Indiana Department of Health

CLINICIAN UPDATES

GUY CROWDER, MD, MPHTM
CHIEF MEDICAL OFFICER

ERIC HAWKINS, MS
STATE EPIDEMIOLOGIST

3/28/2025

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

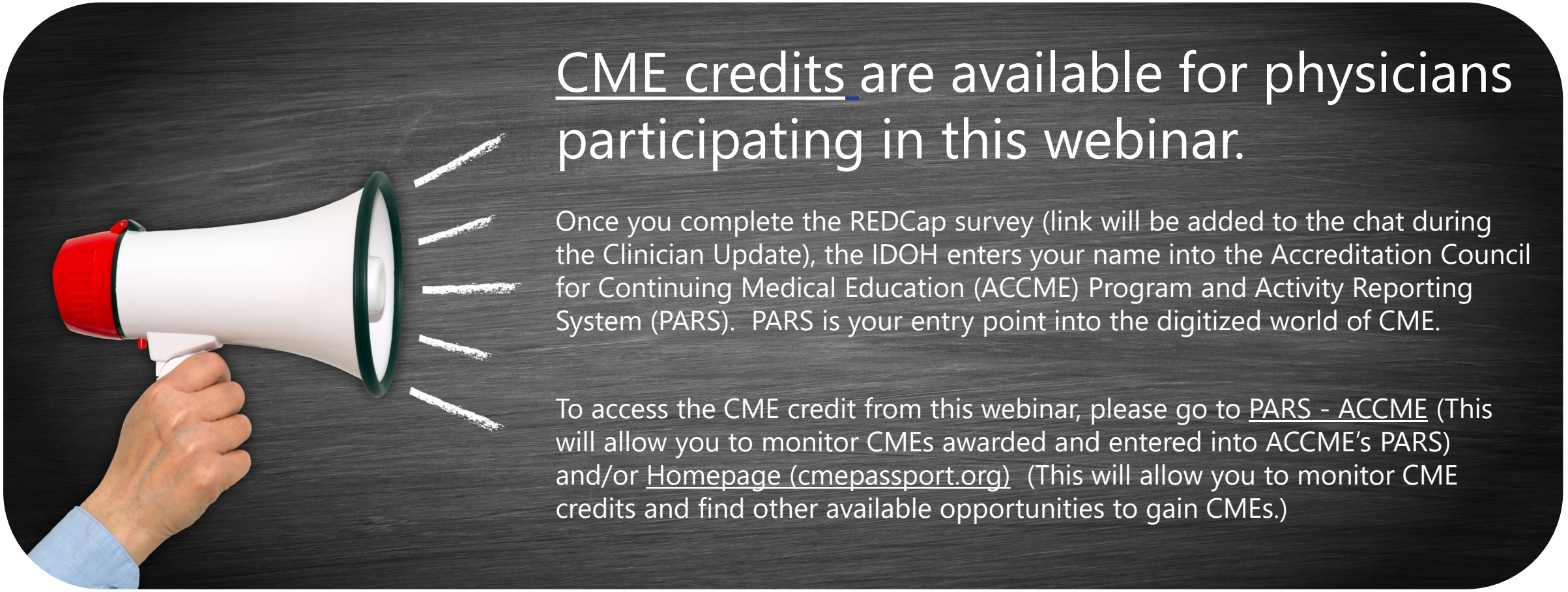
OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.

Conflict of interest

We have no conflicts of interest to disclose

CME



Indiana Department of Health

March 2025 Webinar CME Link

In Memorium

Dr. William C. VanNess II

- Jan. 29, 1945 – March 24, 2025
- Family physician
- Indiana State Medical Association President
- CEO of Community Health Anderson
- Indiana State Health Commissioner
- Chief Medical Officer, Indiana Department of Corrections
- Madison County Health Officer

Indiana Department of Health

Dr VanNess obituary

Indiana Department of Health

MEASLES UPDATES

MAKAYLA CULBERTSON

SENIOR VACCINE-PREVENTABLE DISEASE EPIDEMIOLOGIST

3/28/2025

Measles

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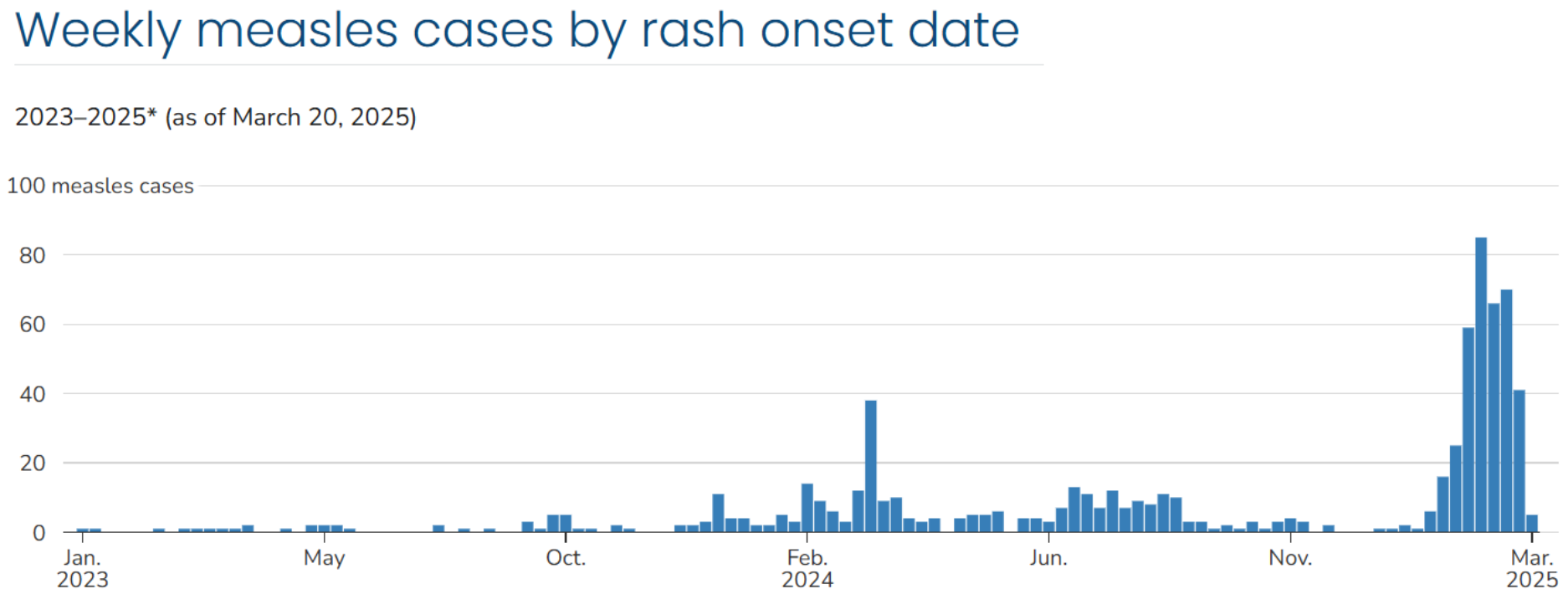
Measles in the United States

- Eliminated in 2000
- No endemic transmission in the United States
- Cases continue to occur, often related to international travel
- Large outbreaks can occur in communities with low vaccination rates

Current Measles Trends

- March 20, 2025, a total of 378 measles cases were reported by 18 jurisdictions
  - This includes 3 outbreaks that account for 90% of cases (341 of 378)
- **Indiana has had no confirmed case in 2025**



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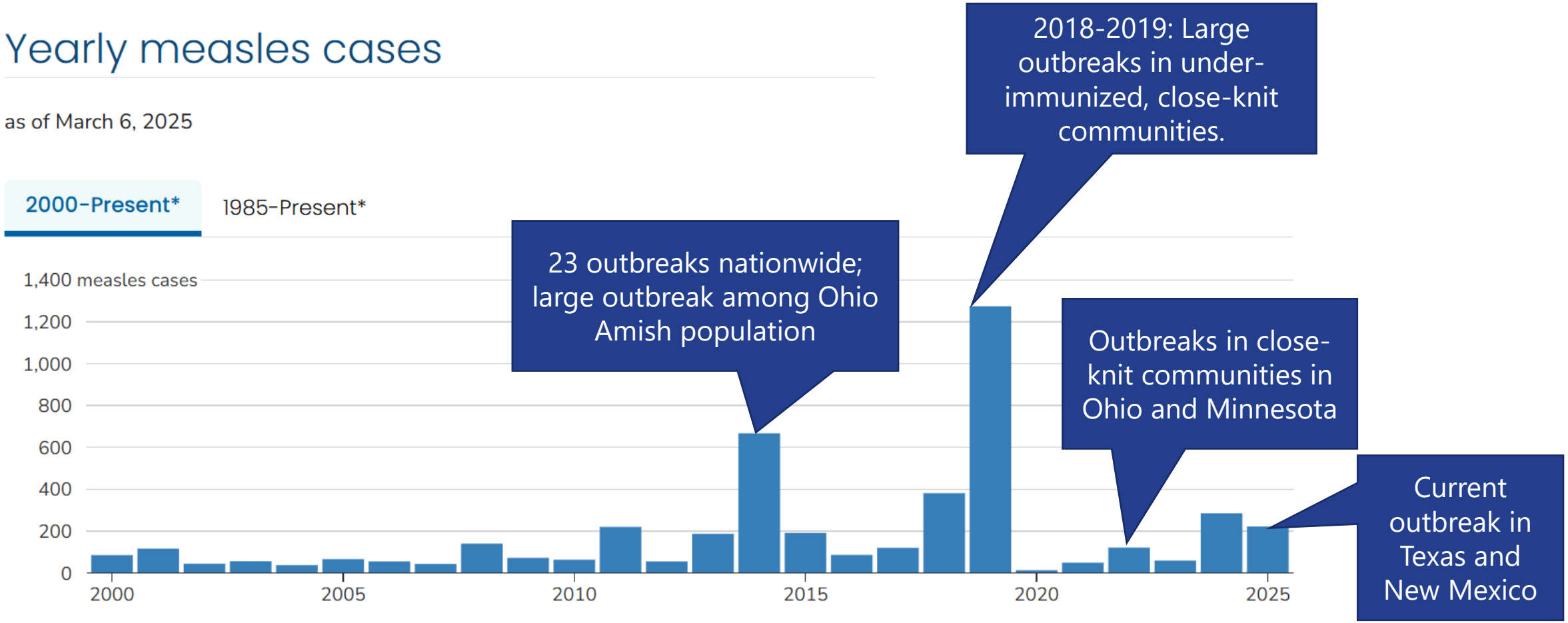
Measles Cases and Outbreaks



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Overview

- **Pathogen**: Rubeola virus
- **Transmission**: Airborne – virus can suspend in air for up to two hours
  - Sharing airspace with infected individual/breathing contaminated air
  - Touching infected surface
- **Incubation period**: Averages 10-12 days (range of 7-21 days)
- **Infectious period**: 4 days prior to rash onset through 4 days after rash onset
  - Day of rash onset = day 0
- **Seasonality**: No seasonality
  - May be associated with times of high travel (ex: spring break) or situations involving close living quarters with unvaccinated persons (ex: summer camp)
- **Treatment**: Supportive medical care
  - For severe measles cases (ex: hospitalized children), vitamin A doses can be used

Signs & Symptoms

People with measles often experience:

