 2010-2020
  - Established Indiana Healthy Weight Initiative
  - Plan focused on decreasing obesity and supporting Hoosiers to reach a healthy weight through access to and consumption of healthy foods and beverages and increase opportunities for and engagement in physical activity
- Indiana SNAP-Ed
  - IDOH administered from 2018-2025
  - 2023 SNAP-Ed Needs Assessment
  - 2025 Obesity Prevention Data Resources
- Health First Indiana
  - Core Service: Chronic Disease Prevention
- Sept. 20, 2024
  - Dr. Weaver directs IDOH staff to create Obesity Playbook for the State of Indiana

Indiana's Obesity and Chronic Disease Plan

IDOH is developing a plan that will serve as a statewide framework for implementing innovative strategies, optimizing resource coordination, and developing actionable, data-driven solutions to reduce obesity and chronic disease across Indiana.

- Identify and highlight current data, programming, and gaps in obesity/disease prevention and treatment in Indiana
- Engage stakeholders and experts to identify methods to better integrate and coordinate clinical and public health practices
- Align with parallel state initiatives such as Health First Indiana and Make Indiana Healthy Again
- Create an actionable plan tailored to the unique characteristics of Indiana

Workplan Timeline



Project Progress to Date

- Developed stakeholder register with categories by State Agency, Private Partners, Public & Non-Profit Partners, and Clinical Partners
- Developed Data Workgroup to analyze historical, current, and projected figures related to obesity and diet-related chronic disease in Indiana
- Compiled existing State programs related to nutrition, physical activity, and chronic disease management
- Initial review of other successful efforts by the Health First Indiana Initiative, county health departments, private sector organizations, healthcare providers, community groups, and educational institutions that have improved health outcomes related to diet-related chronic disease

Sept. 16 Project Kickoff

Key Takeaways:

- Data Gaps and Fragmentation – a recurring theme was the challenge of finding and using reliable data.
- Increasing Accessibility – we need to make it easier for individuals to find the right resources and for providers to connect patients to the support they need.
- Building Knowledge – strengthening both patient awareness and provider capacity will make prevention and treatment strategies more effective and sustainable.

Next Steps and Partner Engagement

Project Stakeholders

- **Stakeholder Sessions:** IDOH kicks off focus groups week of 10/27
- **Feedback Survey:** A Short survey will be administered in mid-to-late October to gather input and guide the Obesity Plan

Project Advisory Council

- A council has been formed to provide ongoing guidance and review
- Get involved: Contact Naima if you are interested in joining or receiving bi-monthly newsletters

Interagency Collaboration

Bi-weekly meetings between IDOH, FSSA, IDOE, and ISDA

- IDOE recommendations have been submitted to Governor Braun's office
  - Fitness Month
  - Farm to School
- FSSA SNAP Waiver implementation
  - Client-facing outreach
  - Nutrition Education
- ISDA gathering data for EO 25-58, Increasing Hoosier Access to Local Foods
  - Food Protection
  - Double Up Indiana
  - Farm to School
  - eFMNP

Indiana Department of Health

MIHA Updates

EO 25-56: Food Dye Study
- Literature review
- Recommendations
- Public education campaign

- Make Rural America Health Again
  - MIHA crosswalk with RHTP proposal
- MIHA Branding
- 5-2-1-0
  - Internal Core Workgroup
  - Audience-based workgroups
  - Will launch soon!

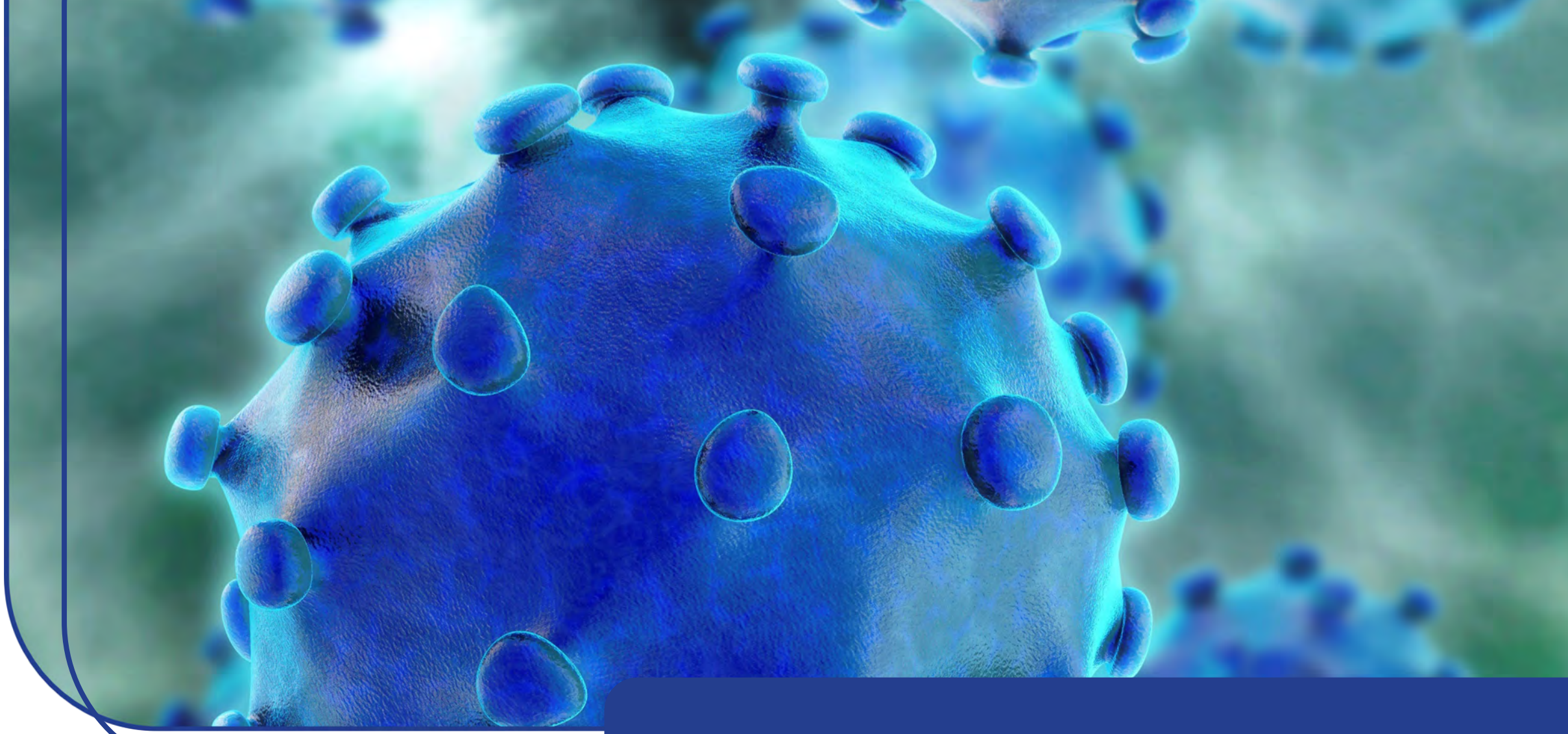
Indiana Department of Health

Questions?

