

INDIANA LABORATORY SYSTEM MONTHLY PARTNER WEBCAST

Thank you for joining us.
The webcast will begin shortly.

4/9/2026





Indiana
Department
of
Health

INDIANA LABORATORY SYSTEM MONTHLY PARTNER WEBCAST

MARK GLAZIER
DEPUTY LABORATORY DIRECTOR

4/9/2026

Agenda

- 1. Welcome and laboratory updates** – Mark Glazier, deputy laboratory director
- 2. Rabies reminders and recent data in Indiana** – Erik Ohannesian, rabies epidemiologist
- 3. Q & A** – IDOHL webcast team



Updates and Reminders



Indiana
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IDOH Laboratory

Three ways to stay in the know:

1. Email us at IDOH-Lab-Info@health.in.gov
2. Sign up for IHAN – Indiana Health Alert Network
<https://www.in.gov/health/emergency-preparedness/indiana-health-alert-network-ihan/>
3. Update your laboratory's contact information [here](#)



APHL Infectious Diseases Webinars

The Association of Public Health Laboratories (APHL) is excited to announce its spring infectious diseases webinar lineup. P.A.C.E.® credits will be offered for the webinars (most are eligible for one contact hour).

Beyond the Big Three – Case Studies of Respiratory Viruses

May 14 | 2 p.m. EST

Dengue at our Doorstep: Local Transmission of Dengue Virus in LA County

June 10 | 2 p.m. EST

For more information about these webinars, email infectious.diseases@aphl.org.

Lab Identification of Emerging Pathogenic Molds

This six-part webinar series introduces the fundamentals of medical mycology, focusing on the classification and identification of molds using macroscopic and microscopic characteristics. Participants will be given an overview of the diagnostic mycology laboratory and learn how to identify major groups of molds. Please note, you must enroll for each part of the series individually.

Part 1: Introduction to Molds

April 14, 2026 | 2:00–3:30 pm ET | [Enroll](#)

Part 2: Hyalohyphomycetes

April 16, 2026 | 2:00–3:30 pm ET | [Enroll](#)

Part 3: Dematiaceous Molds

April 21, 2026 | 2:00–3:30 pm ET | [Enroll](#)

Part 4: Dermatophytes and Endemics

April 23, 2026 | 2:00–3:30 pm ET | [Enroll](#)

Part 5: Mucorales

April 28, 2026 | 2:00–3:15 pm ET | [Enroll](#)

Part 6: Cases in Mycology

April 30, 2026 | 2:00–3:30 pm ET | [Enroll](#)

For more information about these webinars,
please email Ashton Blair
ashton.blair@aphl.org

Lab Week Begins April 19!

The 51st annual observance of Medical Laboratory Professionals Week (Lab Week) is almost here! The 2026 observance will be celebrated from April 19 – 25.

Lab Week is sponsored by the [American Society for Clinical Laboratory Science \(ASCLS\)](#) and is coordinated by [18 national clinical laboratory organizations](#).

Expand Your Lab Skills with a New CDC OneLab™ Microbiology Course

Learn more about basic culture media and the techniques for identifying microorganisms by taking the new OneLab™ eLearning course on [Basic Culture Media and Isolation Techniques](#).

In this course, you'll learn how to inoculate media using a four-quadrant streaking procedure and recognize common problems that occur when performing microbiological culture techniques.

See the [course description](#) for details on continuing education.



APHL free SAF-T-PAK training

APHL is offering free SAF-T-PAK Packaging and Shipping Trainings

Online self-paced modules, register by 6/30/2026

- 1) **Category A** – Division 6.2 Infectious Substances – live classes (webinar) and online self-paced modules
 - Several modules estimated to take approximately eight hours to complete
- 2) **Category B** – online self-paced modules
 - Several modules estimated to take approximately five hours to complete

For more information, please email ido-h-lab-pack-ship@health.in.gov.

2026 ILS webcast updates

- ILS webcasts will be held from 10:30-11 a.m. EST on the second **Thursday** each month
- Webcasts will require registration via the links provided:
 - May 14 – [Registration Link](#)
 - June 11 – [Registration Link](#)

Recordings will be sent to the email provided during registration following the conclusion of the webcast