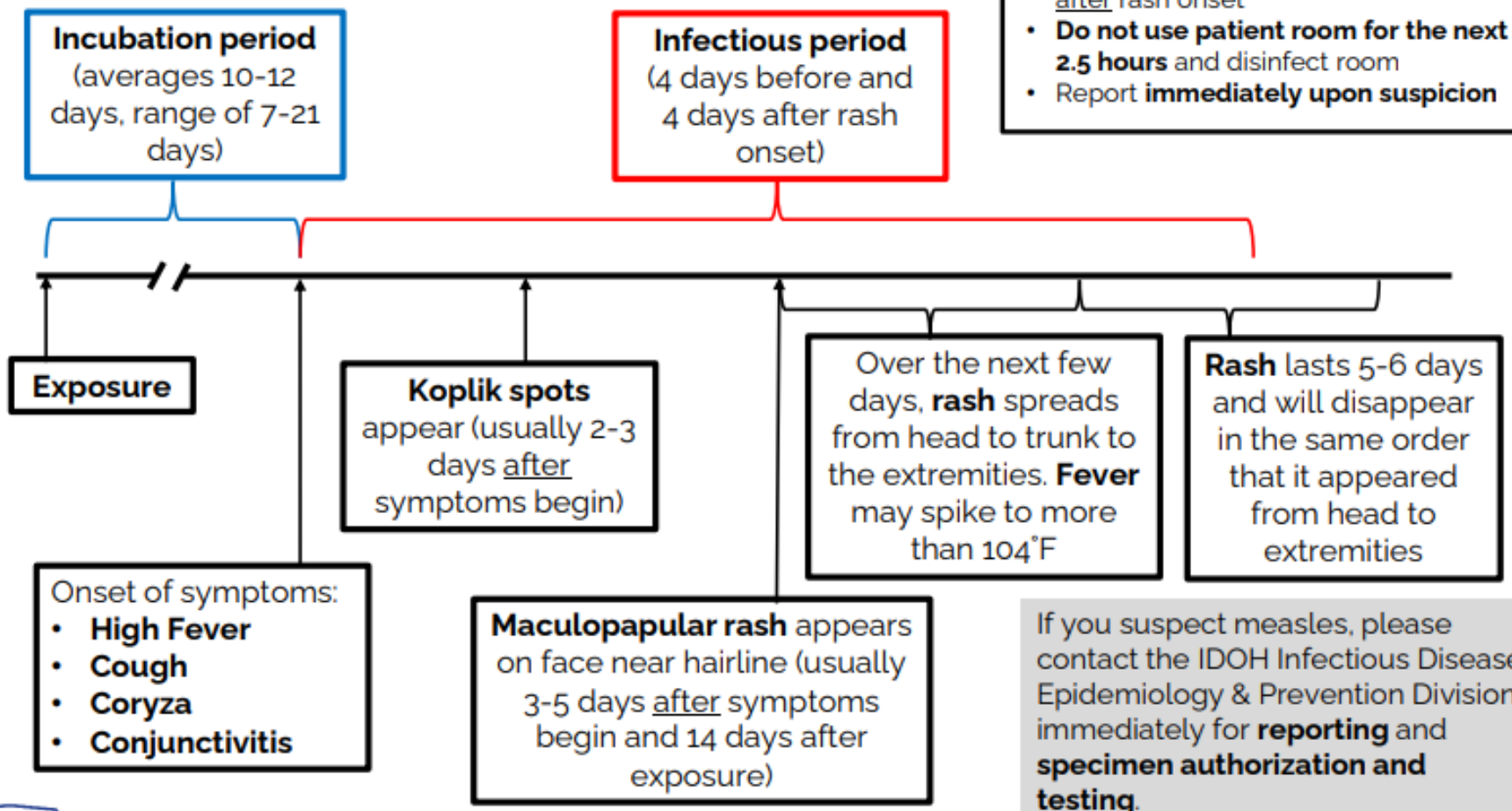
- High fever, usually over 101°F
  - Can spike to 104°F or above
- Cough
- Coryza (runny nose)
- Conjunctivitis (red, watery eyes)
- Koplik spots

Measles in fully or partially vaccinated persons may present differently.

Measles Infection Timeline

Reminders for providers

- **Collect NP swab** if within **3 days** of rash onset
- Collect serum for serology testing (IgM, IgG)
- Tell patient to **self-isolate for 4 days** after rash onset
- **Do not use patient room for the next 2.5 hours** and disinfect room
- Report **immediately upon suspicion**



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Infectious Disease Epidemiology & Prevention Division

If you suspect measles, please contact the IDOH Infectious Disease Epidemiology & Prevention Division immediately for **reporting** and **specimen authorization and testing**.

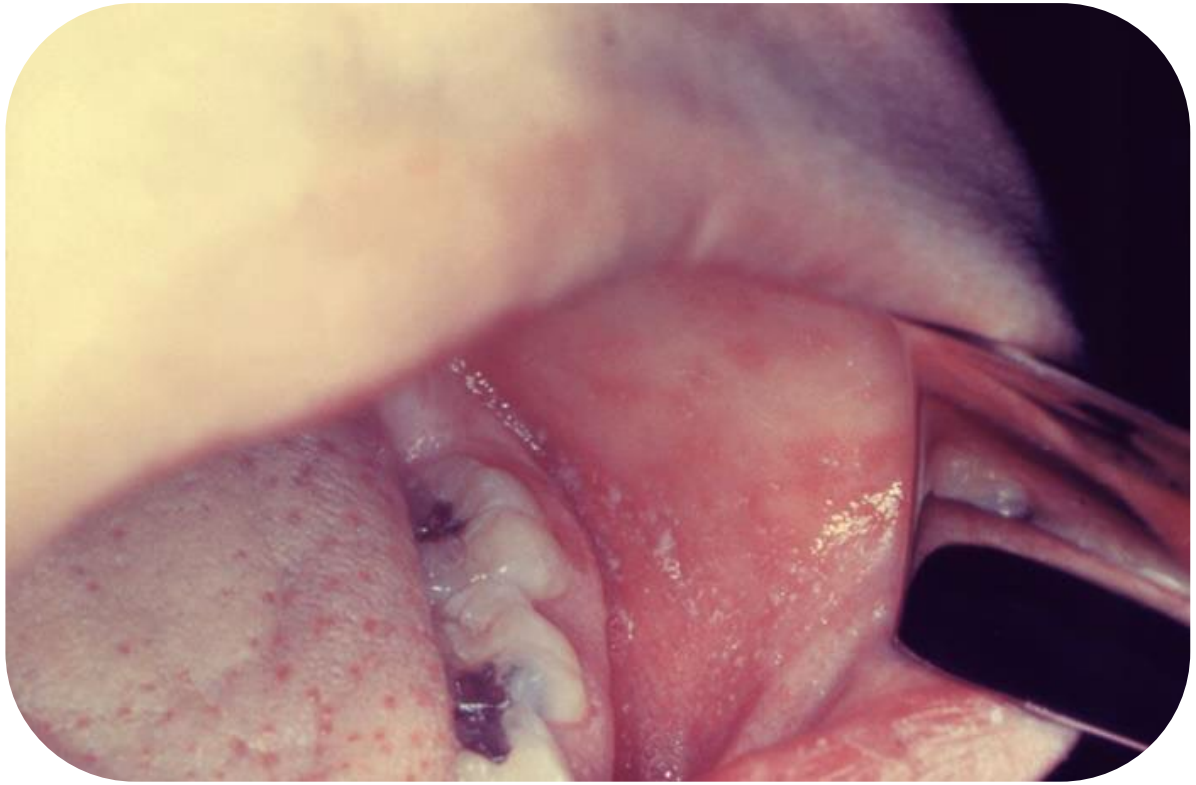
During business hours: 317-233-7125
(8:15 a.m. - 4:45 p.m., M-F)

After business hours: 317-233-1325

Fax: 317-234-2812

Questions to Ask Suspect Measles Cases

- Rash description:
  Where did the rash start?
- Other symptoms:
  Cough, coryza, conjunctivitis, fever, kolpik spots
- Onset dates of symptoms
- Vaccination history
- Travel and exposure history
- School/organizational affiliation
- Lab testing done?



Source: CDC Public Health Image Library

Infection Control

- Immediately place patient in an airborne infection isolation room (AIIR) under standard and airborne precautions
  - Limit time spent in waiting room
  - Patient's mask can be removed while in AIIR
- Patient room should be cleaned, disinfected, and vacant for 2 hours after patient discharge
- Only healthcare personnel with evidence of immunity should care for patient
  - Documentation of vaccination (2 doses of MMR/MMRV)
  - Laboratory evidence of immunity (IgG)
  - Confirmation of prior disease
  - Birth in the United States before 1957

Measles Post-Exposure Prophylaxis

- For close contacts of patients of measles, PEP can be offered if they are at high-risk of developing measles themselves
- MMR vaccine within 72 hours
  - May provide some protection or modify the illness
- IG within six days of initial measles exposure
  - May provide some protection against measles or modify the illness

Measles Vaccination Recommendations

Children

- First dose at 12-15 months, second dose 4-6 years (minimum 28-day interval between each dose)

Adults

- Born before 1957: Immunity is assumed to be present from natural infection
- Born 1957-1968: A single dose recommended if no documentation of live vaccine administration or not contraindicated, or check a titer
- Born after 1968:
  - If received 2 documented doses of MMR, no additional doses needed
  - If no documentation: Provide additional dose if not medically contraindicated or check a titer. In some cases, a second dose may be needed.

Centers for Disease Control and Prevention (CDC) recommends that healthcare workers have two documented doses of MMR

Measles – other common questions

False positive IgM?

- Consider clinical symptoms, vaccination history, and travel/exposure history
- Consider further testing for high-suspicion cases (either PCR or re-testing of IgG/IgM)

Measles-like illness in recently vaccinated person (w/in 6 - 45 days of vaccination)

- Assess symptoms, including timing of symptoms in relation to vaccination date
- Assess travel and exposure history
- If no recent travel/no known exposure, typically more likely to be vaccine reaction.
- If high suspicion (e.g., travel or known exposure), specimen for PCR testing may be sent to CDC to distinguish wild-type vs. vaccine-strain virus.
- If no typing done, only consider a case if meets clinical case definition AND had contact with a lab-confirmed case.

Measles Testing with IDOHL

- Measles should be reported to IDOH **immediately upon suspicion**
  - This means, once measles hits your differential, you should be calling
  - This is required of physicians, hospitals, and labs
- Authorization is **required** for measles testing at IDOHL:
  - Consultation with an epidemiologist available 24/7
    - Business hours: 317-233-7125
    - After Hours: 317-233-1325

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Measles Testing Guidance for Providers

Measles testing should be performed for patients who:

- Meet the clinical case definition for measles (generalized maculopapular rash; and fever ≥101˚F; and cough, coryza, or conjunctivitis) AND
- Within the 21 days prior to symptom onset, had an elevated risk of exposure to measles including:
  - Had a known exposure to measles, or
  - Traveled internationally or to an area with known measles cases, or
  - Had contact with someone with a febrile rash illness, particularly if those individuals had traveled internationally or to an area with known measles cases

Measles Testing Guidance for Providers

Clinicians should consult public health authorities regarding testing if:

- Measles is strongly suspected based on clinical presentation in patients with no known increased risk of measles exposure, particularly if the patient has no evidence of immunity to measles
- Patients have had a known measles exposure and present with atypical signs or symptoms

To avoid false positive results, testing is **discouraged** for patients with clinical presentation inconsistent with measles and no known increased risk of exposure to measles

Measles Testing Authorization – General Guidance

Clinical Features	+	Epidemiologic Risks →	Actions
Patient has: • Generalized maculopapular rash **AND** • Fever (≥101 F or <101 F with fever-reducing meds) **AND** • At least one of the following: cough, coryza (runny nose), or conjunctivitis	+	Patient has **any** of the following: • 0 doses of MMR vaccine or • Known measles exposure in 21 days before symptom onset or • International travel or travel to area with known measles transmission in 21 days before symptom onset or • Contact with someone with febrile rash illness in 21 days before symptom onset	**High suspicion** for measles. Authorize specimen for testing at IDOHL.

Measles Testing Authorization – General Guidance

Clinical Features	+	Epidemiologic Risks →	Actions
Patient has: • No maculopapular rash OR • No fever OR • None of the following: cough, coryza, or conjunctivitis	+	Patient has **none** of the following in the 21 days before symptom onset: • Known measles exposure in 21 days before symptom onset or • International travel or travel to area with known measles transmission in 21 days before symptom onset or • Contact with someone with febrile rash illness in 21 days before symptom onset	**Low suspicion** for measles. Measles testing usually not authorized at IDOHL.