Naima Gardner
Director, Division of Nutrition and Physical Activity
ngardner1@health.in.gov

Other Infectious Diseases of Public Health Importance

Indiana Department of Health

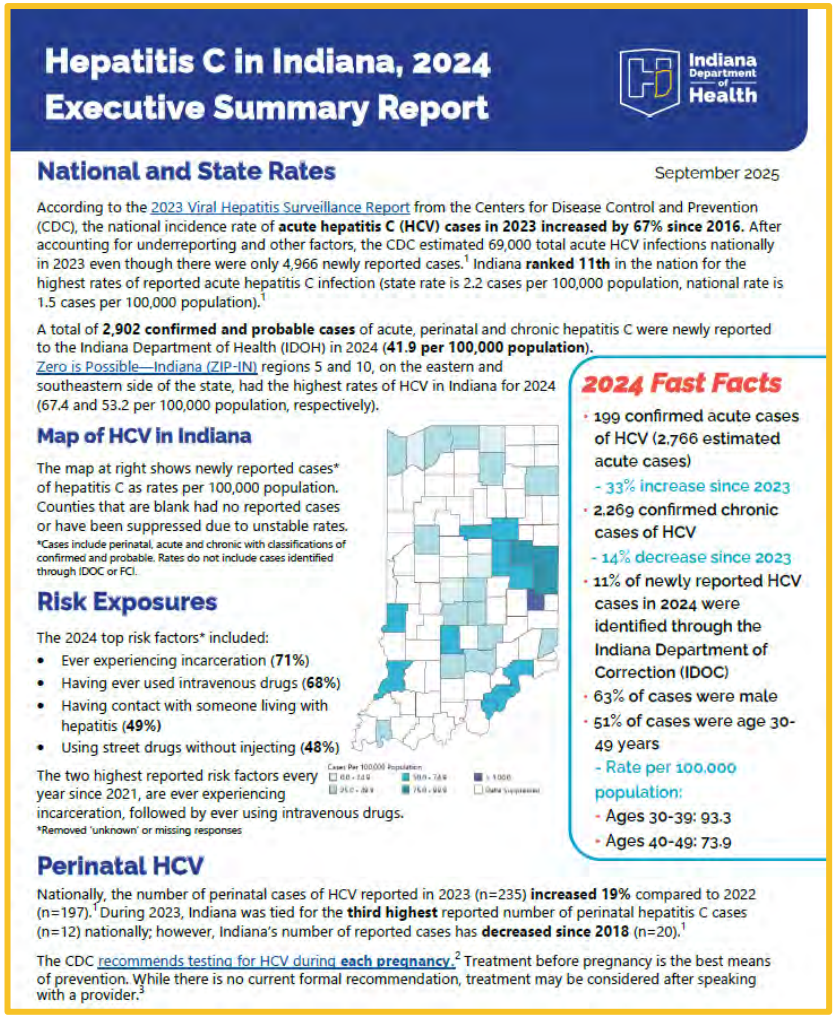


Viral Hepatitis Data

Indiana Department of Health

2024 Indiana Viral Hepatitis Surveillance Data

- Indiana's 2024 Viral Hepatitis data have been finalized and the following reports have been published to the Viral Hepatitis Surveillance website.
  - Hepatitis B 2024 Executive Summary
  - Hepatitis C 2024 Executive Summary
  - Hepatitis B 2024 Infographic - English (Spanish)
  - Hepatitis C 2024 Infographic - English (Spanish)
  - 2024 Indiana Viral Hepatitis Rate Trends
  - Costs of Hepatitis C Infographic
- Data requests can be made at https://redcap.isdh.in.gov/surveys/?s=9MAX9FRKJDYFYFWN



Hepatitis C in Indiana, 2024
Executive Summary Report

Indiana Department of Health

National and State Rates

September 2025

According to the 2023 Viral Hepatitis Surveillance Report from the Centers for Disease Control and Prevention (CDC), the national incidence rate of **acute hepatitis C (HCV) cases in 2023 increased by 67% since 2016.** After accounting for underreporting and other factors, the CDC estimated 69,000 total acute HCV infections nationally in 2023 even though there were only 4,966 newly reported cases.[1] Indiana **ranked 11th** in the nation for the highest rates of reported acute hepatitis C infection (state rate is 2.2 cases per 100,000 population, national rate is 1.5 cases per 100,000 population).[1]

A total of **2,902 confirmed and probable cases** of acute, perinatal and chronic hepatitis C were newly reported to the Indiana Department of Health (IDOH) in 2024 (**41.9 per 100,000 population**). Zero is Possible—Indiana (ZIP-IN) regions 5 and 10, on the eastern and southeastern side of the state, had the highest rates of HCV in Indiana for 2024 (67.4 and 53.2 per 100,000 population, respectively).

Map of HCV in Indiana

The map at right shows newly reported cases* of hepatitis C as rates per 100,000 population. Counties that are blank had no reported cases or have been suppressed due to unstable rates.

*Cases include perinatal, acute and chronic with classifications of confirmed and probable. Rates do not include cases identified through IDOC or FCI.

Risk Exposures

The 2024 top risk factors* included:

- Ever experiencing incarceration (**71%**)
- Having ever used intravenous drugs (**68%**)
- Having contact with someone living with hepatitis (**49%**)
- Using street drugs without injecting (**48%**)

The two highest reported risk factors every year since 2021, are ever experiencing incarceration, followed by ever using intravenous drugs.

*Removed 'unknown' or missing responses

2024 Fast Facts

- 199 confirmed acute cases of HCV (2,766 estimated acute cases)
  - 33% increase since 2023
- 2,269 confirmed chronic cases of HCV
  - 14% decrease since 2023
- 11% of newly reported HCV cases in 2024 were identified through the Indiana Department of Correction (IDOC)
- 63% of cases were male
- 51% of cases were age 30-49 years
  - Rate per 100,000 population:
    - Ages 30-39: 93.3
    - Ages 40-49: 73.9

Perinatal HCV

Nationally, the number of perinatal cases of HCV reported in 2023 (n=235) **increased 19%** compared to 2022 (n=197).[1] During 2023, Indiana was tied for the **third highest** reported number of perinatal hepatitis C cases (n=12) nationally; however, Indiana's number of reported cases has **decreased since 2018** (n=20).[1]

The CDC recommends testing for HCV during **each pregnancy.**[2] Treatment before pregnancy is the best means of prevention. While there is no current formal recommendation, treatment may be considered after speaking with a provider.[3]