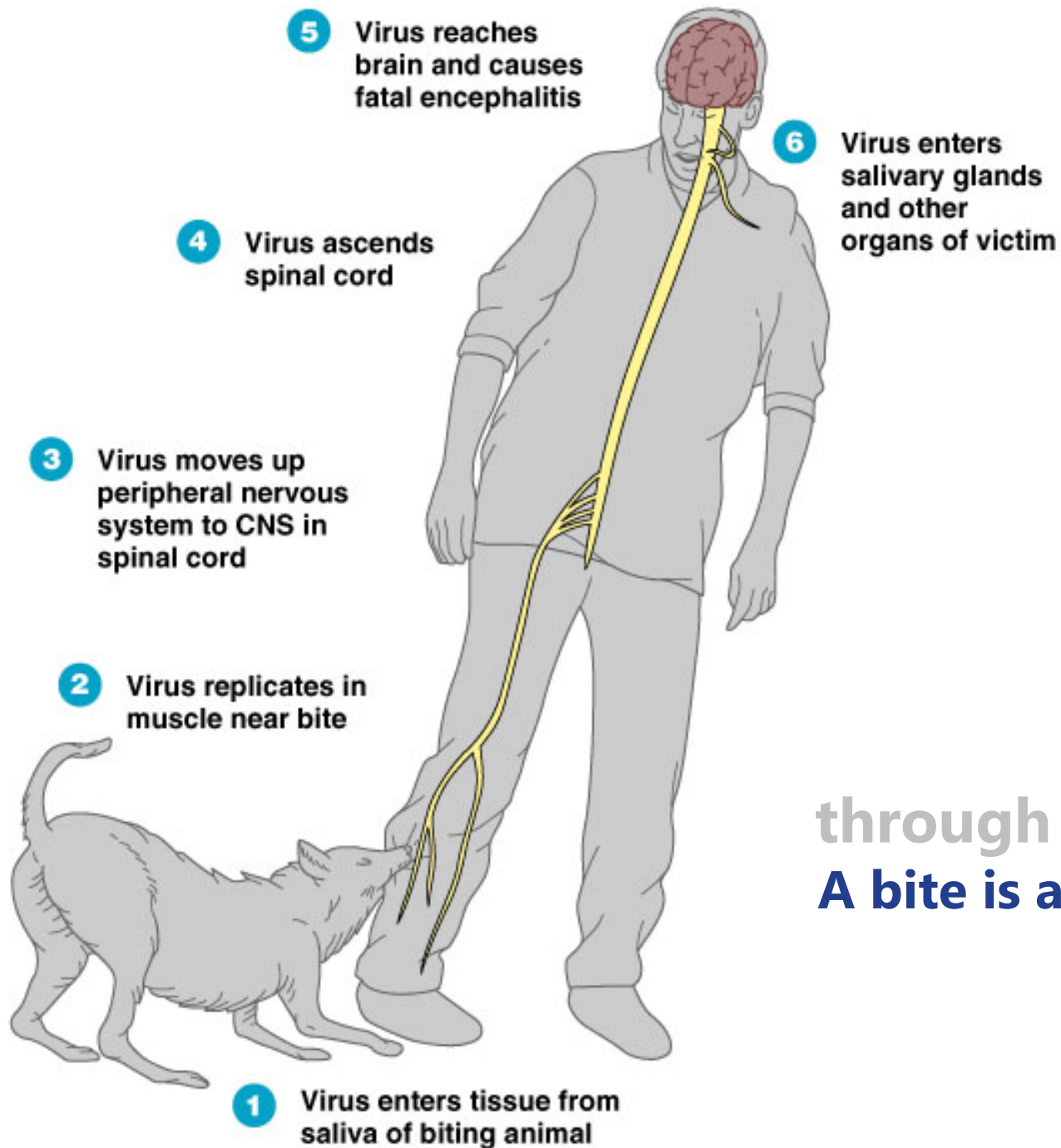


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Rabies Reminders and Recent Data in Indiana

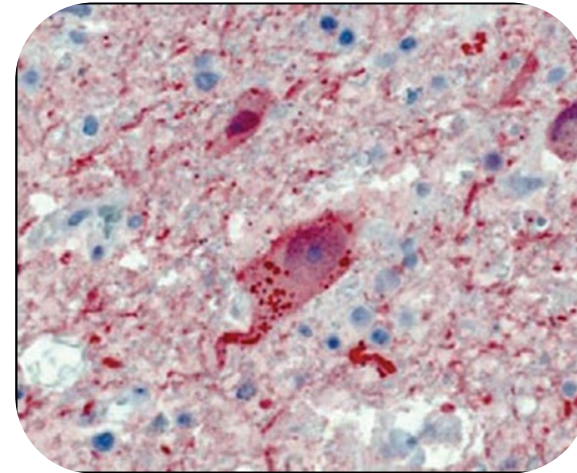
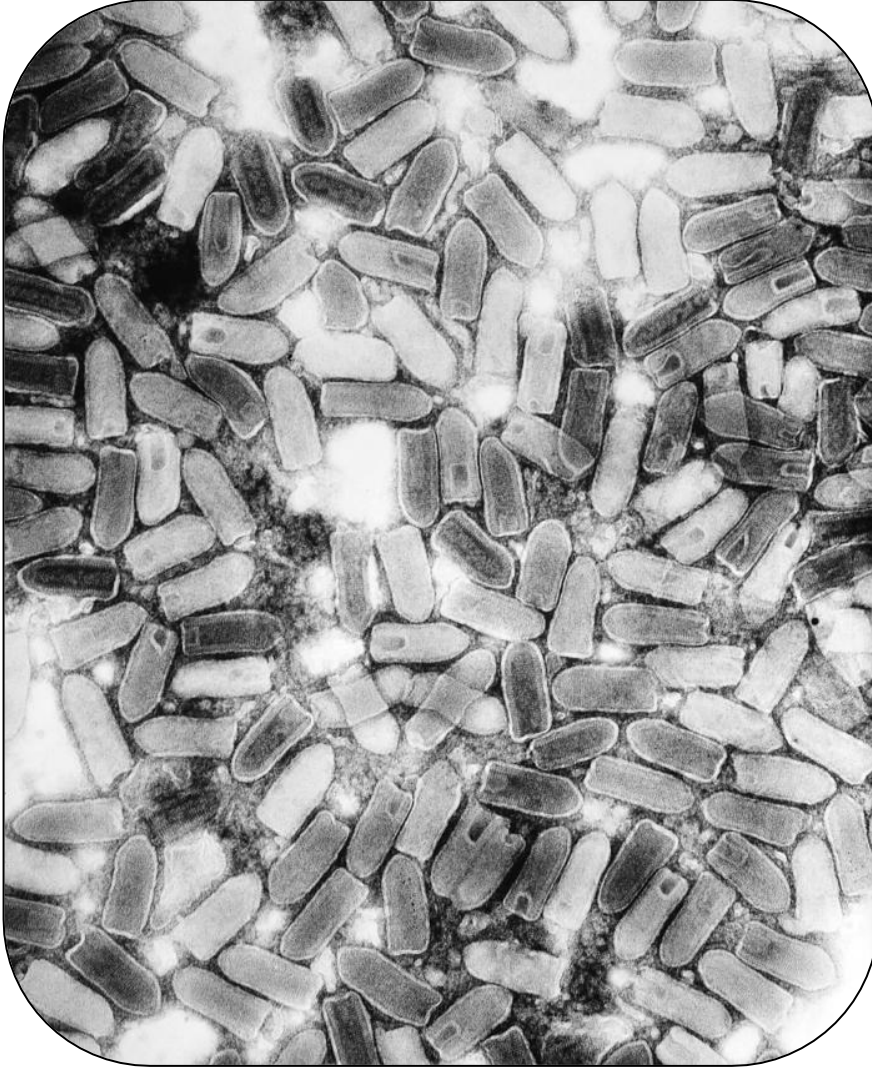
ERIK OHANNESIAN