Public Health Response

In addition to IDOH epidemiology, the following areas are involved in a measles response:

- IDOH leadership (state epidemiologist, chief medical officer, state health commissioner)
- IDOH immunizations
- IDOH emergency preparedness
- IDOH lab – virology
- IDOH public affairs
- CDC measles experts
- Other state/local health departments, if applicable

IDOH and the LHD will investigate to determine patient's activities during infectious period and will communicate risk to public

Public Health Response

- During an investigation, IDOH will recommend a 21-day quarantine for exposed contacts without proof of immunity
- Susceptible contacts may receive the MMR/MMRV vaccine within 72 hours of exposure, or IG within 6 days of exposure if eligible
- Coordinated via LHD or IDOH immunizations program
- IDOH will notify hospitals of a confirmed case so that staff can remain vigilant for patients presenting with compatible symptoms or relevant exposure

Disease Surveillance

IDOH:

- Investigates all reported cases, along with LHD
- Provides consultation to clinicians 24/7, authorizing specimens for testing at IDOHL if appropriate
- Distributes appropriate messaging to community, health partners, and healthcare facilities

CDC:

- Receives data from all 50 states
- Maintains MeVa capability to differentiate between vaccine strain and wild type measles
- Performs IgG avidity and plaque reduction neutralization (PRN) assay as additional methods of measles confirmation
  - Indicated when IgM is suspected to be falsely positive or negative

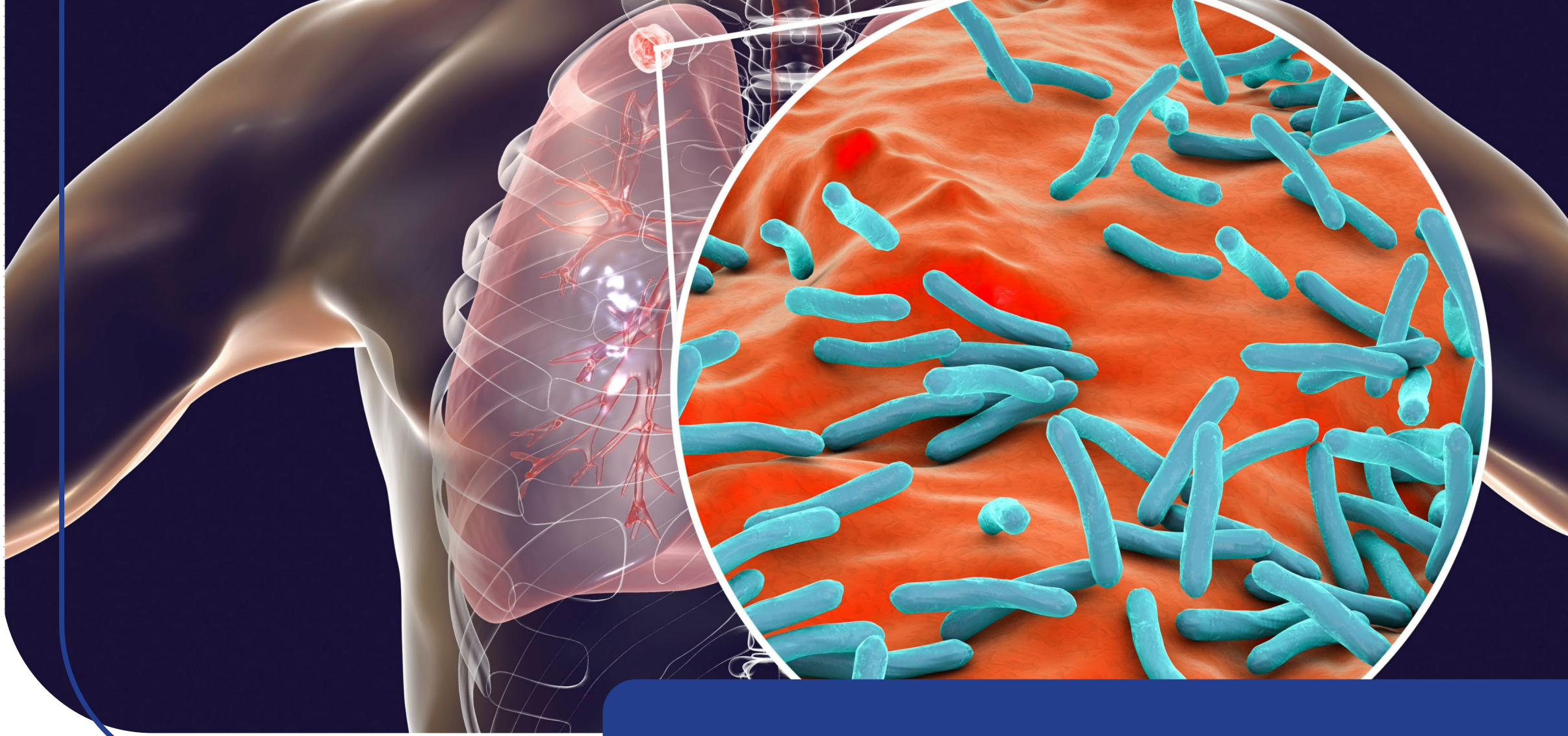
Questions?

CONTACT:

Makayla Culbertson, Senior VPD Epidemiologist
mculbertson@health.in.gov

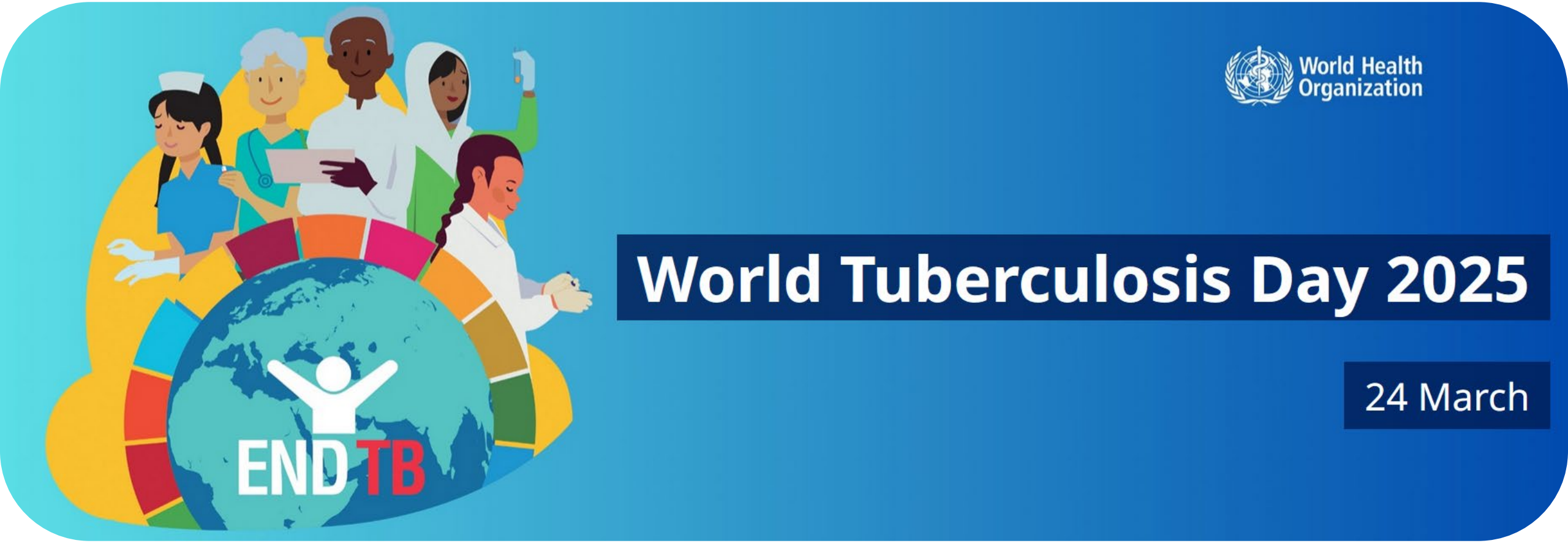
Tom Loftus, VPD Epidemiologist
tloftus@health.in.gov

Madison Jordan, VPD Epidemiologist
mjordan@health.in.gov



Tuberculosis Update

Indiana Department of Health



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WHO World TB Day 2025 Page

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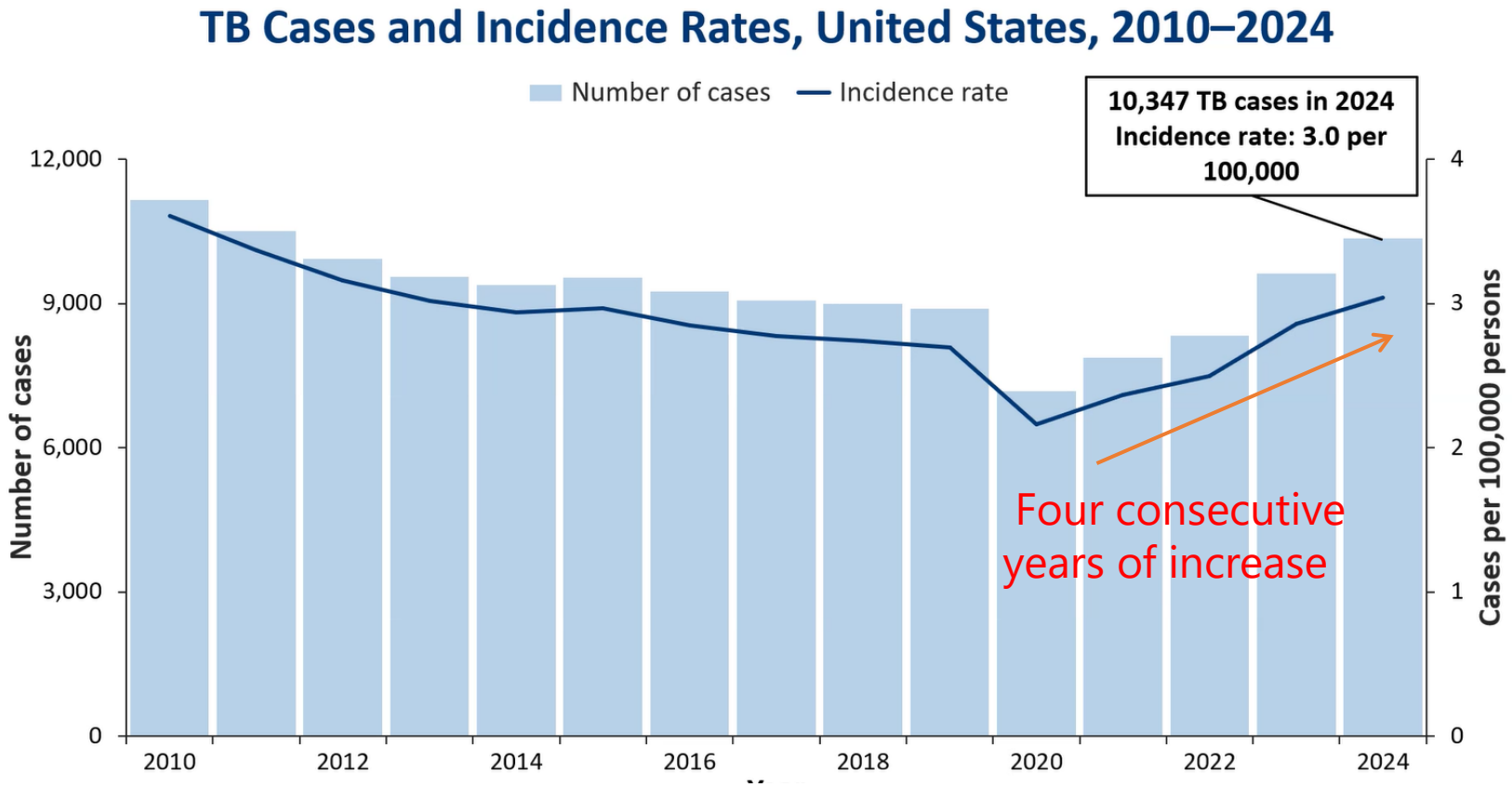
2024 PROVISIONAL TB CASES REPORT