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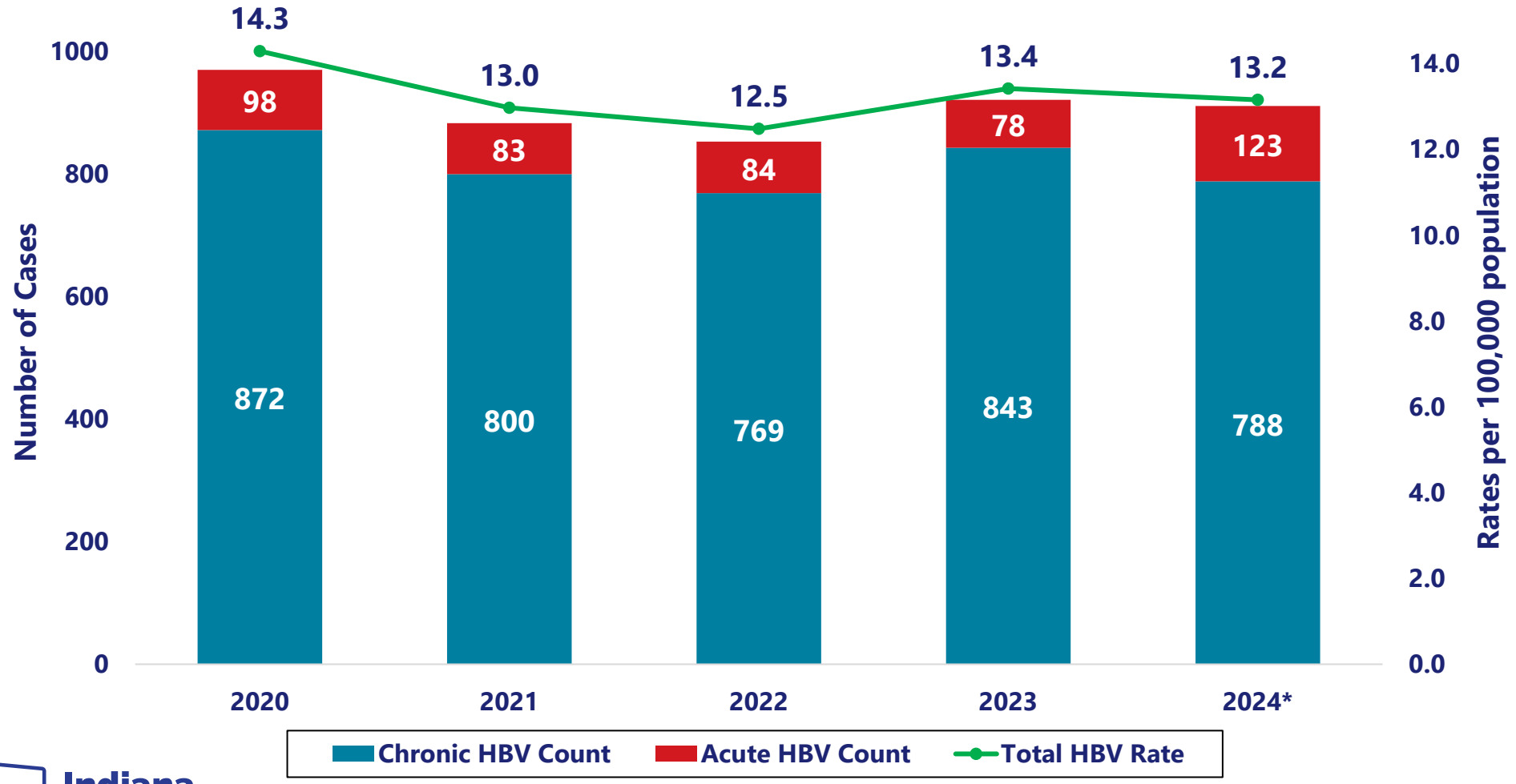
Indiana Hepatitis B (HBV) Counts and Rates, 2020-2024



Indiana ranked 8th in the nation for rates of acute HBV among jurisdictions reporting to the CDC in 2023

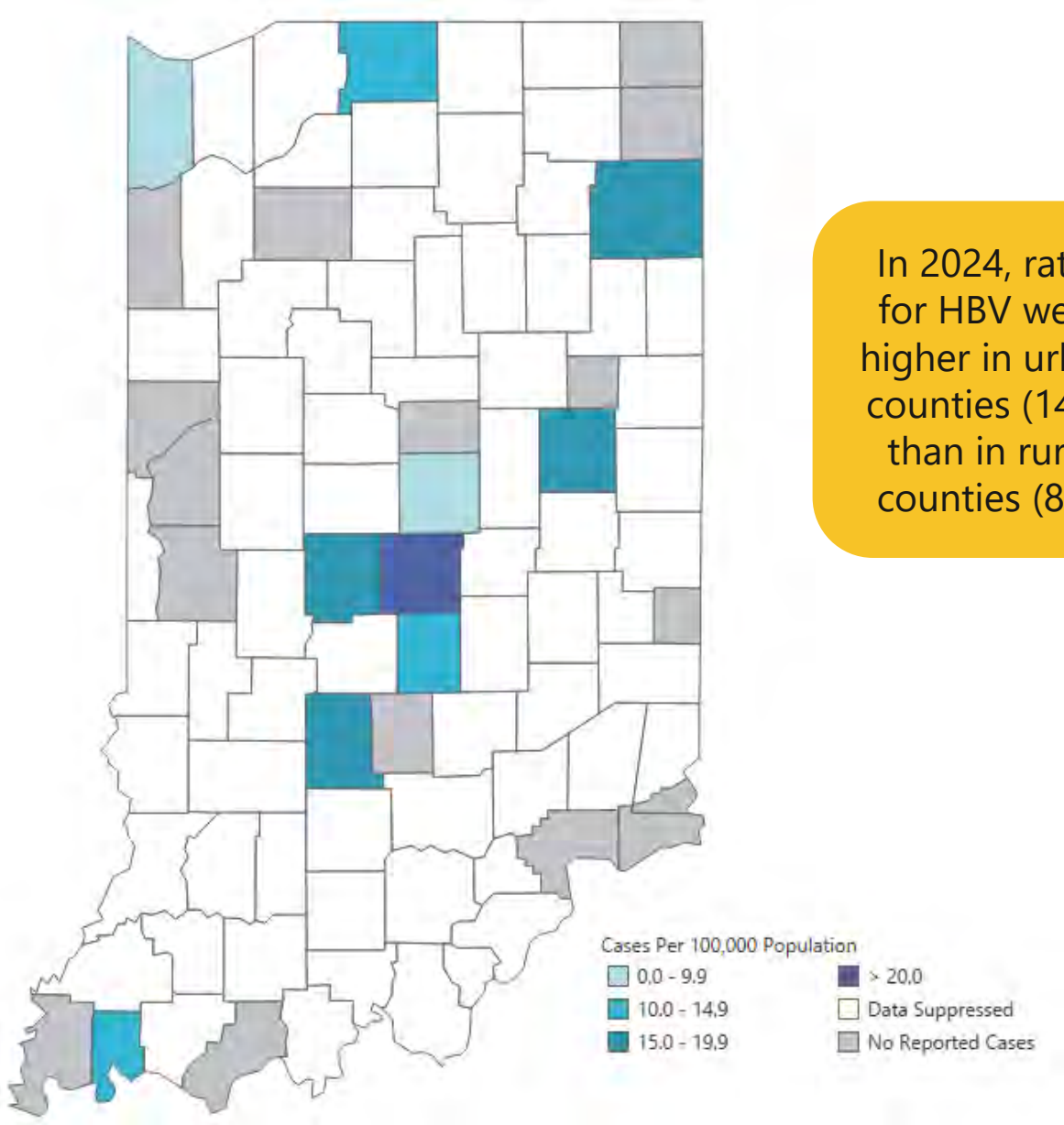
Indiana Department of Health

Data source: NEDSS Based System (NBS) & U.S. Census. Rates are calculated from combined count of acute and chronic cases. *Changes to case definitions for both acute and chronic hepatitis B were implemented in 2024 and partly impacted case classifications from previous years.