RABIES EPIDEMIOLOGIST

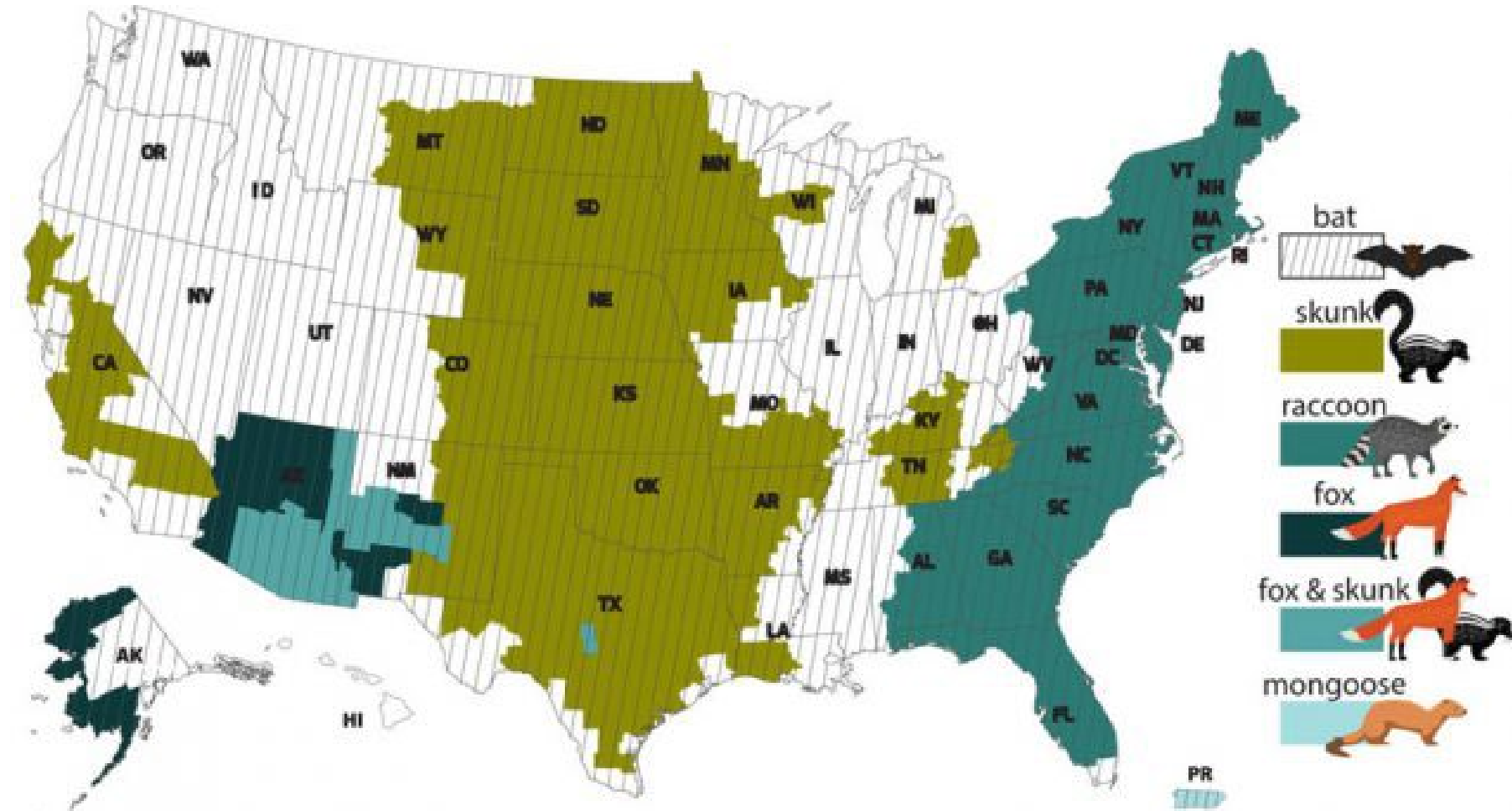


Rabies is transmitted in saliva through the bite of an infected animal. **A bite is any penetration of the skin by teeth.**

Rabies is a viral infection that causes acute, rapidly progressive neurologic disease.