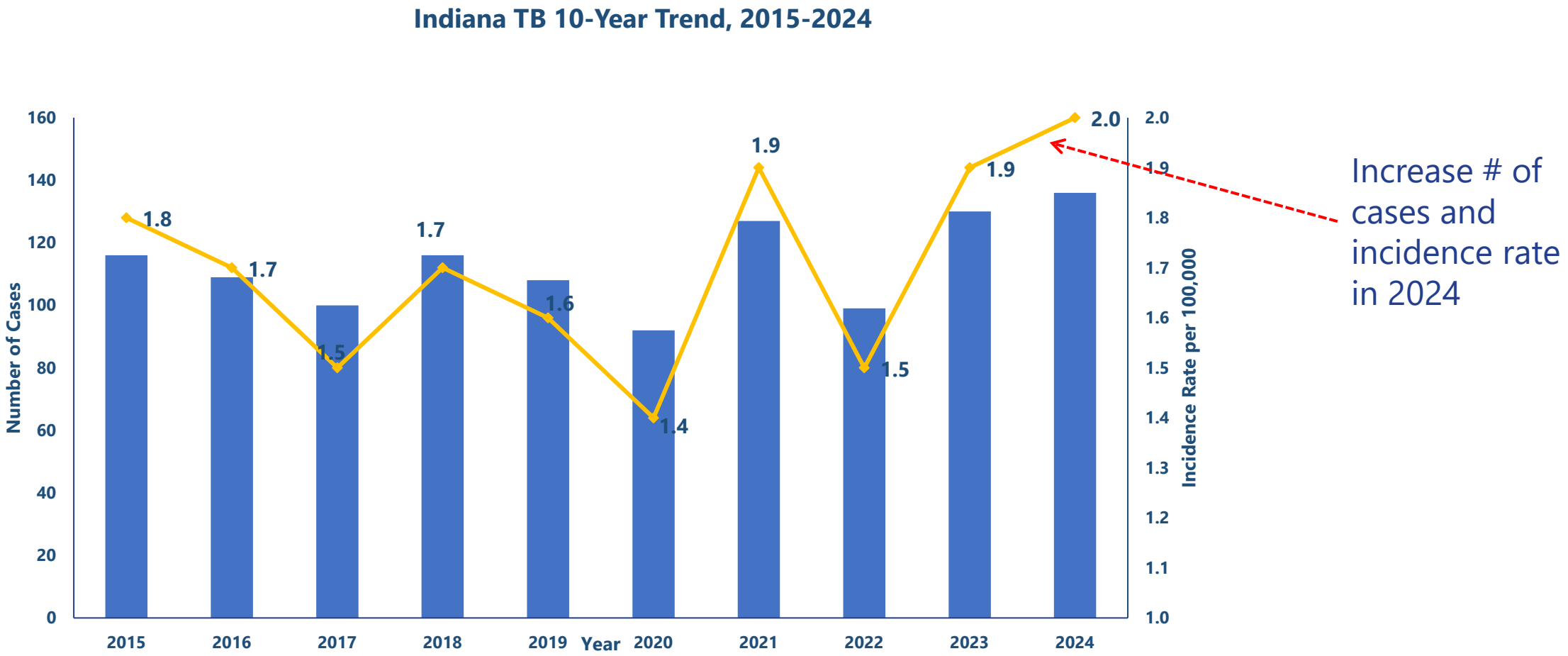
3/28/2025

2024 Provisional TB Report, United States



Provisional 2024 Tuberculosis Data, United States | Tuberculosis Data | CDC

Indiana TB 10-Year Trend, 2015-2024



Increase # of cases and incidence rate in 2024

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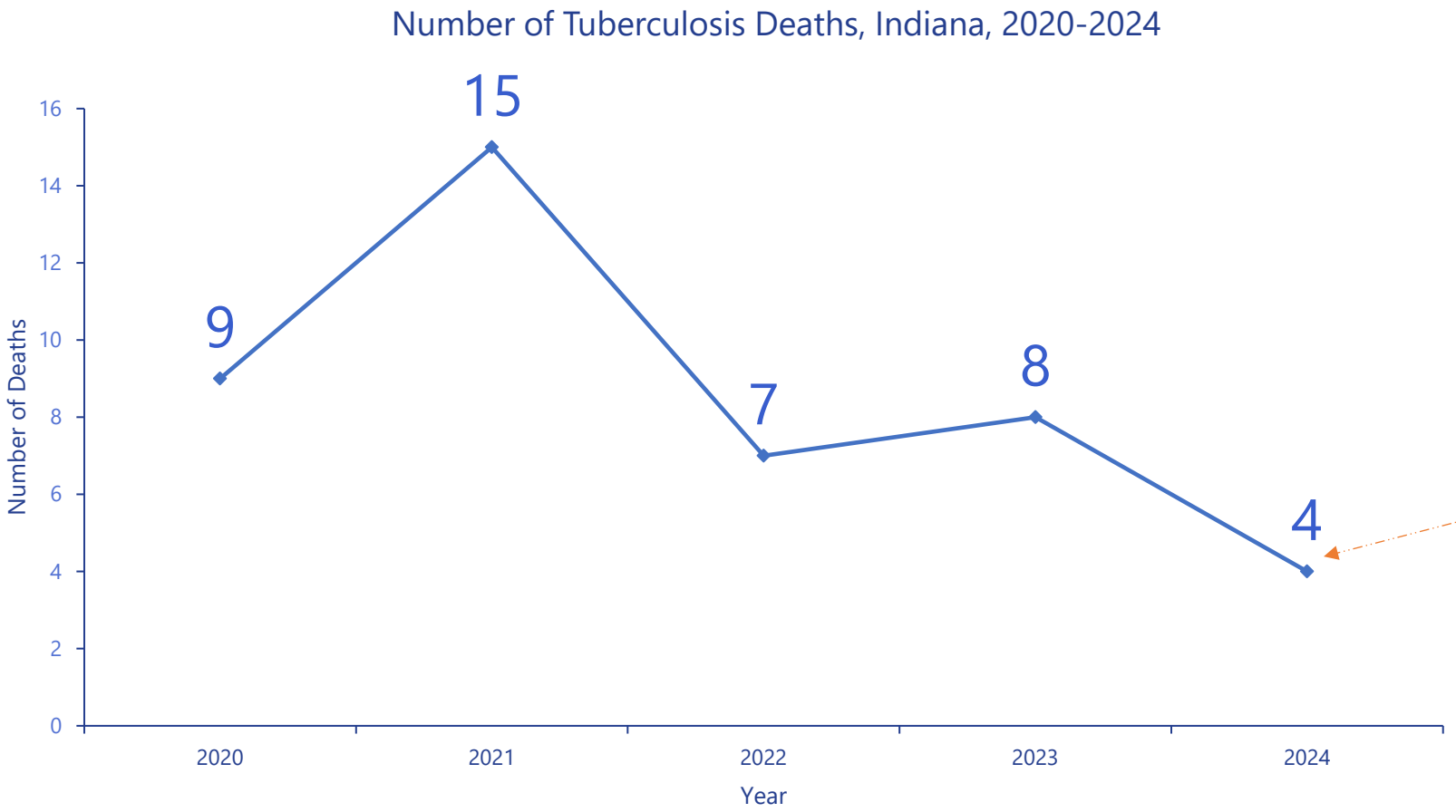
Indiana TB Deaths: 2019-2024



Decrease in mortality despite increase incidence rate rate in 2024

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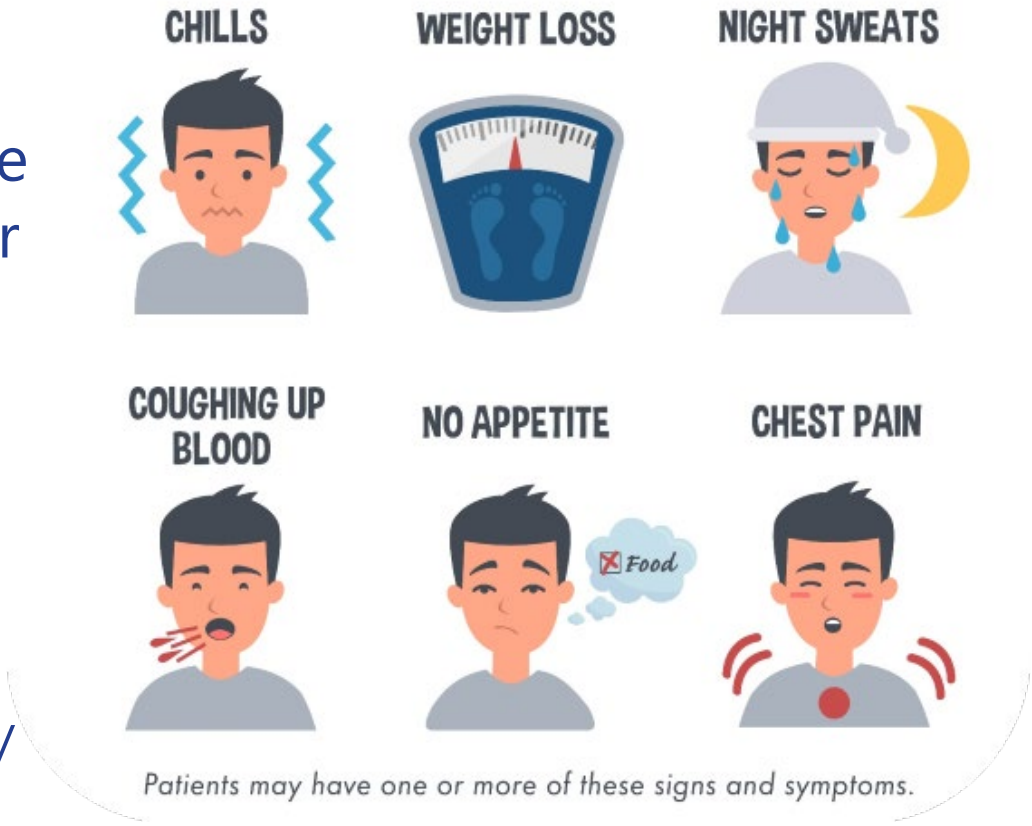
Risk Factors Among 2024 TB Cases

Risk Factor	Percent of Cases
Diabetes Mellitus	16.2
Heavy Alcohol Use in the Past 12 Months	8.8
Resident of Correctional Facility Ever/ Incarcerated ever	8.8
Other Immunocompromise (other than HIV/ AIDS)	6.6
Homeless Ever	5.1
Noninjecting Drug Use in the Past 12 Months	5.1
Other Risk Factor	3.7
Viral Hepatitis (B or C Only)	2.9
Homeless in the Past 12 Months	2.2

Provider Awareness

- Please **Think TB** with these signs / symptoms
- TB / LTBI is reportable condition, within one working day. Please visit www.TB.IN.GOV for ways to reporting.
- TB /LTBI medication is free through Purdue Pharmacy
- Additional Information reach out to:
  - Your local health department or to
  - IDOH TB Prevention & Care team (317-233-7434/ TBprogram@health.in.gov)



For questions or assistance contact:

Maliki Yacouba, PhD.
Director, TB Prevention & Care
myacouba@health.in.gov

Pulmonary TB Household Contacts Case Finding and Comprehensive Management Pilot in Uganda

Summary

What is already known about this topic?

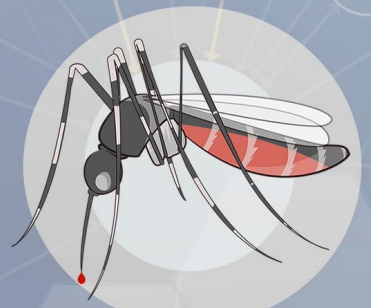
Household contacts of persons with pulmonary tuberculosis (TB) are at increased risk for infection and disease. Effective interventions to improve TB case finding and to increase use of preventive treatment are lacking.

What is added by this report?

This pilot project enrolled 521 index patients with TB disease at six health facilities in Uganda. Among 1,913 household contacts, 90.9% were screened for TB; 1,239 initiated preventive treatment, approximately 95% of whom completed it. Eighty new cases of TB were diagnosed. The approach included home visits, chest radiography, adherence counseling, and travel reimbursements.

What are the implications for public health practice?

Global scale-up of this household contact approach might help reach global TB elimination goals.



Dengue Fever

Indiana Department of Health

Dengue Health Advisory

Ongoing Risk of Dengue Virus Infections and Updated Testing Recommendations in the United States

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH UPDATE

Distributed via the CDC Health Alert Network
March 18, 2025, 10:00 AM ET
CDCHAN-00523

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to provide additional information to healthcare providers, public health departments, and the public about the ongoing risk of dengue virus (DENV) infections and updates to testing recommendations in the United States. Dengue activity remains high in some parts of the United States and globally, with many countries reporting higher-than-usual number of dengue cases in 2024 and 2025. Healthcare providers, public health departments, and the public are urged to continue to take steps to prevent, detect, diagnose, and respond to dengue as described in the June 2024 HAN Health Advisory (CDCHAN-00511) on dengue in the United States. Updates include:

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Dengue CDC HAN March 2025

Dengue Fever Update

- CDC published a health alert earlier this month with updates about dengue, a mosquito-borne virus that causes mild to severe illness
- In 2024, over 13 million cases and 8,200 deaths from dengue were reported globally marking the highest year on record.
  - Over 3,000 cases were reported in US travelers returning from dengue-endemic areas.
- As of March 6, more than 760,000 dengue cases have been reported globally in 2025, which is a 15% increase compared to the previous 5-year average.
- As global transmission remains high, CDC expects increases in travel-associated cases.
  - Spring and summer travel in the US overlaps with the months of increased seasonal dengue activity in many countries.
- IDOH Traveler Health Epidemiologist Sarah Bennett, TravelHealth@health.in.gov, can provide pre-travel health assessments and connect Hoosiers with a travel health clinic in their area.
  - There is no widely available vaccine for dengue, travelers should remember to protect themselves from mosquitoes. Visit the IDOH dengue webpage for mosquito prevention tips.