Hepatitis B Rates by County, 2024

Combined rate (per 100,000 population) for newly reported acute and chronic cases

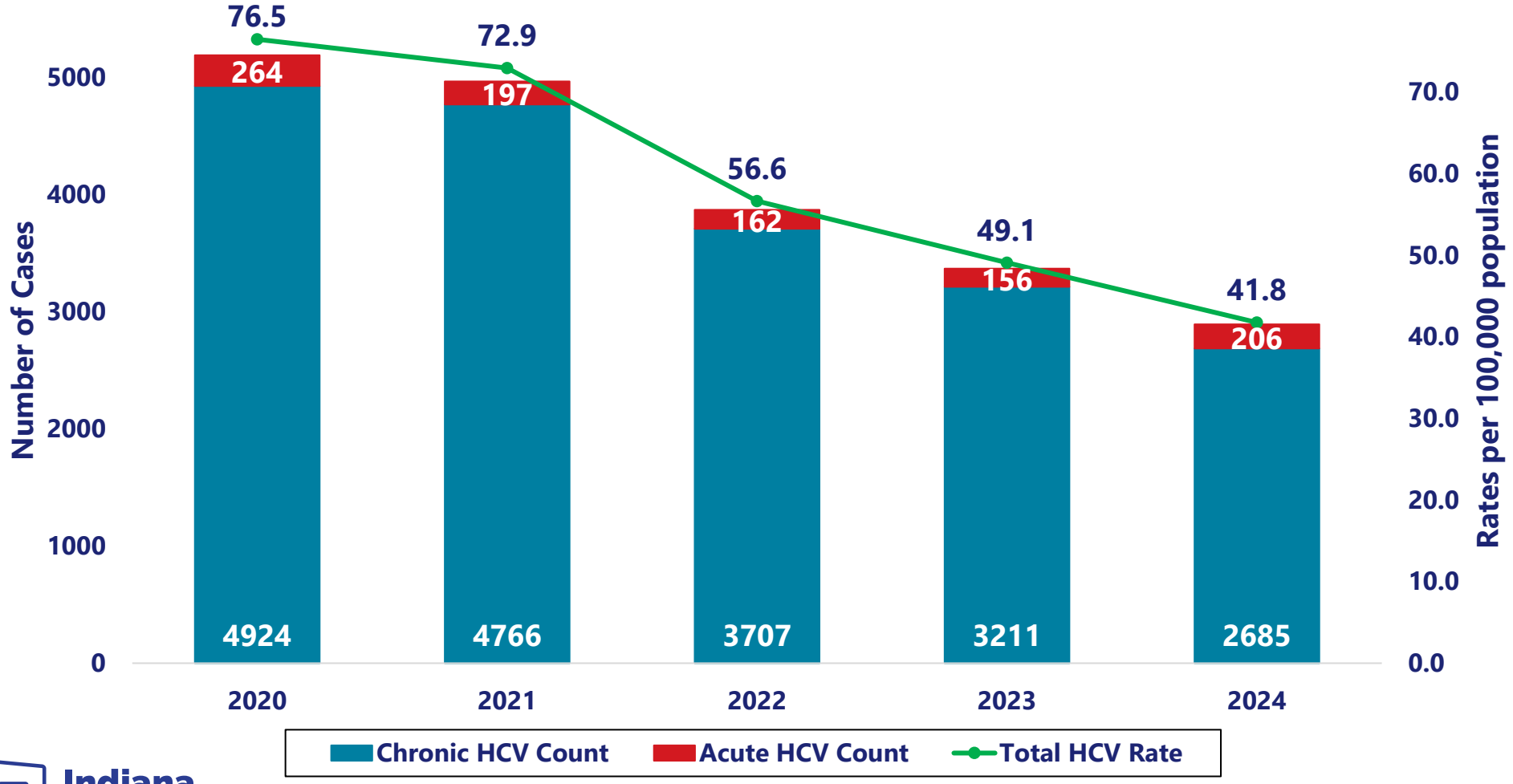
Note: Rates for counties with case counts <20 are considered unstable and were therefore suppressed. Newly reported cases identified through IDOC and FCI facilities were excluded from county rates.



In 2024, rates for HBV were higher in urban counties (14.5) than in rural counties (8.5)

Indiana Department of Health

Indiana Hepatitis C (HCV) Counts and Rates, 2020-2024



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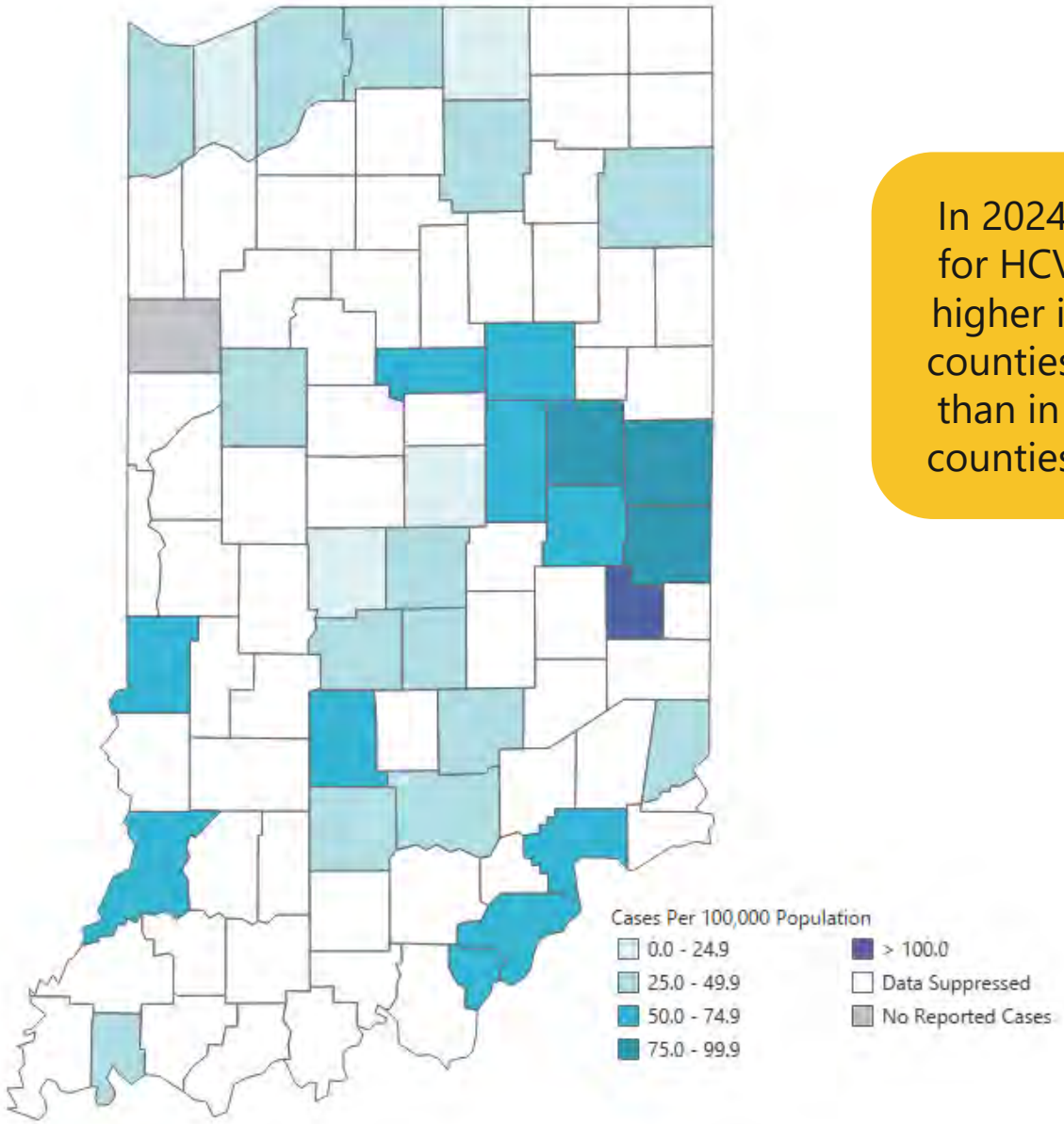