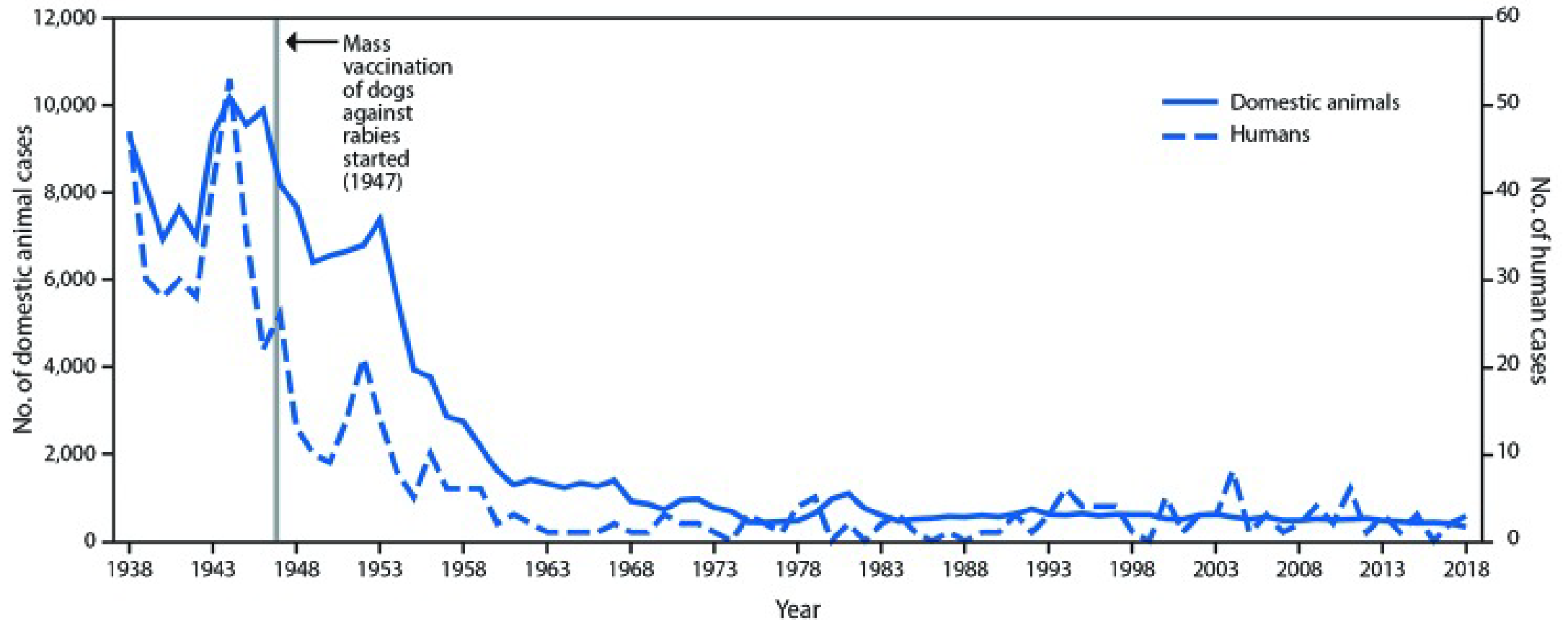


Rabies virus variants associated with terrestrial reservoir species circulate in definable regions.



Historical context for rabies surveillance

Rabies cases in humans and domestic animals — US, 1938–2018



Bats, skunks, raccoons, and foxes are all considered high-risk species for rabies in Indiana.



Bats are the primary reservoir for rabies in Indiana.

Bat bites inflict very limited injury, leading to underestimation of risk from bat exposures.



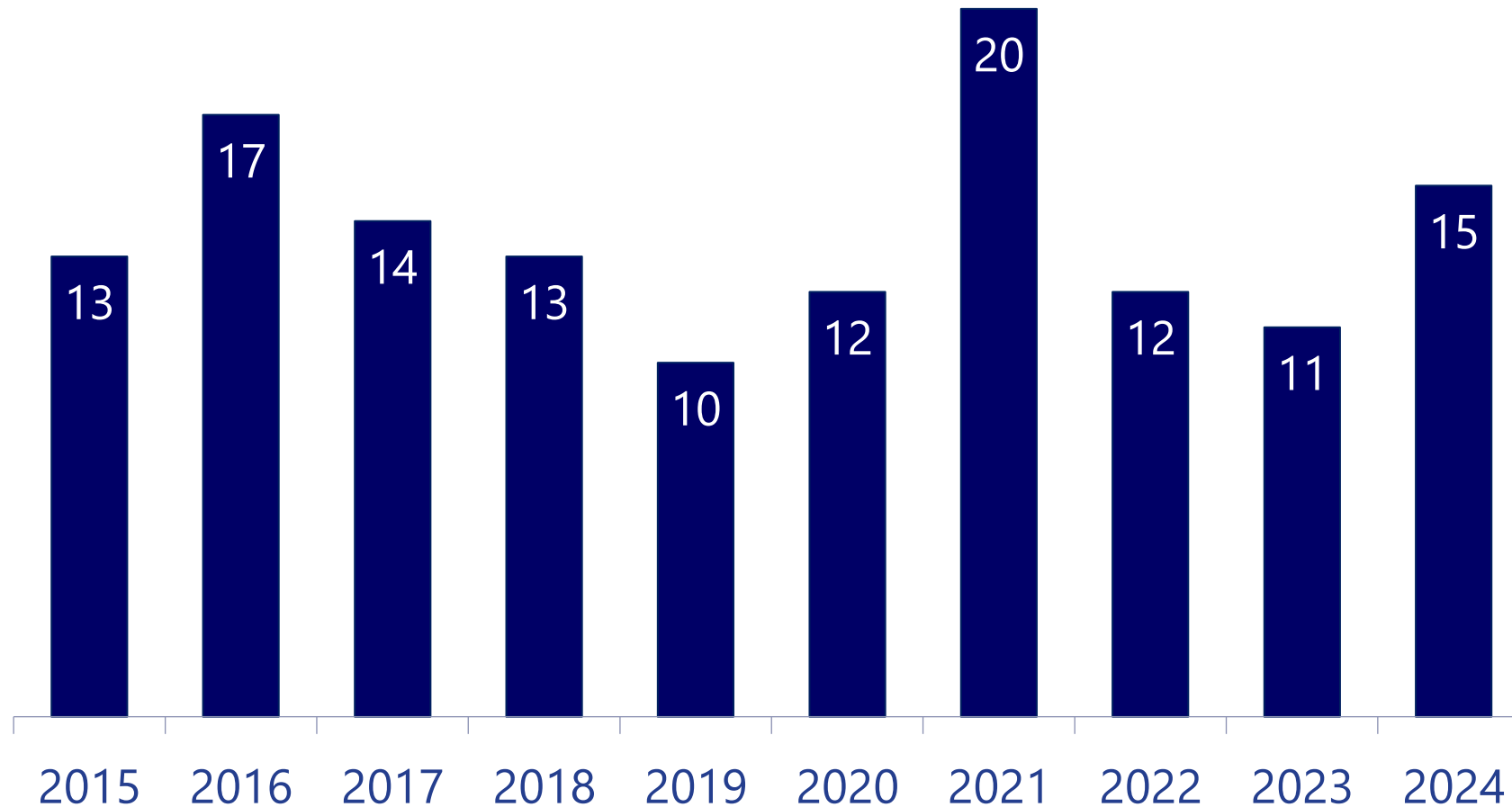
Wound inflicted by canine teeth of big brown bat.
Picture was taken on the same day as the bite.
Photo: CDC.

Small prey animals do not typically carry rabies.