Dengue Clinical Info from HAN

Symptoms

- Maintain a high suspicion for dengue among patients with fever and recent travel (within 14 days before illness onset) to areas with frequent or continuous dengue transmission.
- Symptoms begin after an incubation period of 5–7 days (range 3–10 days) and present as fever accompanied by non-specific signs and symptoms such as nausea, vomiting, rash, muscle aches, joint pain, bone pain, pain behind the eyes, headache, or low white blood cell or platelet counts.
- Warning signs for severe dengue include abdominal pain, vomiting, fluid accumulation, mucosal bleeding, lethargy, hepatomegaly

Dengue Clinical Info from HAN

Testing

- Order appropriate FDA-approved dengue tests (RT-PCR and IgM)
  - Serum is the preferred specimen type
  - IDOH Labs can perform PCR if the specimen is collected within 7 days of illness onset
    - IDOHL can also send-out for DENV 1-4 PCR or Plaque Reduction Neutralization Tests (PRNTs) (in certain situations).
  - For testing recommendations and specimen authorization please contact:
    - Kira Richardson, vector-borne and zoonotic disease epidemiologist, kirrichardson@health.in.gov or 317-234-9727

Dengue Clinical Info from HAN

Management

- Patients can be managed closely outpatient if they are without warning signs and are not part of a population at high risk
  - Teach patients about the warning signs that may appear as their fever starts to decline and instruct them to seek care urgently if they experience any warning signs
- Hospitalize patients with severe dengue or any warning sign of progression to severe dengue and follow CDC/WHO protocols for IV fluid management
- The critical phase begins with defervescence and lasts 24-48 hours. Monitor patients closely as they can deteriorate quickly during this period without appropriate IV fluid management.
- Dengue Clinical Management Pocket Guide
  - Contains clinical management recommendations for outpatient, inpatient (including compensated or hypotensive shock), and criteria for admission/discharge
  - If you'd like a hard copy, please contact Kira

Dengue Outbreak and Response 2024 Puerto Rico MMWR

During 2024, in Puerto Rico:

- 6,291 dengue cases were reported and PR surpassed the epidemic threshold, prompting declaration of a local public health emergency
- Approximately one half of patients (52.3%) were hospitalized
- 264 (4.2%) had severe dengue cases
- 11 (0.2%) persons died
- Patients aged 10–19 years accounted for 28.4% of severe cases.

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Puerto Rico Dengue MMWR Feb 2025

Respiratory Trends

Indiana Department of Health

Midwest Biofire Respiratory Data 3/9 – 3/15

BIOFIRE® Syndromic Trends

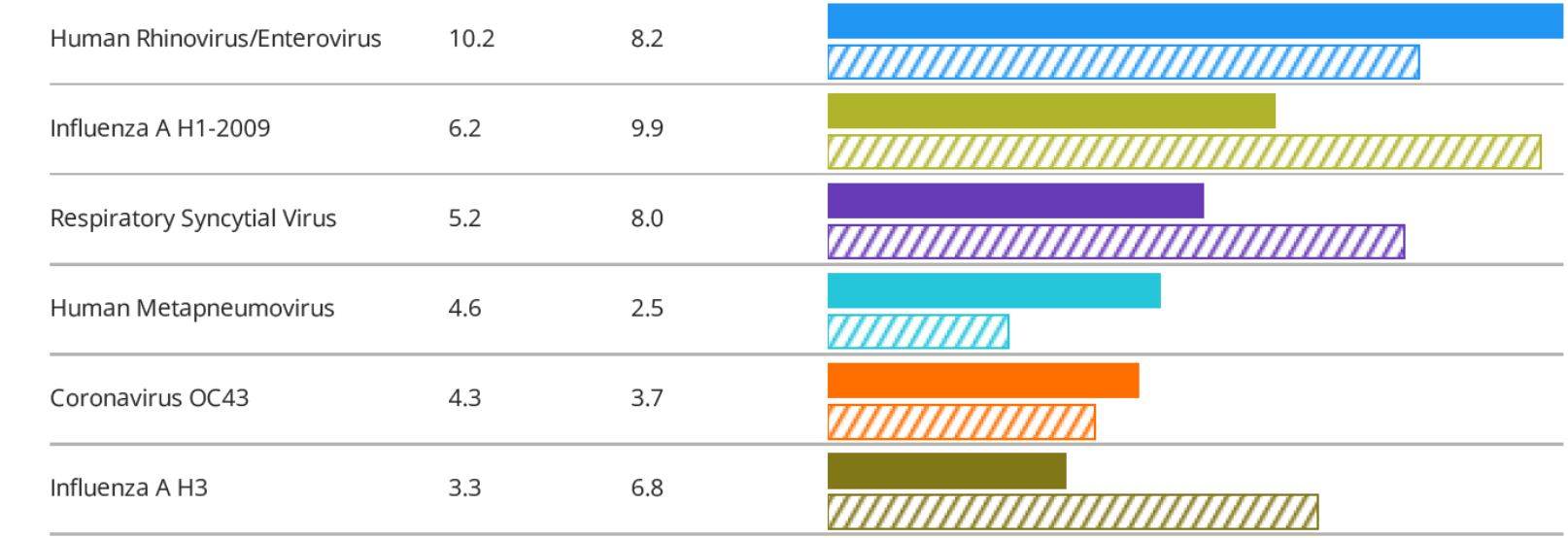
Midwest Region

Respiratory Report
RP2.1

Weekly Detection Rates (%)

15% Region Co-Detection Rate*

High Activity (>3%)	One Week	Three Months	One Week: ■ Three Months: ▨
Human Rhinovirus/Enterovirus	10.2	8.2	
Influenza A H1-2009	6.2	9.9	
Respiratory Syncytial Virus	5.2	8.0	
Human Metapneumovirus	4.6	2.5	
Coronavirus OC43	4.3	3.7	
Influenza A H3	3.3	6.8	



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National Respiratory Snapshot

Overall respiratory illness activity in **the United States***

Low

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

Emergency department visits in **the United States**

COVID-19	Flu	RSV
Low Decreasing ↘	**Moderate** Decreasing ↘	**Low** Decreasing ↘

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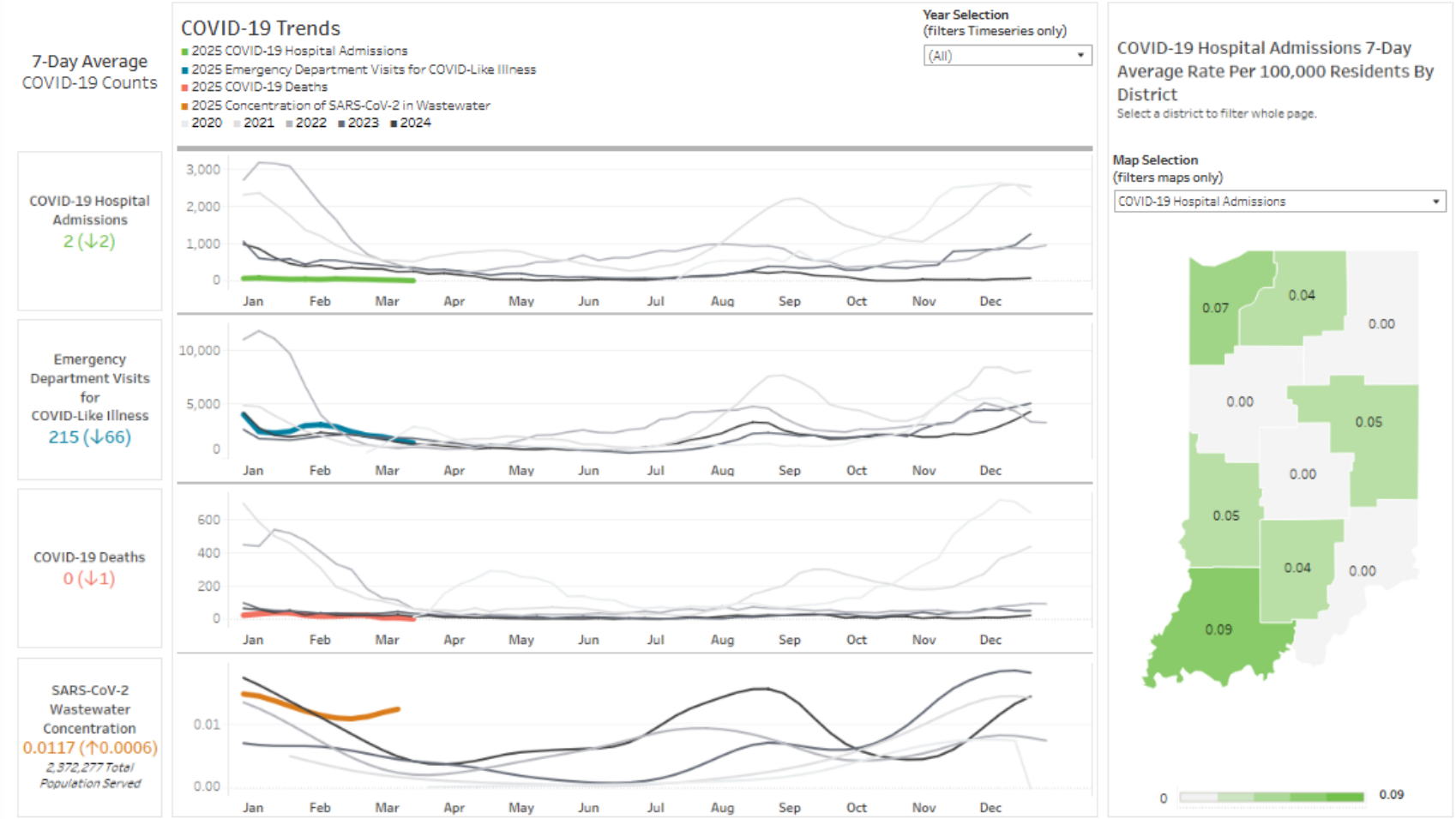
https://www.cdc.gov/respiratory-viruses/data/index.html

Indiana COVID-19 Home Dashboard

Data are updated as of 3/25/2025 and refreshed on a weekly basis every Wednesday by 5 p.m.



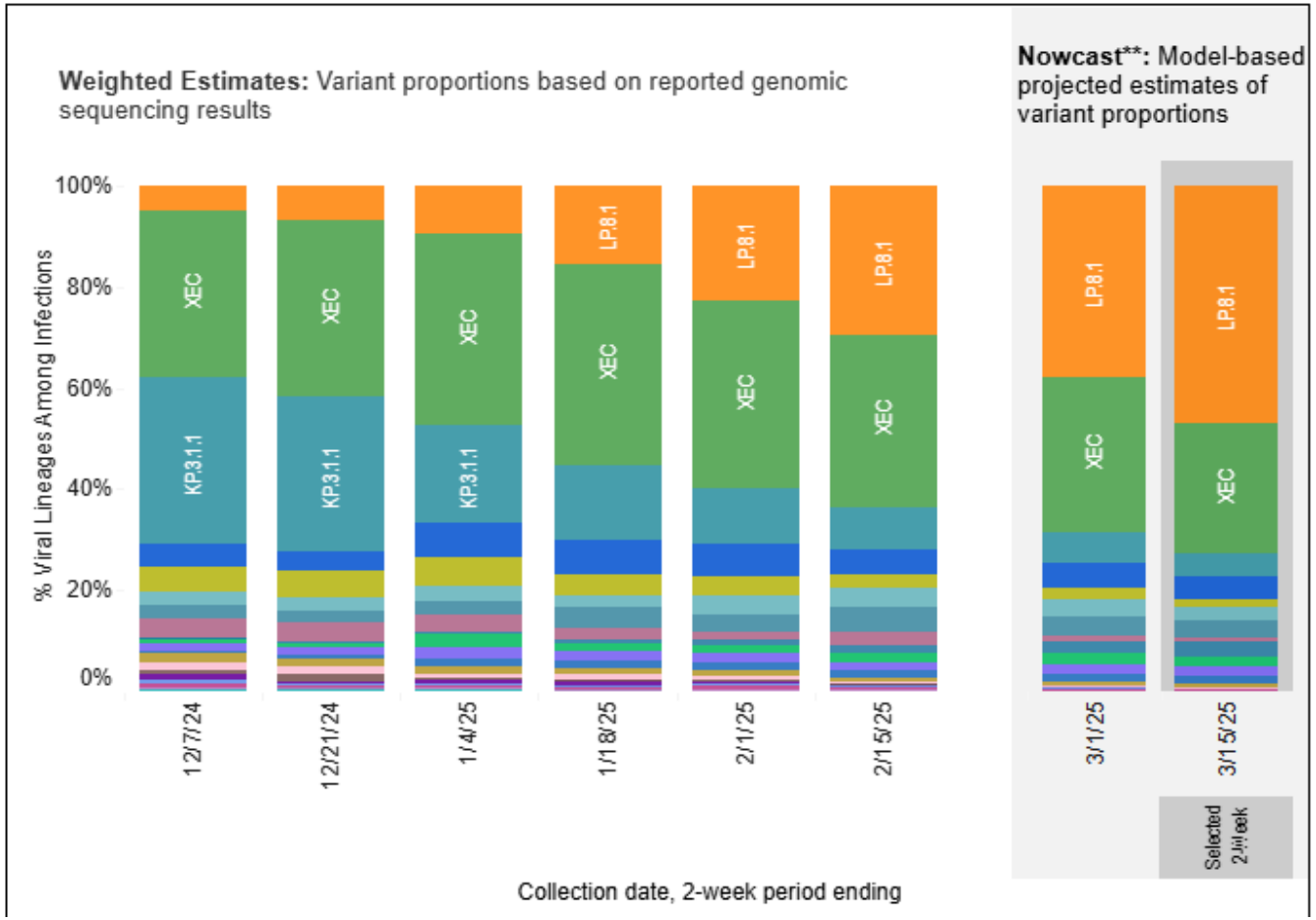
All numbers are provisional and reflect only those reported to IDOH. Numbers should not be characterized as a comprehensive total and may change as more data is reported.