In 2024, rates for HCV were higher in rural counties (40.5) than in urban counties (34.0)

Indiana Department of Health

Viral Hepatitis Recommendations, Reporting, and Resources

Indiana Department of Health

Hepatitis B Screening Recommendations

Screening and Testing for Hepatitis B Virus Infection, CDC, 2023

- Screening all adults aged 18 and older at least once in their lifetime using a triple panel test which includes: hepatitis B surface antigen (HBsAg), antibody to hepatitis B surface antigen (anti-HBs), and total antibody to hepatitis B core antigen (total anti-HBc).
- Screen pregnant women for hepatitis B surface antigen (HBsAg) during each pregnancy.
- Expand periodic risk-based testing to include people who have been incarcerated, people with a history of sexually transmitted infections or multiple sex partners, and people living with hepatitis C.
- Test anyone who requests HBV testing regardless of disclosure of risk.

Find the full report here.

Indiana Department of Health

Hepatitis B Vaccination Recommendations

- The Advisory Committee on Immunization Practices (ACIP) recommends the following people *should* receive hepatitis B (HepB) vaccination:
  - All infants at birth
  - Unvaccinated children younger than 19 years of age
  - Adults 19-59 years of age
  - Adults 60 years and older with risk factors for hepatitis B
- The following groups *may also* receive HepB vaccination:
  - Adults 60 years and older without known risk factors for hepatitis B

Find the full guidance here.

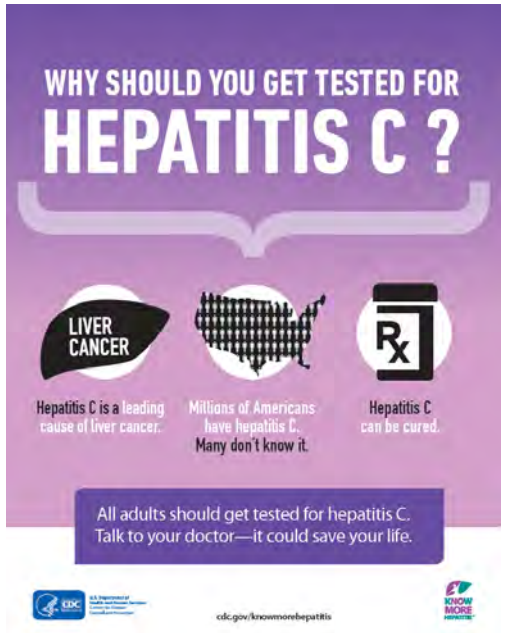
Hepatitis C Screening Recommendations

Hepatitis C Screening Among Adults, CDC, 2020

- All patients 18 years and older should be screened and tested for hepatitis C at least once in their lifetime, except in settings where prevalence of hepatitis C is less than 0.1%. (Indiana estimated prevalence 1.3% for ages >17 years)
- Patients with risk factors for hepatitis C should be tested regularly, as long as the risk persists.
- Screen for all pregnant women during each pregnancy.
- Find the full report here.

Hepatitis C Testing Among Perinatally Exposed Infants and Children, CDC, 2023

- Clinicians should test all perinatally exposed infants for HCV RNA using a NAT at 2-6 months.
- Care for infants with detectable HCV RNA should be coordinated in consultation with a provider who has expertise in pediatric hepatitis C management.
- Infants with undetectable HCV RNA do not require further follow-up unless clinically warranted.
- Find the full report here.



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Viral Hepatitis Provider Reporting

- Healthcare Providers are required to report the following Viral Hepatitis Conditions in Indiana within one working day (click on links for condition specific guidance).
  - Hepatitis, viral, Type B, pregnant woman (acute and chronic) or perinatally exposed infant
  - Hepatitis, viral, Type B (acute and chronic)
  - Hepatitis, viral, Type C (acute and chronic)
  - Hepatitis, viral, Type C, pregnant woman (acute and chronic) or perinatally exposed infant
  - Hepatitis, viral, Type Delta
  - Hepatitis, viral, Type A
  - Hepatitis, viral, Type E
- There is a case report available online to assist with provider reporting for hepatitis B and C.
  - Viral Hepatitis B & C Case Report Form

Reportable Condition Reporting Guidance

Indiana Department of Health — Division of HIV, STD & Viral Hepatitis

Condition Name:
Hepatitis, viral, Type C (acute and chronic)

Condition Name in NBS:
- Hepatitis C, acute
- Hepatitis C Virus Infection, past or present

Reporting Timeframe:
Within One Working Day

TO REPORT:
- NBS users: Report conditions via Morbidity Report in NBS
- Rapid Hepatitis C test results report with this form
- Non-NBS users: Report with this form via Fax to 317-233-7663

Associated Reportable Laboratory Results
- Positive Anti-HCV (including rapid tests)
- Nucleic acid amplification test (NAAT, such as PCR) for hepatitis C virus RNA
- HCV Genotype test

Condition Specific Reporting Details
- Clinical, epidemiologic, pregnancy status, lab report, and treatment information sections within the NBS Morbidity Report
- Available information on patient symptoms, including jaundice

Additional Documentation to Include
- Applicable lab results (Hepatic Panel and/or Comprehensive Metabolic Panel)
- Applicable patient medicals records (if available)
- Any noted exposure history

For more information on Hepatitis, viral, Type C, please visit:
https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm

For more information on reportable conditions: https://www.in.gov/health/erc/infectious-disease-epidemiology/infectious-disease-epidemiology/communicable-disease-reporting/

Indiana Department of Health

Updated: May 2023

Viral Hepatitis Provider Resources

- **Hepatitis C ECHO (Extension for Community Healthcare Outcome) Trainings**
  - A collaborative program that uses technology to provide case-based learning to improve access to high-quality treatment for hepatitis B and C.
  - Meets online from 12:30-2:00pm on the first and third Thursdays of each month.
  - *Click here for more information and registration*

- **Indiana Hepatitis Academic Mentorship Program (IN-HAMP)**
  - Medical education training program for clinicians who are new to treating hepatitis C.
  - Two full days of training and medical education for clinicians and healthcare professionals who are new to treating hepatitis C.
  - *Click here for more information and registration*

If you can prescribe medication in Indiana, you can treat and cure hepatitis C!

Connect to Cure

- A network of regional sites providing care coordination for Hoosiers.
- Offers testing, assistance with insurance, and linkage to curative treatment for hepatitis C.
- Includes telehealth options for expanded access.

https://www.connecttocure.org/

Indiana Department of Health

IDOH Viral Hepatitis Newsletter

The Viral Hepatitis Newsletter is a free email newsletter published by the Indiana Department of Health and the division of HIV, STI and Viral Hepatitis.

The purpose of this newsletter is for IDOH to provide relevant and up to date information around the topic of viral hepatitis.

Click this link or utilize the QR code to the left to sign up!