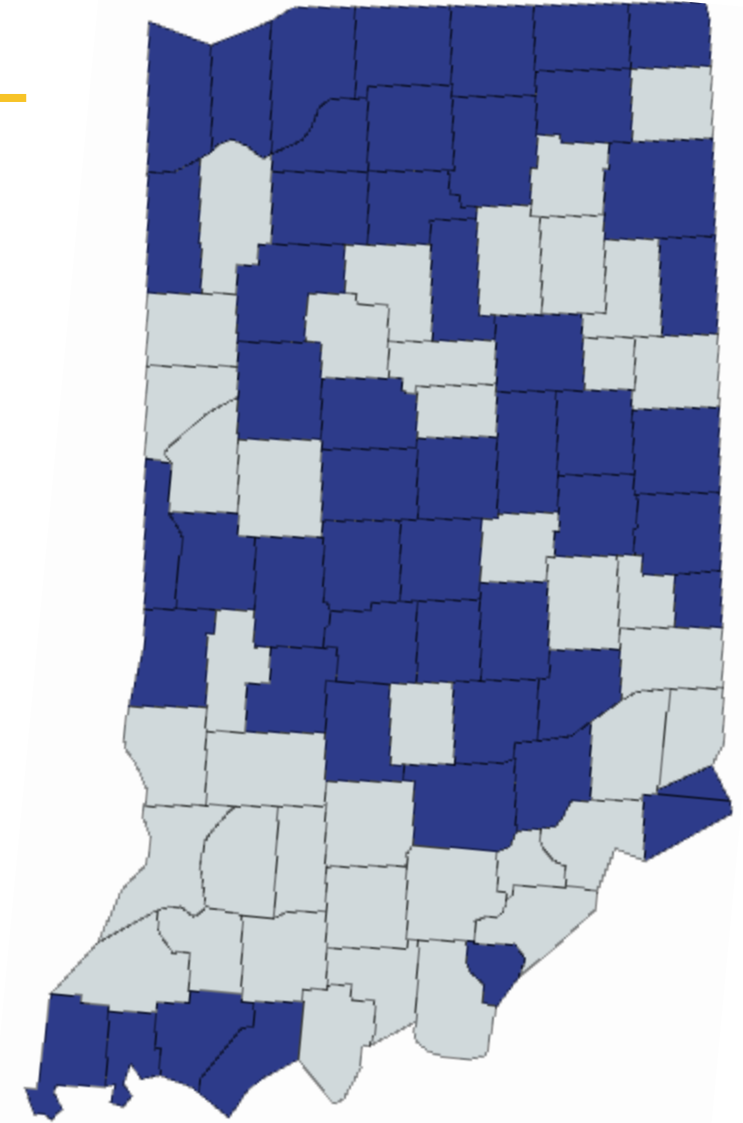
Approximately 10–20 rabid bats are detected in Indiana during a typical year.

Bat rabies case count, 2013–2024



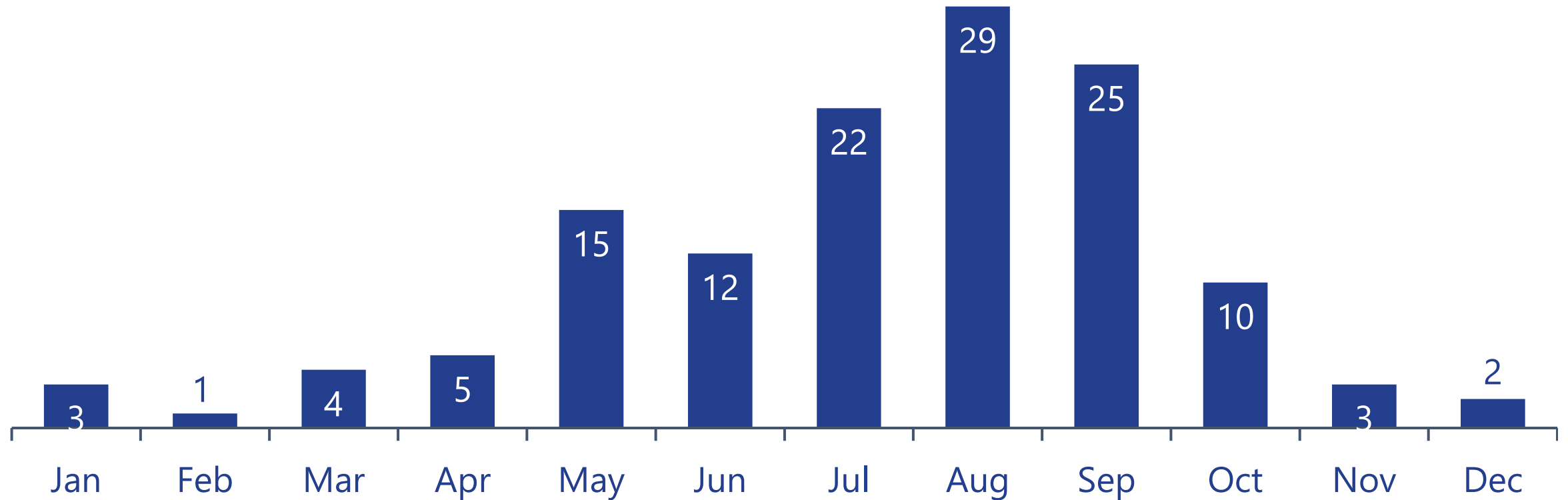
Rabid bats have been detected throughout Indiana.

Counties with detection of rabid bats,
2012–2024 (N=49)