Indiana Department of Health

https://www.in.gov/health/idepd/respiratory-disease/coronavirus/covid-19-dashboard/

Weighted and Nowcast Estimates in United States for 2-Week Periods in 11/24/2024 – 3/15/2025

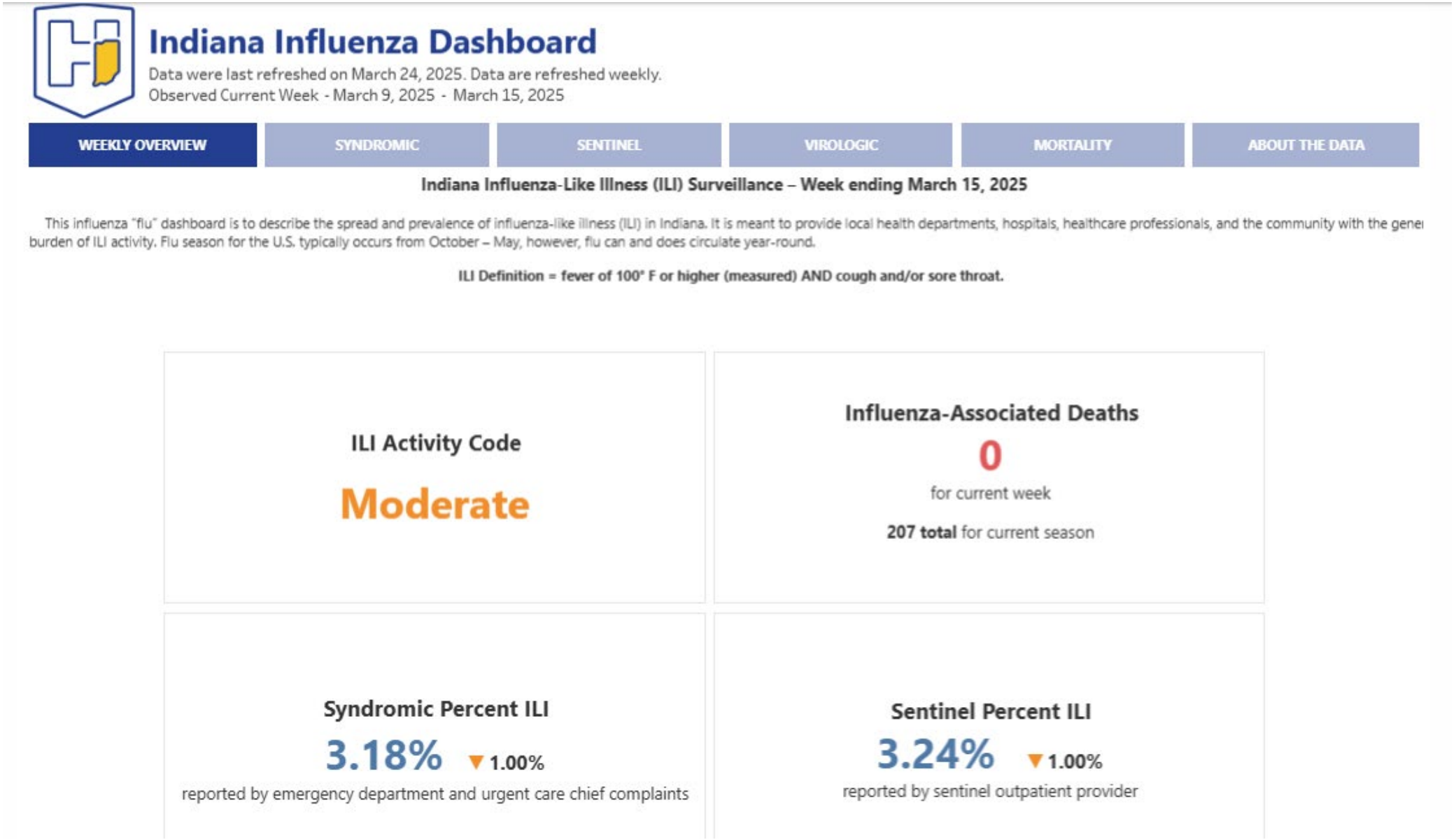
Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in United States for 3/2/2025 – 3/15/2025

USA

WHO label	Lineage #	%Total	95%PI
Omicron	LP.8.1	47%	41–53%
	XEC	26%	22–30%
	KP.3.1.1	5%	3–6%
	MC.10.1	4%	2–10%
	LF.7	4%	2–6%
	MC.28.1	3%	1–7%
	LB.1.3.1	3%	2–4%
	XEC.4	2%	1–3%
	XEQ	2%	1–3%
	MC.19	2%	1–3%
	MC.1	2%	1–2%
	KP.3	1%	0–1%
	JN.1.16	1%	0–1%
	XEK	0%	0–1%
	JN.1	0%	NA
	KS.1	0%	NA
	KP.1.1.3	0%	NA
	LB.1	0%	NA
	KP.2.3	0%	NA



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

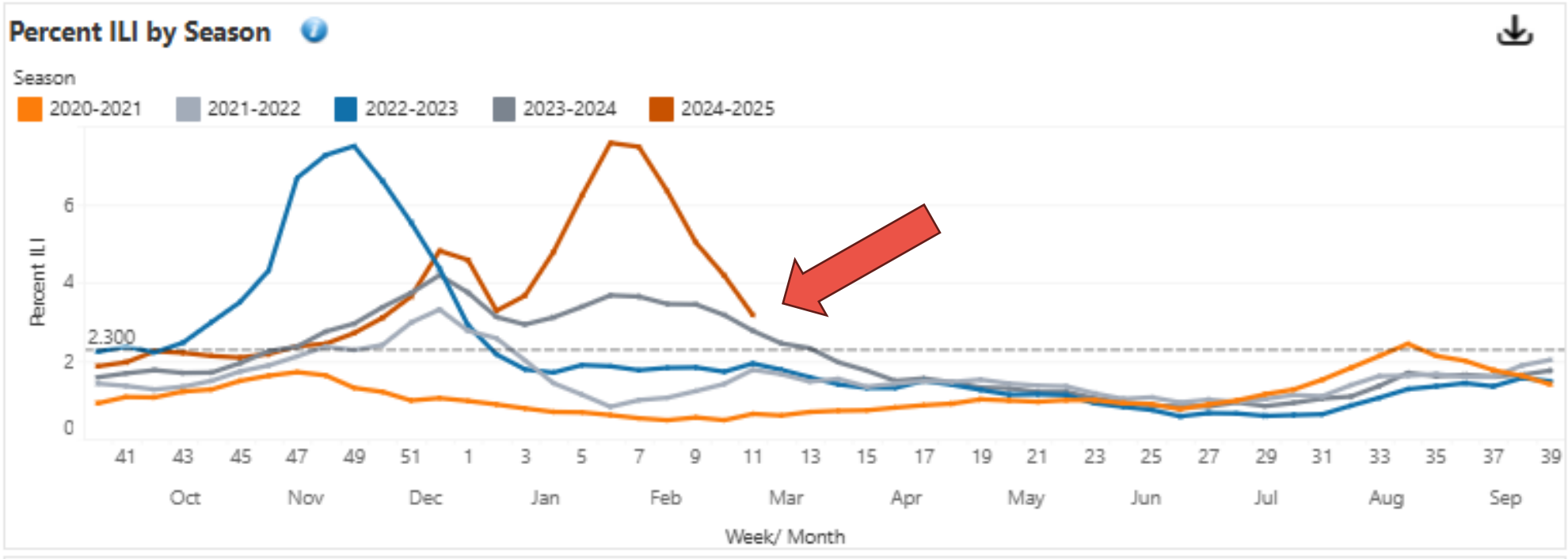
Indiana Influenza Dashboard

Data were last refreshed on March 24, 2025. Data are refreshed weekly.
Observed Current Week - March 9, 2025 - March 15, 2025

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.



Indiana Department of Health

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

Pediatric Influenza-Associated Encephalopathy

- Monday, Feb. 24, CDC released a "Call for Cases" regarding pediatric influenza-associated encephalopathy and encephalitis
- CDC is investigating several reports of **pediatric influenza-associated encephalopathy and encephalitis** including acute necrotizing encephalopathy since January 2025.
- There is no national surveillance or surveillance in Indiana for pediatric influenza-associated encephalopathy and encephalitis to know if these cases are within or above what is expected.
- Cases of pediatric influenza-associated encephalopathy and encephalitis can be reported to CDC at severeflu@cdc.gov or sent to Layne Mounsey at LMounsey@health.in.gov (Indiana's influenza coordinator)
  - If sending directly to CDC, DO NOT include any HIPPA identifiers

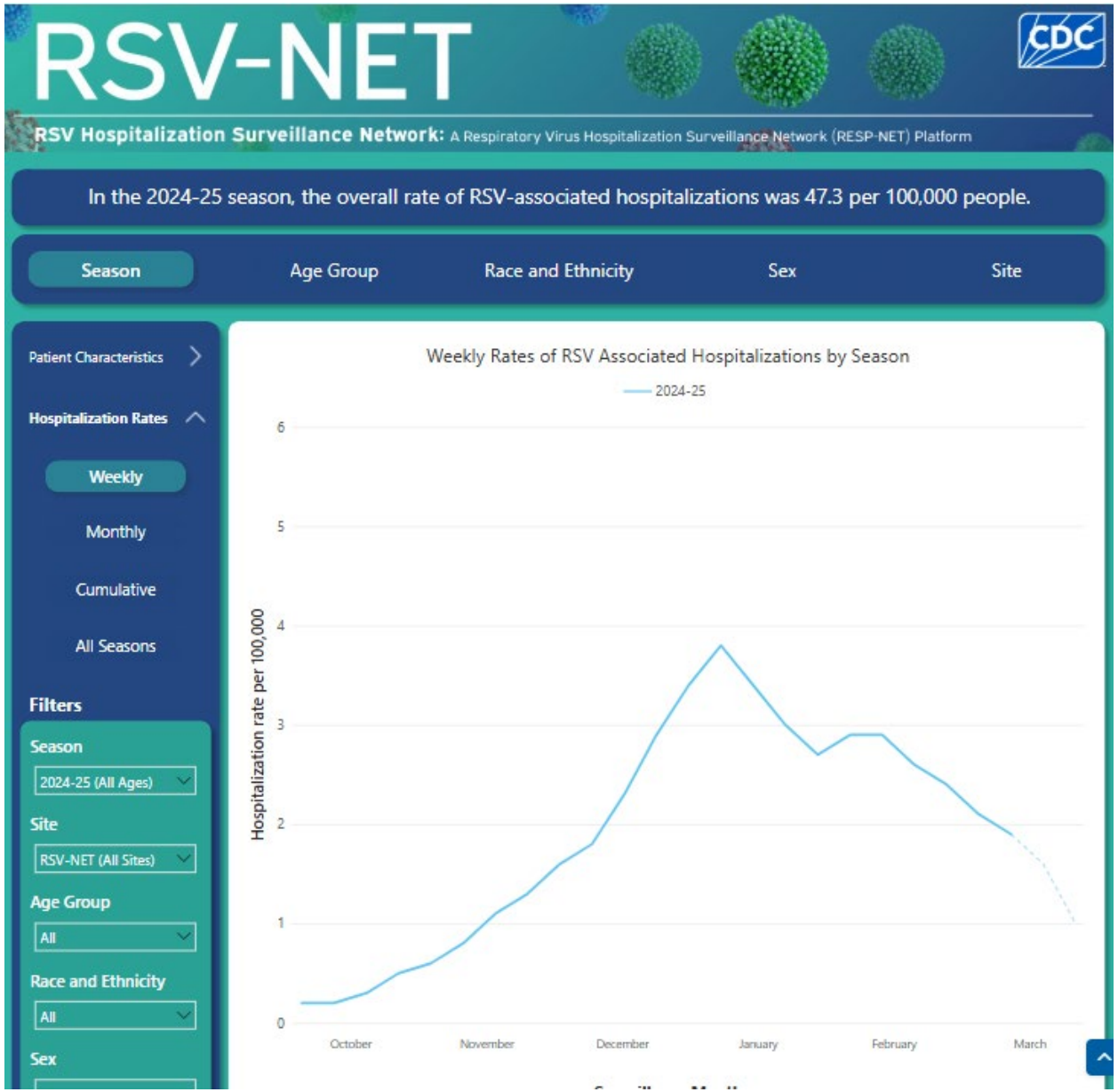
Criteria for Pediatric Influenza-Associated Encephalopathy & Encephalitis