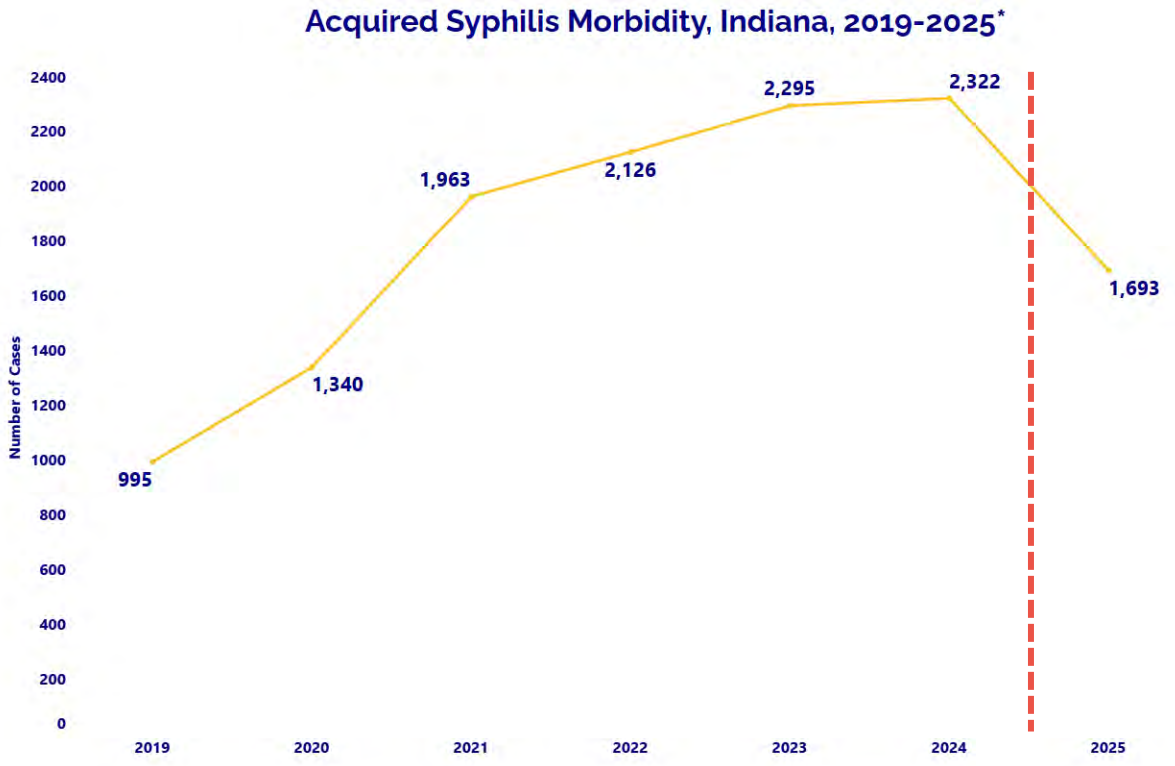
Indiana Department of Health

Syphilis Updates

Indiana Department of Health

Acquired Syphilis Morbidity

- Rates of acquired syphilis have been on the rise since 2014 in Indiana, reaching 33.5 (per 100,000) in 2024.
  - **There have been 1,693 cases of acquired syphilis reported in 2025*, down 10.3% compared to this time last year.**

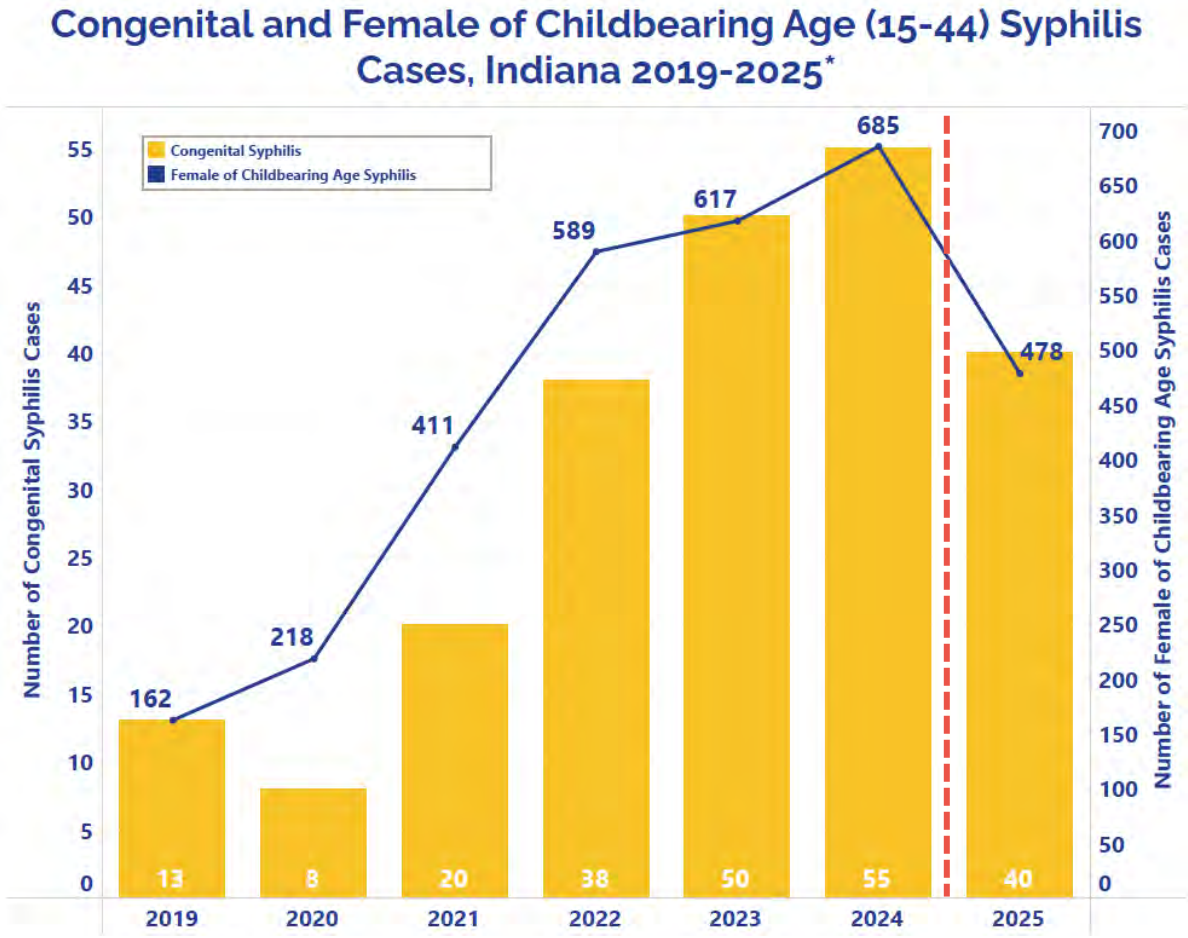


Indiana Department of Health

Data source: NEDSS Based System (NBS). **2025 STI data are preliminary and as of 10/21/2025.*

Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2024* there was a 323% increase in congenital syphilis (CS) cases reported.
  - **There have been 40 cases of CS reported in 2025*, down 16.7% compared to this time last year.**
- Of the 40 CS cases reported this year, there has been 1 still birth.
- 127 potential CS cases are currently being tracked.
- From 2019-2024* there was a 323% increase in syphilis cases among females of childbearing age (15-44 years old).
  - **There have been 478 cases of adult syphilis among females of childbearing age in 2025*, down 11.3% compared to this time last year.**



Indiana Department of Health

Data source: NEDSS Based System (NBS). **2025 STI data are preliminary and as of 10/21/2025.*

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

Indiana Department of Health

Other Public Health Updates

Indiana Department of Health

Timing of RSV Immunizations for Infants and Pregnant Women

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

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

Indiana Department of Health

Older Adult RSV Recommendation

- ACIP recommends adults 75 years and older receive a single dose of RSV vaccine
- ACIP recommends adults 50-74 who are at increased risk of severe RSV disease receive a single dose of RSV vaccine
- Per CDC, the best time to vaccinate patients is in the **late summer and early fall** before RSV usually starts to spread in the community.