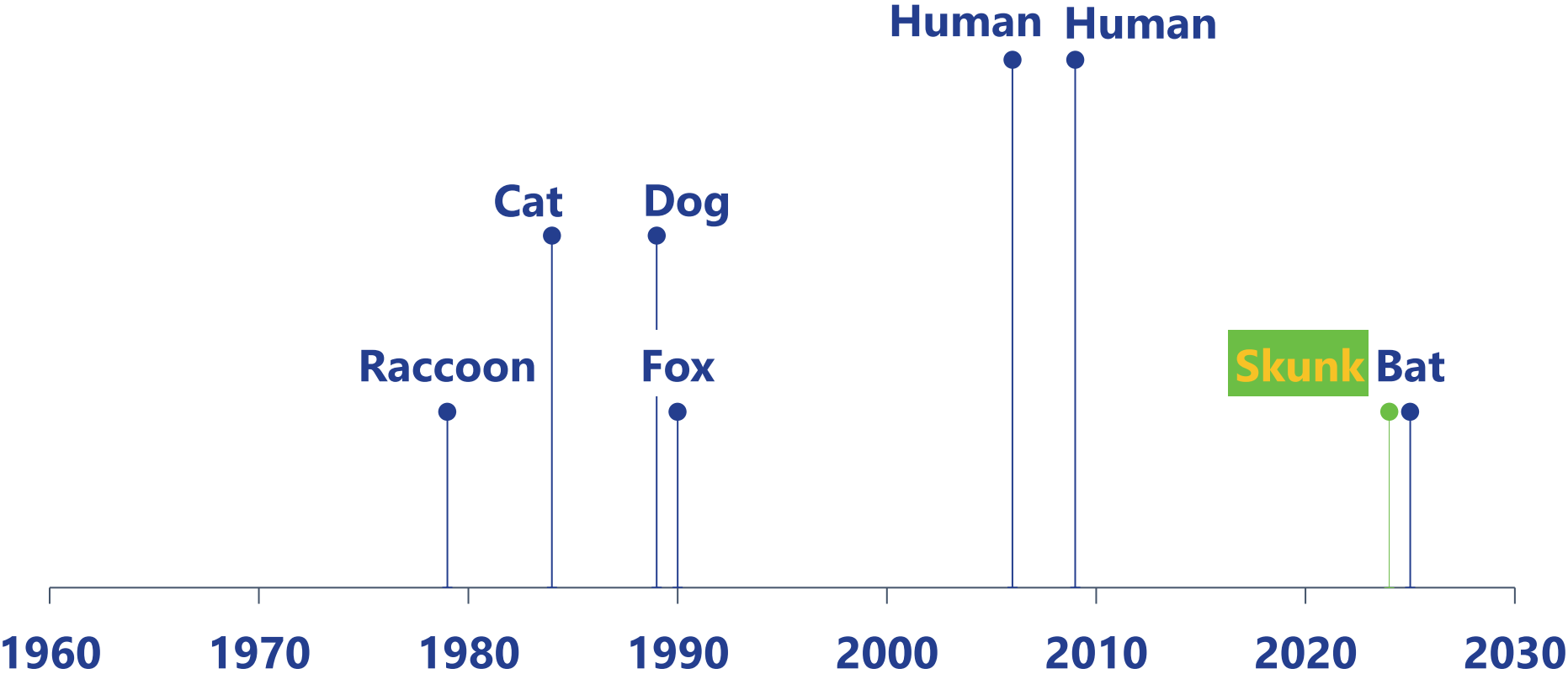
Bat rabies cases peak in August in Indiana.

Number of rabid bats by month, 2012–2025



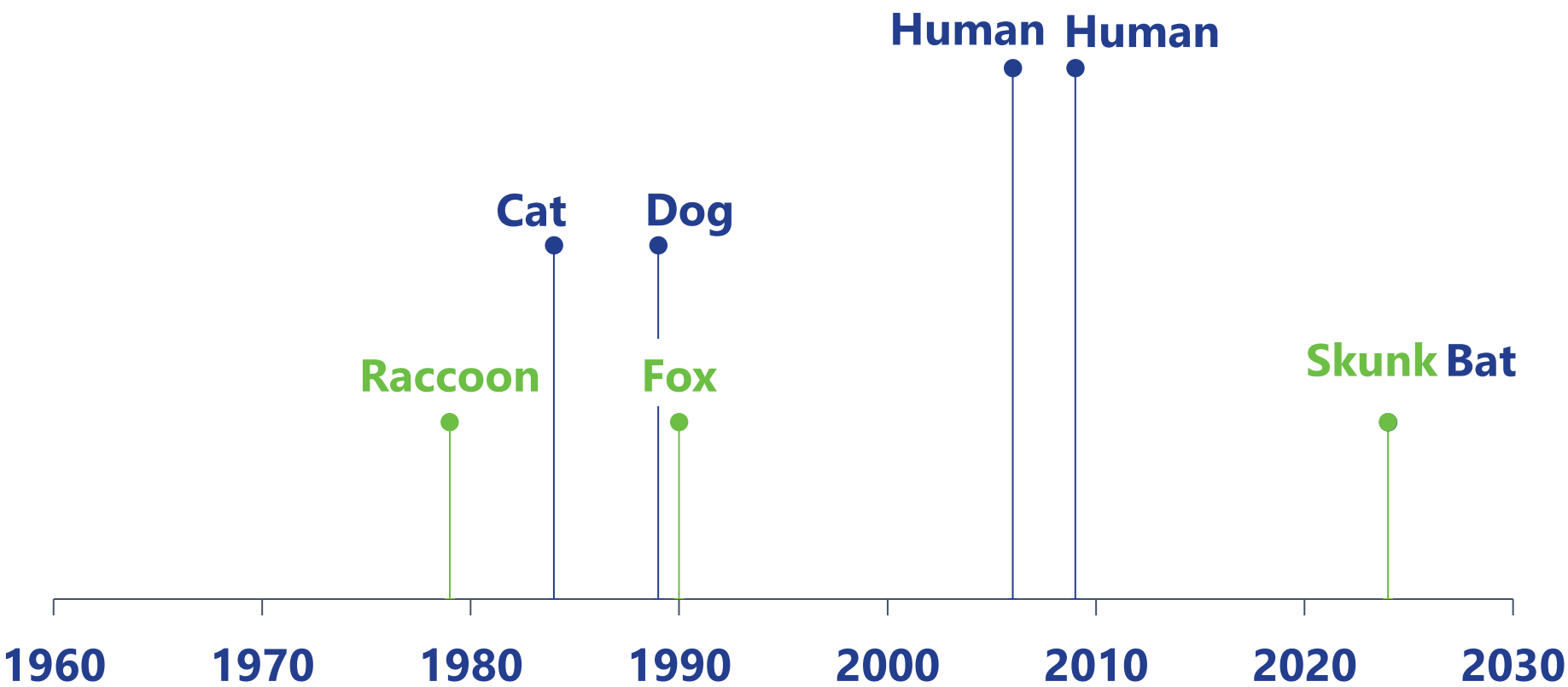
Rabies cases are detected in **bats** in Indiana every year.

Last detection of rabies in Indiana by species, 1960–2025



The last rabies case in Indiana in a **terrestrial wild animal** was in a skunk in 2024.