Criteria for reporting pediatric influenza-associated encephalopathy and encephalitis cases:

1. Age <18 years
2. Admitted to an acute care hospital or pronounced dead between October 1, 2024 and May 30, 2025.
3. Laboratory-confirmed influenza virus infection within 14 days preceding hospital presentation, during hospitalization, or in respiratory specimens collected post-mortem
4. Documented neurologic abnormalities (meeting 1 or more of the following):
   - Diagnosis of encephalopathy or encephalitis
   - Neurologic signs or symptoms
   - Neuroimaging abnormalities
   - Electroencephalogram abnormalities
   - Abnormal brain autopsy findings, if available for children who have died

Report Cases or Questions:

Layne Mounsey, MPH
Respiratory Epidemiologist & Influenza Coordinator
LMounsey@health.in.gov



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https://www.cdc.gov/rsv/php/surveillance/rsv-net.html

Vaccine	Who	What	When
FLU	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
COVID	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

Vaccine	Who	What	When
RSV	Adults over 75 and older and adults 60-74 at increased risk of severe RSV	NOT AN ANNUAL VACCINE	In late summer or early fall
RSV	Pregnant women at 32-36 weeks	Pfizer Abrysvo is the only RSV vaccine approved for pregnant women	September through January
RSV	Infants 19 months and younger	Monoclonal antibody shot	October through the end of March

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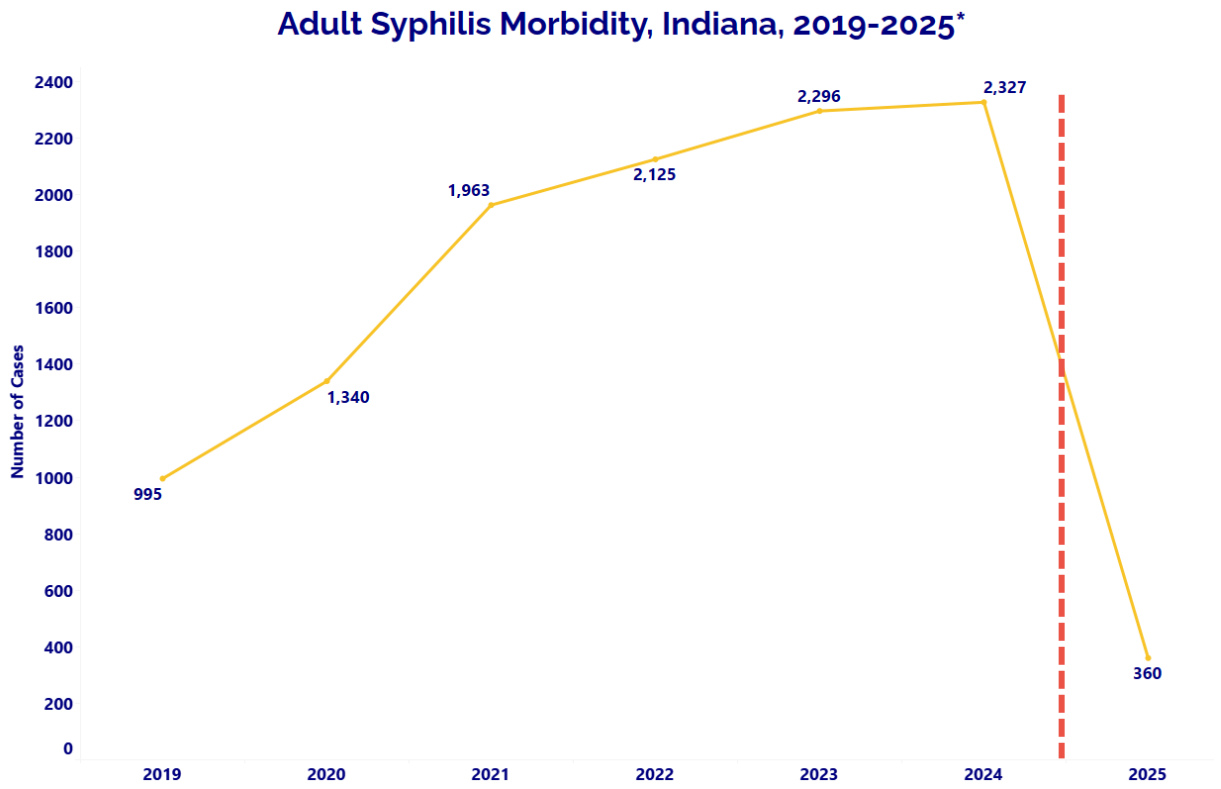
https://www.in.gov/health/immunization/files/24_FALL-immunizations-004.pdf

Syphilis

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.
  - **There have been 360 cases of adult syphilis reported in 2025*, down 4% compared to this time last year.**



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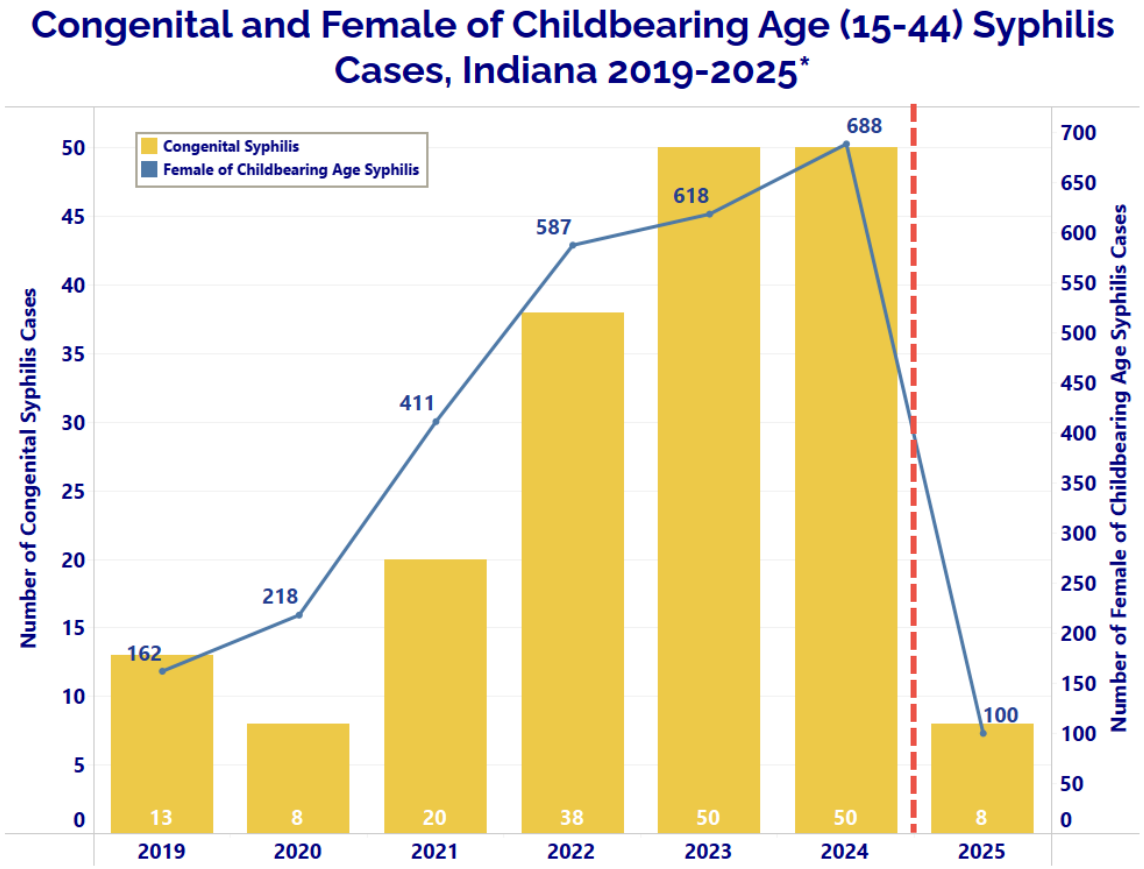
*2024 and 2025 STI data are preliminary and as of 03/06/2025.

Congenital & Female of Childbearing Age Syphilis Morbidity

- From 2019-2023 there was a 285% increase in congenital syphilis (CS) cases reported.
  - **There have been 8 cases of CS reported in 2025*, up 14% compared to this time last year.**
- Of the 8 CS cases reported this year, there have been no still births
- From 2019-2023 there was a 281% increase in syphilis cases among females of childbearing age (15-44 years old).
  - **There have been 100 cases of adult syphilis among females of childbearing age in 2025*, down 6% compared to this time last year.**



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*2024 and 2025 STI data are preliminary and as of 03/06/2025.

Recommendations

- 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).

Neurosyphilis, Ocular Syphilis, and Otic Syphilis (NOO Syphilis)

During Jan. 1–Oct. 31, 2023

- 40 NOO syphilis cases were reported in Chicago
- 67.5% of which occurred in persons *without HIV infection* compared with 43.8% in 2019.
- Among 33 (82.5%) NOO syphilis patients whose sex and that of their sexual partners were reported
  - 18 (54.5%) were not MSM compared with four of 15 patients (26.7%) in 2019.

Take away:

- Clinicians should consider NOO syphilis even in persons who do not have HIV and who are not MSM

NOO syphilis MMWR

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

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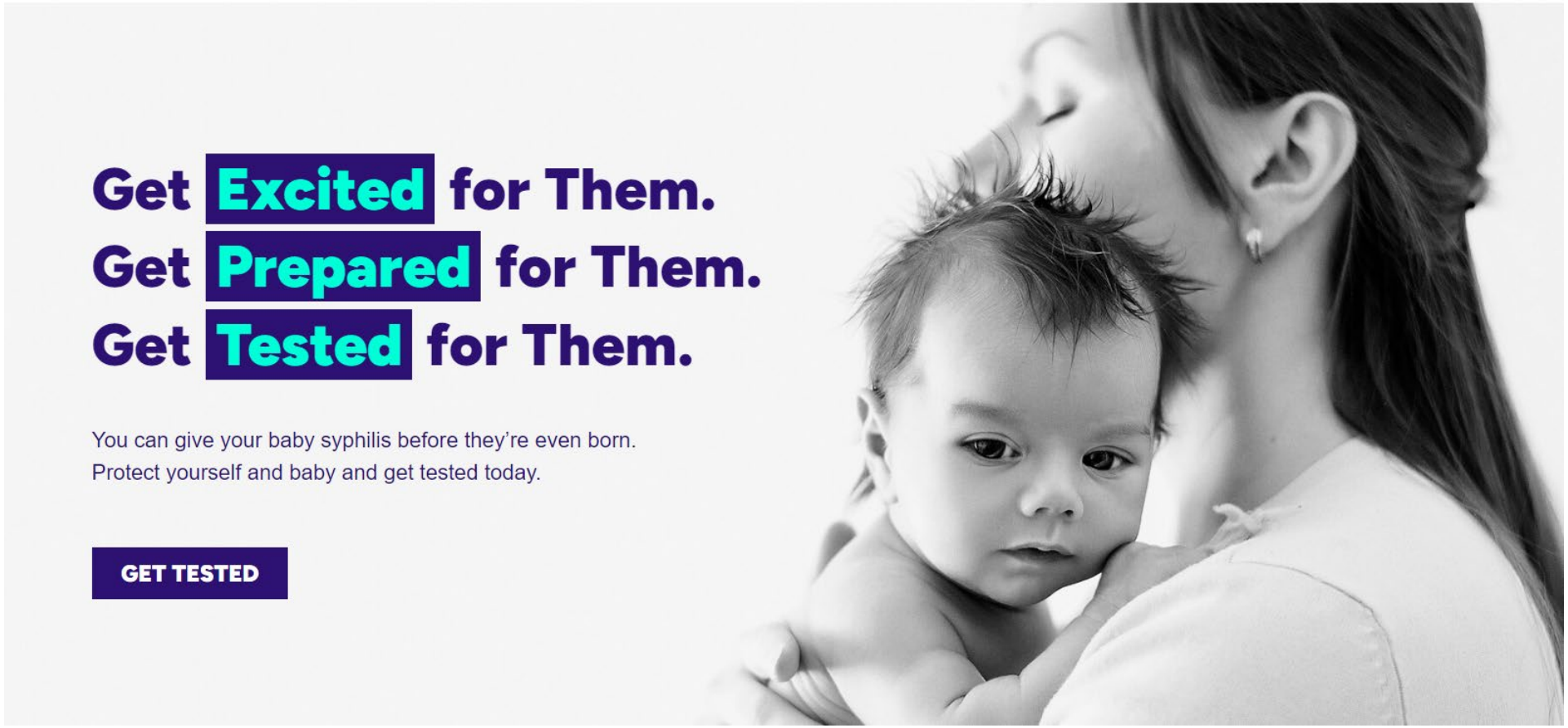
For Them: Syphilis Awareness Campaign



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

Infectious Diseases of Public Health Importance

Indiana Department of Health

CDC Call for Cases: Ceftriaxone

Please report adverse events that meet all the following criteria, occurring from September 1, 2024:

1. Occurred within 6 hours after receipt of injectable* ceftriaxone in a non-ICU setting
2. Resulted in death or required cardiopulmonary resuscitation**
3. Not attributed by the treating provider(s) to a cause other than ceftriaxone administration***

**including both intramuscular and intravenous routes of administration*

***cardiopulmonary resuscitation defined as the use of chest compressions and mechanical ventilation or provision of rescue breaths to maintain circulatory flow and oxygenation during cardiac arrest*

****such as known infection, other underlying medical condition, or exposure to a medication or medical product other than ceftriaxone*

Please make reports to IDOH by emailing:

Trent Gulley tgulley@health.in.gov and Haley Beeman hbeeman@health.in.gov.