Indiana Department of Health

Respiratory vaccine reminders from ACIP

Influenza

- Anyone 6 months and older with no contraindications
- All trivalent
- No multidose vials due to thimerosal removal, all single dose syringes

COVID-19

- Vaccine recommended based on shared clinical decision making, aka individual-based decision making for:
  - 65 years of age or older
  - 6 months to 64 years with an emphasis on high-risk conditions for severe COVID-19
- CDC statement from October 2025:
  - "ACIP's recommendation emphasized that the risk-benefit of vaccination in individuals under age 65 is most favorable for those who are at an increased risk for severe COVID-19 and lowest for individuals who are not at an increased risk, according to the CDC list of COVID-19 risk factors."
  - "The U.S. Food and Drug Administration has approved marketing authorization for COVID-19 vaccines for individuals who have one or more of these risk factors, as well as for individuals age 65 and older."

Antibiotics Awareness Week Webinar Series
November 2025

Indiana Department of Health

The Indiana Department of Health's Healthcare Associated Infections and Antimicrobial Resistance Team is hosting a free webinar series on Nov. 18, 19 and 20.

Scan the QR code at right or follow this link to register for the webinar series. Registration for the Microsoft Teams virtual event will be open until Nov. 20.

Questions?

Please visit the IDOH webpage here or contact **Dhivya Selvaraj** at 812-287-3595 or DSelvaraj@health.in.gov.

BE ANTIBIOTICS AWARE
SMART USE, BEST CARE

Schedule of Events

Nov. 18
- NHSN AU Data Entry
- Stewardship and Antibiotic Resistance

Nov. 19
- Establishing and Evaluating a Stewardship Program
- Tracking and reporting AU outcomes in LTCs using toolkits

Nov. 20
- *Penicillin Allergies*
- An overview of *Clostridioides difficile*

Note: Topics are subject to change up until the date of listed event.

Stillbirth Awareness:
A Message to Healthcare Providers

Indiana Department of Health

Stillbirth and Bereavement Resources

Star Legacy Foundation: Stillbirth Education, Research and Awareness – Provider and patient resources

in.gov/health/safesleep/files/Bereavement-Guide-2025.pdf – Overview of grief and having hard conversations

Bereavement Training | Resolve Through Sharing – Clinician bedside bereavement training

Home - Count the Kicks – Free Fetal Movement Monitoring education for providers and patients

- **Iowa rolled out Count the Kicks statewide and reduced their stillbirths by 32%**

Free Count the Kicks materials for Indiana providers: Store - Count the Kicks

Changes in Fetal Movement Patterns – AWHONN – New course for healthcare providers on fetal movement patterns

Health: Fatality Review and Prevention: Lactation After Loss Providers – IDOH Lactation After Loss program

Lactation After Loss

- October is Pregnancy and Infant Loss Awareness Month, which is also a time to recognize and help families who have experienced loss.
- The Indiana Department of Health (IDOH) Lactation after Loss Program is now available statewide to support grieving families who have experienced miscarriages, stillbirths or infant deaths. The program offers tools for the grieving mother to make an informed decision about what to do regarding her milk supply.
- The program also provides kits that include an electric breast pump, milk storage bags, and resources to help support the families. IDOH staff packed nearly 1,000 kits for grieving Hoosier families in August in support of the Lactation after Loss program.
- To request a pump kit or learn more about the Lactation after Loss program, please email IDOHFIMR@health.in.gov or visit https://www.in.gov/health/safesleep/home/lactation-after-loss/. Visit The Milk Bank's website for more information on its Bereavement Program.

Questions?

Linzi Horsley
Fetal Infant Mortality Programs Director
LHorsley@health.in.gov

October is Safe Sleep Awareness Month: PSA

PLEASE SHARE!

https://www.youtube.com/watch?v=oO5B5PZYlK0

Video credits

Kudos to all participating organizations:

Indiana Department of Health

Porter County Health Department

Lake County Health Department

La Porte County Health Department

East Chicago City Health Department

City of Gary Health Department

Pulaski County Health Department

Indiana Association for the Education of Young Children

Infant safe sleep resources available

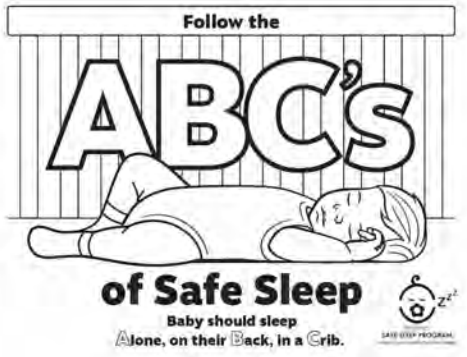
IDOH has free resources that can be utilized by providers to spread awareness on the importance of safe sleep.

- Floor stickers- great for outside of elevators or in entryways (can be put on carpet, wood, or tile flooring).
- Postcards
- Posters
- Window Clings
- Magnets
- Table-top banners
- Charlie's Kids Board Books
- One-Pagers
- Activity/Coloring Sheets – great for waiting rooms!

Room-Sharing One Pager

Back is Best One Pager

Safe Sleep On the Go



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Consistent messaging for infant safe sleep

- Providers have the unique opportunity to connect with new and expecting families.
- Talking with caregivers about their safe sleep plans is key to keeping babies safe!
- Consistent messaging from providers will help parents be prepared for best practices for safe sleep.
- IDOH has free training opportunities available and resources that contain guidance from the American Academy of Pediatrics.
- Email safesleep@health.in.gov or scan the QR code to learn more.

Indiana Department of Health

Epinephrine Statewide Standing Order

Epinephrine Auto-Injectable (Intramuscular) Statewide Standing Order

Per Indiana Code 16-42-43-2.3, pharmacists can dispense and prescribe epinephrine to anyone in the state who has completed appropriate training and presents a certificate. See the standing order for full description.

This standing order is separate from the standing order for emergency medications for schools. For more information about the school standing order, please see the Indiana Department of Education's page here.

Epinephrine Training Courses –

Note: The Indiana Department of Health does not receive any financial benefit from any of these training courses and has only reviewed the content for training adequacy as required by IC 16-41-43-2.5.