Last detection of rabies in Indiana by species, 1960–2024

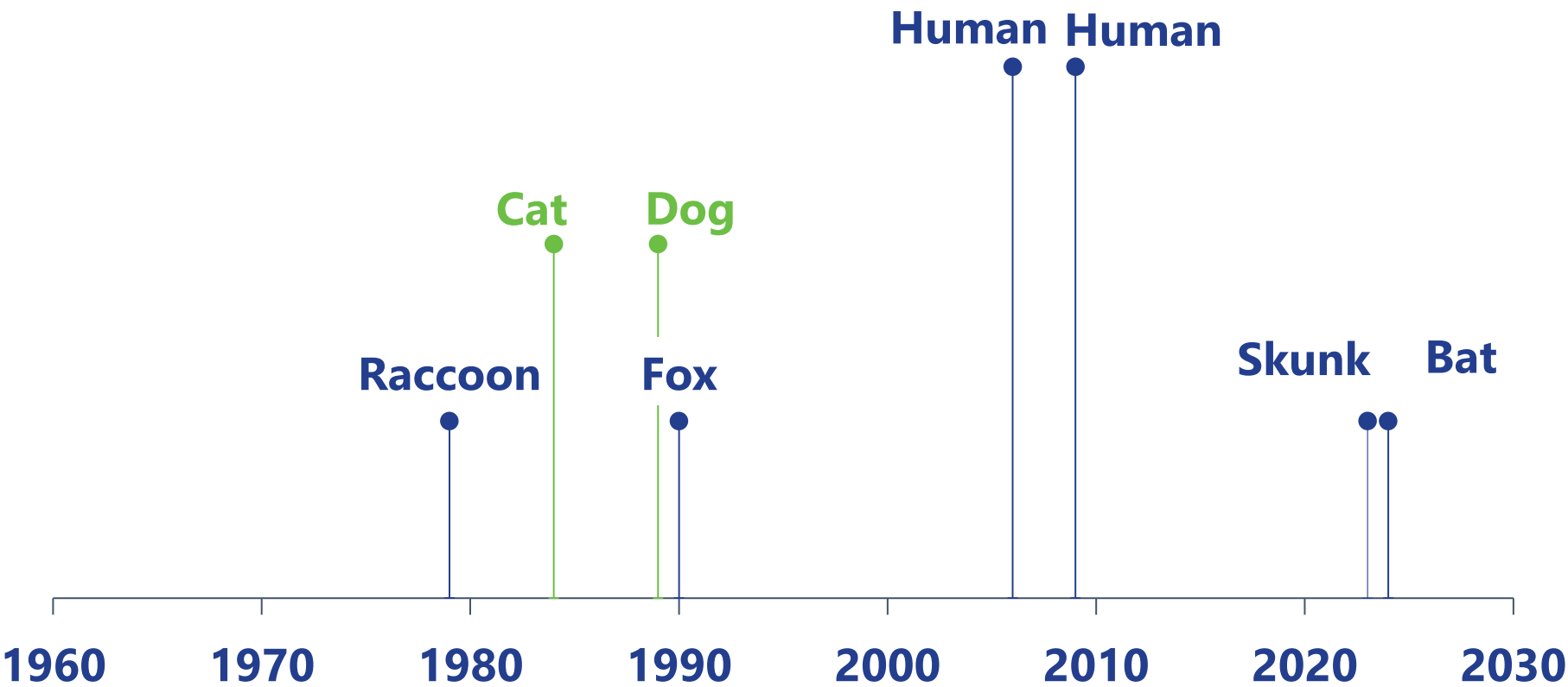


Skunk Rabies Detection

- In January 2024, a rabid skunk was found in Clark County
- CDC variant typing confirmed north-central skunk variant
- First rabid skunk detected in Indiana since 2004
- Active surveillance techniques established
 - IDOH, BOAH, DNR
- Risk assessment changes in 4 counties
 - Harrison, Washington, Floyd, Crawford

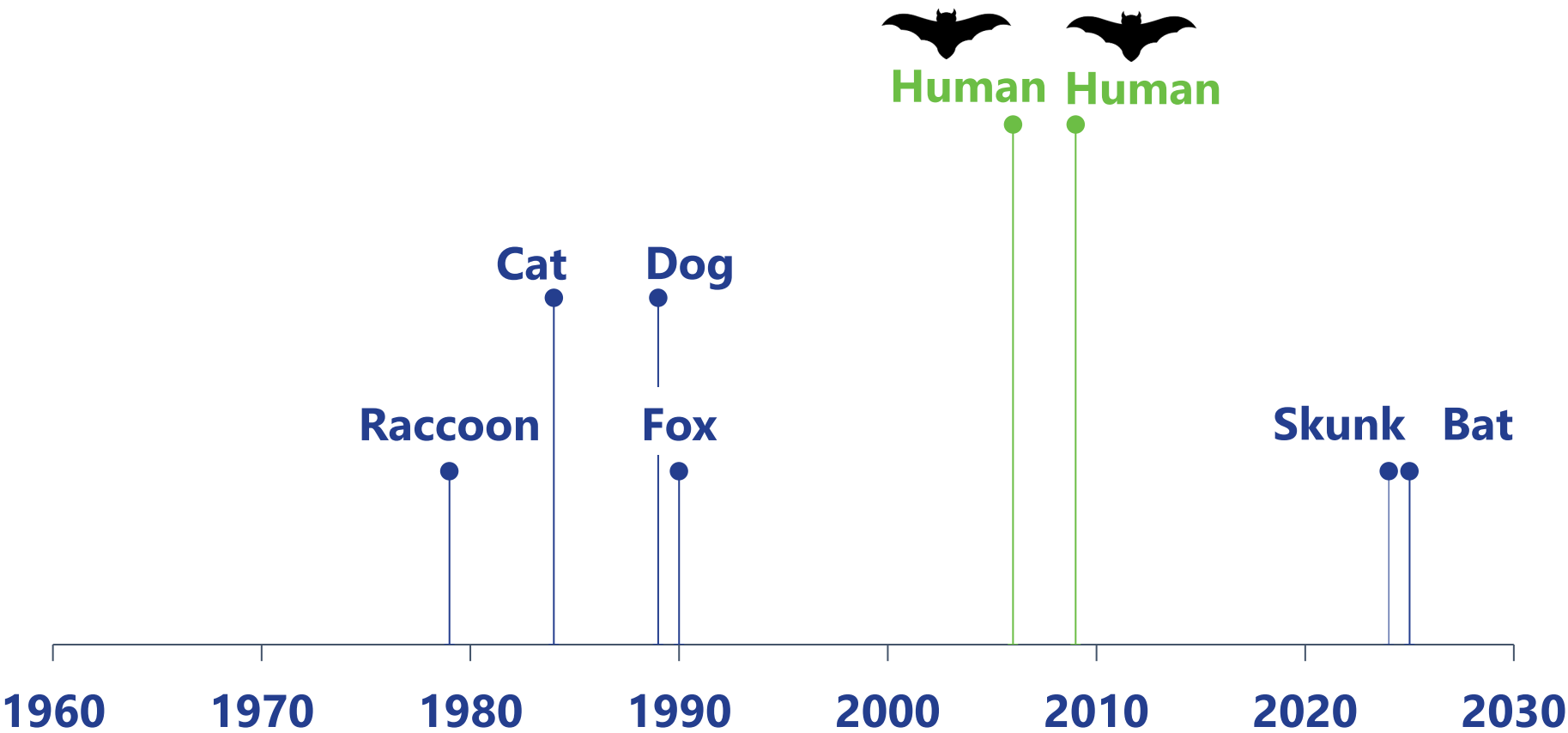
The last rabies case in Indiana in a dog or cat was in the 1980s.