Healthcare providers should report serious adverse events that might be associated with a medical product to FDA's MedWatch Program and to the product manufacturer

VDPV2 in 5 European Countries

Summary

What is already known about this topic?

A vaccine-derived poliovirus type 2 (VDPV2) lineage that originated in Nigeria has been detected in 21 other countries on the African continent.

What is added by this report?

During the weeks ending September 22—December 22, 2024, VDPVs genetically linked to the Nigeria lineage were detected in wastewater samples in 16 cities in five European countries. No human polio cases or poliovirus infections were reported in association with these detections.

What are the implications for public health practice?

Isolations of VDPV2 from wastewater appear to represent importations of the virus into these countries. Continued circulation of VDPV2 in African countries could result in similar importations and potential transmission in susceptible populations outside of Africa. High coverage with poliovirus vaccines is critical to protect against polio disease and prevent establishment of local circulation following poliovirus importation.

Amoebic Infection MMWRs 3/27

Naegleria

Summary

What is already known about this topic?

Most *Naegleria fowleri* infections are life-threatening and associated with swimming or diving in fresh water, such as a lake. During 2020–2021, two fatal infections associated with splash pads (interactive water play venues that spray or jet water on users) were reported to CDC.

What is added by this report?

In September 2023, a fatal splash pad–associated *N. fowleri* infection in a young child occurred in Arkansas. An investigation identified inadequate disinfection of splash pad water.

What are the implications for public health practice?

Splash pads with inadequately disinfected water are an emerging exposure of concern for *N. fowleri* transmission. Infection should be considered in patients with acute meningoencephalitis and history of recent exposure to fresh water, including treated recreational water (e.g., in splash pads or pools). Proper design, construction, operation, and management of splash pads can help prevent transmission of pathogens, including *N. fowleri.*

Acanthamoeba

Summary

What is already known about this topic?

Acanthamoeba, a free-living ameba, can cause encephalitis and disseminated disease that are nearly always fatal. Immunocompromised persons are at highest risk for these infections.

What is added by this report?

In November 2023, a patient died from an *Acanthamoeba* infection, likely acquired by using tap water in electronic medical devices. *Acanthamoeba* was detected in the patient's brain tissue, an electronic nasal irrigator, and a continuous positive airway pressure (CPAP) machine; all strains were of the same genotype.

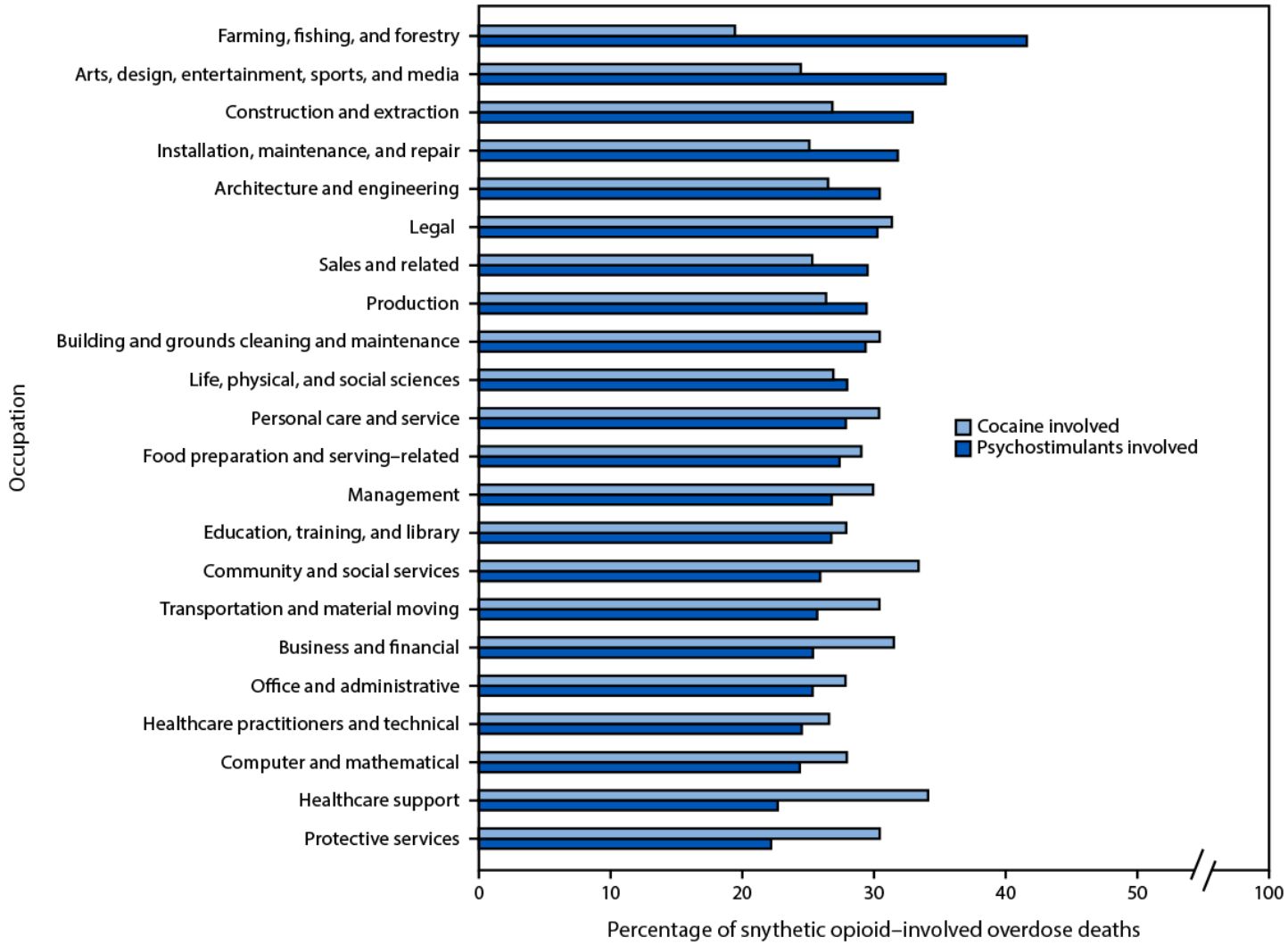
What are the implications for public health practice?

Patients should always follow manufacturer instructions regarding the type of water to use and recommended cleaning practices for electronic medical devices such as CPAP machines. Distilled, sterile, or boiled and cooled tap water can be used in nasal irrigation devices.

Other Public Health Updates

Indiana Department of Health

FIGURE 1. Percentage of fatal synthetic opioid–involved overdoses* co-involving psychostimulants† or cocaine§ for 22 major occupation groups¶ — National Vital Statistics System, United States, 2022**



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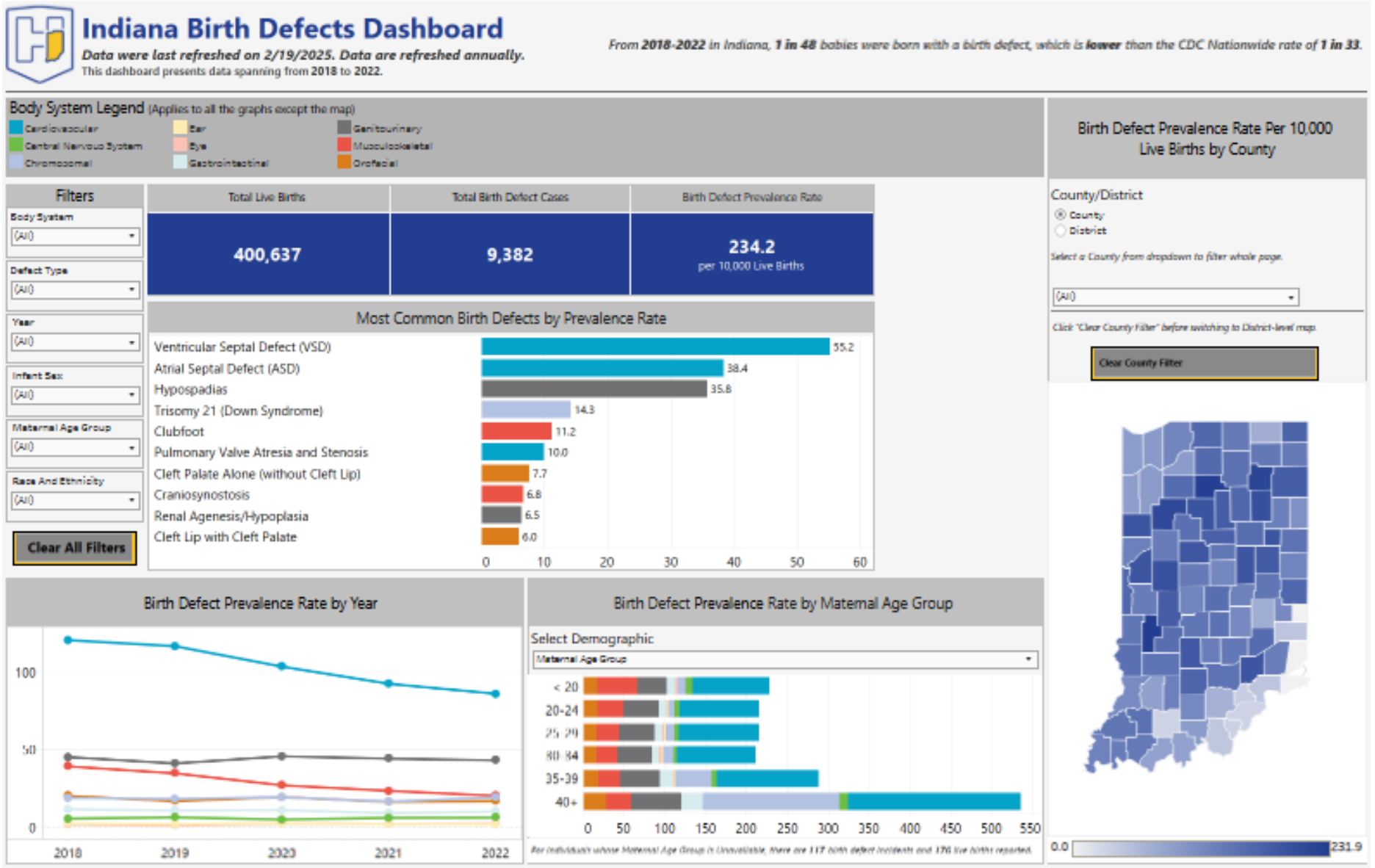
https://www.cdc.gov/mmwr/volumes/74/wr/mm7410a3.htm?s_cid=mm7410a3_w#T1_down



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https://www.in.gov/health/gnbs/gnbs-programs/birth-defect-and-nbs-condition-info/

Public Health Day

Indiana Department of Health

Public Health Day at the Statehouse

health first INDIANA

- Largest event in Statehouse this year
- 479 registrants
- Congratulations to all award recipients!
- Special thanks to 17 LHDs with table exhibits
- Big thank you to those who attended!

Scan to view photos:

Public Health Day

Indiana Department of Health

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 or Ehawkins@health.in.gov
- Sign up for IHAN– Indiana Health Alert Network https://ihan-in.org

Questions?

CONTACT:

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Chief Medical Officer
GCrowder@health.in.gov

Eric Hawkins, MS
State Epidemiologist
ehawkins@health.in.gov

Next call: Noon, April 25