Free Training +

For-a-Fee Training +

https://www.in.gov/health/directory/office-of-the-commissioner/

Breast Cancer Awareness Month

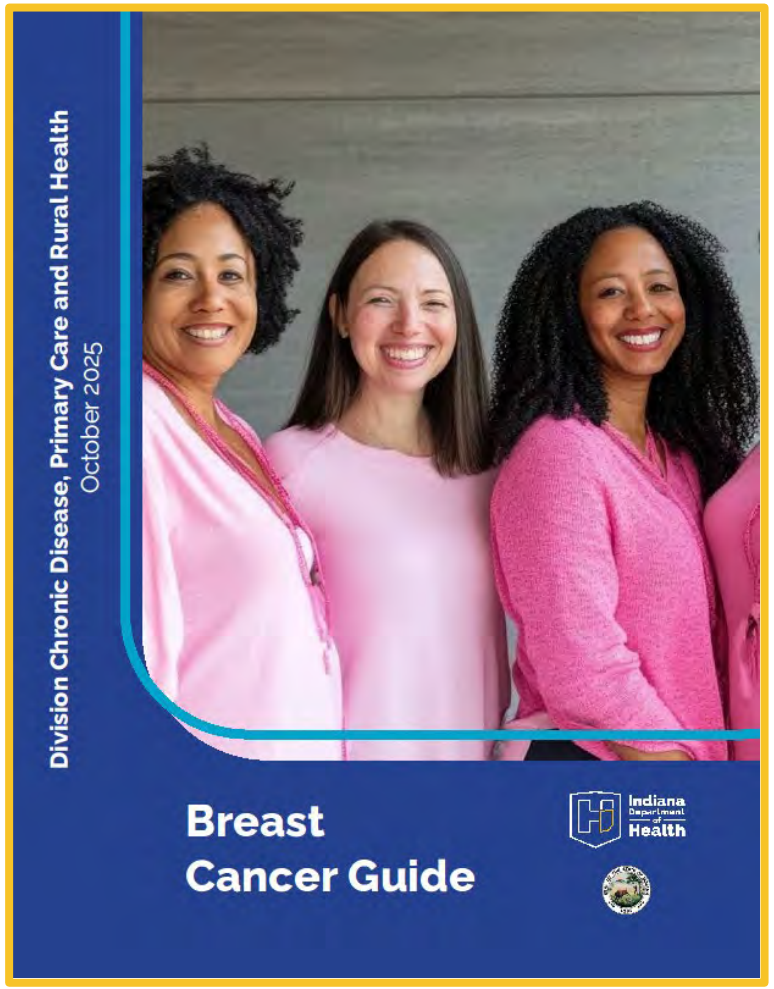
The IDOH Cancer Section has updated its Breast Cancer Packet.

- This packet includes information regarding breast cancer including risk factors, screening guidelines and updated Breast Cancer data from the Indiana State Cancer Registry.

Indiana Breast and Cervical Cancer Program (BCCP)

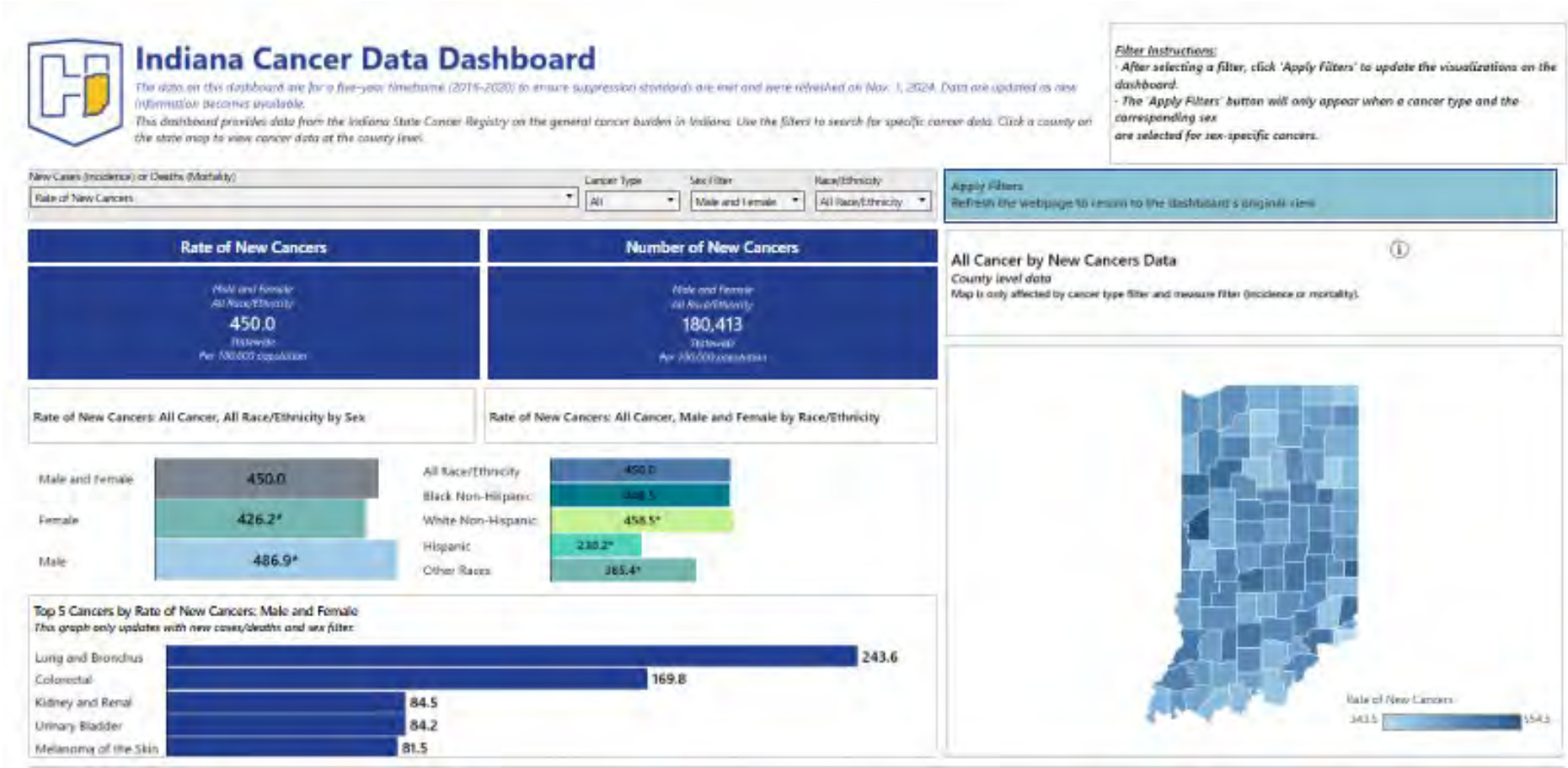
- For more information, see this link
- Contact:

  Julie Gries, MS – Cancer Section Director, Division of Chronic Disease, Primary Care, and Rural Health
  317-233-7901; Jgries@health.in.gov



Indiana Department of Health

Cancer Data Dashboard



Indiana Department of Health

Cancer Data Dashboard

The Doctor is IN podcast for clinicians

- Covers a variety of topics with a special guest
- New 15-20 minute episodes approx. every other week
- Email if you have any ideas for topics
- On podcast platforms, including Google Play, Apple Podcasts, Spotify and Amazon

Indiana Department of Health

https://rss.com/podcasts/the-doctor-is-in-with-dr-guy-crowder-and-eric-hawkins/

Ways to connect with us

- Access our webpage with resources for clinicians
- Watch for an email from IDOH regarding the Indiana Health Network Alert messages
- Please let us know what topics you'd like us to cover: Email Gcrowder@health.in.gov or Ehawkins@health.in.gov

Questions?

CONTACT:

Guy Crowder, MD, MPHTM
Chief Medical Officer
GCrowder@health.in.gov

Next call: Noon, Nov. 21