Last detection of rabies in Indiana by species, 1960–2024



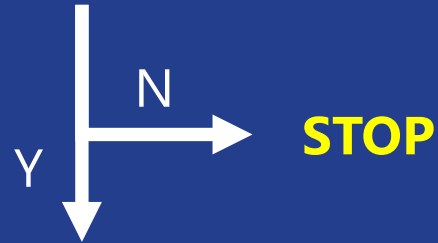
The last rabies cases in Indiana in humans were in the 2000s.

Last detection of rabies in Indiana by species, 1960–2024

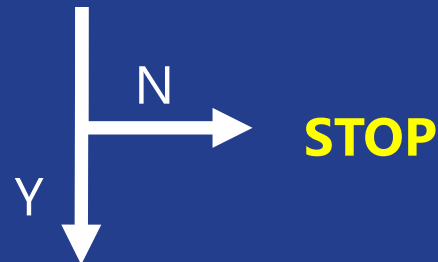


Risk assessment approach

Did sufficient contact occur to allow rabies virus transmission?



Was the animal rabid or potentially rabid?



Public health recommendation for rPEP

Sources of information

Animal bite report
Medical record
Patient and/or proxy interviews

10-day post-bite quarantine*
Rabies testing
Risk estimation

* Dogs, cats, and ferrets ONLY

Components of rPEP

First aid and wound care

- Wash with soap and water
- Irrigate the wound with virucidal solution
- Refer to urgent care or ER

Rabies immune globulin

- Immediate, short-term, passive immunity

Rabies vaccine

- Delayed, long-term, active immunity



Days post presentation	0	3	7	14	28
Where to go	Hospital ED	Hospital infusion clinic +/- PCP, pharmacy, LHD			
Unvaccinated Immune competent	RIG + Vaccine	Vaccine	Vaccine	Vaccine	
Unvaccinated Immune compromised	RIG + Vaccine	Vaccine	Vaccine	Vaccine	Vaccine
Previously vaccinated	Vaccine	Vaccine			



rPEP FAQs

- Who pays for vaccines?
 - The exposed person
 - The county
- Application and Claim for Biologicals
 - State Form 43918
 - Physician affirms patient's inability to pay for vaccination series
 - Covers both HRIG and vaccine doses
- HFI funds can be used for PEP



APPLICATION AND CLAIM FOR BIOLOGICALS

State Form 43918 (R / 11-97)

Approved by State Board of Accounts 1990

Reset Form

STATE OF INDIANA
STATE DEPARTMENT OF HEALTH

INSTRUCTIONS:

1. Indiana code 16-41-19-2 requires counties, cities, and towns to supply certain biological products to persons who are financially unable to pay for them, upon application by a licensed physician.
2. The biological products covered by this law are diphtheria antitoxin, tetanus antitoxin, and rabies vaccines. Any dealer may supply the biologicals. Physician / treatment fees are not reimbursable under IC 16-41-19.
3. BLANK FORMS are supplied by the State Department of Health to local health officers who, in turn, supply physicians on request.
4. Prepare a separate form for each patient.
5. COMPLETED FORMS are submitted by the physician to the local health officer. Local health officers will make a copy or extract information (IC 16-41-19-8), sign the form, and immediately forward the original to the agency directed by ISDH guidelines.

APPLICATION (Physician fill in)				Date (month, day, year)
Name of patient	Age	Sex	Weight	
Address (number and street, city, state, ZIP code)				
Township of residence		County of residence		
If patient is a child, name of parent or guardian				
Biological applied for:				
☐ Diphtheria Antitoxin		☐ Rabies Immunoglobulin (Human)		
☐ Tetanus Antitoxin		☐ Rabies Vaccine, _____ doses		
☐ Tetanus Immunoglobulin (Human)				
Physician's Statutory Affirmation: "I solemnly affirm that the free biologicals applied for will be administered to the person named above, and it is my belief after inquiry that the person is financially unable to pay for them."				
Signature of physician			Telephone number ()	
Vendor's Claim: This form, when properly completed and signed below by the physician, is a legal claim for the market price of the biologicals furnished.				
Signature of Claimant / Vendor (Pharmacist, Hospital Administrator, etc.)				
Address (number and street, city, state, ZIP code)				

Questions?

Erik Ohannesian

Rabies Epidemiologist

erohannesian@health.in.gov





Question & Answer Session



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Questions?

IDOH Laboratory

317-921-5500

IDOH-lab-info@health.in.gov



Next webcast

The next Indiana Laboratory System webcast is scheduled for:

Date: Thursday, May 14

Time: 10:30 – 11 a.m. EST

[Registration Link](#)





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**THANK YOU FOR JOINING
THE WEBCAST!**

- IDOH Laboratory Team