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Adams County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Adams County, Indiana**

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<thead>
<tr>
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<tbody>
<tr>
<td>Population, 2014</td>
<td>34,791</td>
<td>6,596,855</td>
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<tr>
<td><strong>HIV and HCV</strong></td>
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<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
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<tr>
<td>Total number of people living with HIV, 2014</td>
<td>8</td>
<td>11,547</td>
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<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>10 (29)</td>
<td>4,535 (69)</td>
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<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
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<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
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<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
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<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
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<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>6 (17)</td>
<td>2,157 (33)</td>
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<tr>
<td><strong>STDs</strong></td>
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<td></td>
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<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>69 (199)</td>
<td>28,023 (432)</td>
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<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>18 (52)</td>
<td>7,144 (110)</td>
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</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Allen County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on *Allen County, Indiana*

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<tbody>
<tr>
<td>Population, 2014</td>
<td>365918</td>
<td>6,596,855</td>
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</table>

**HIV and HCV**

| **New HIV cases (rate per 100,000 population), 2014** | 19 (5) | 515 (8) |
| **Total number of people living with HIV, 2014**     | 583 (159) | 11,547 |
| ** Newly reported HCV cases (rate per 100,000 population), 2013+** | 142 (39) | 4,535 (69) |

**Drug overdoses and deaths**

| **Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 43 (12) | 966 (15) |
| **Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013** | 56 (15) | 1049 (16) |
| **Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 50 (14) | 1820 (28) |
| **Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013** | 57 (16) | 2,157 (33) |

**STDs**

| **Chlamydia cases (rate per 100,000 population), 2013** | 1931 (531) | 28,023 (432) |
| **Gonorrhea cases (rate per 100,000 population), 2013** | 609 (168) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+Includes Department of Correction cases

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
Bartholomew County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Bartholomew County, Indiana

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<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>8 (11)</td>
<td>966 (15)</td>
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<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
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<td>1049 (16)</td>
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<td><strong>STDs</strong></td>
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<td></td>
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<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>205 (258)</td>
<td>28,023 (432)</td>
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<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>44 (55)</td>
<td>7,144 (110)</td>
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*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For more information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Benton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015, a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
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More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
### Population

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<thead>
<tr>
<th>Description</th>
<th>Benton County</th>
<th>Indiana</th>
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<tr>
<td>Population, 2014</td>
<td>8,700</td>
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### HIV and HCV

<table>
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<tr>
<th>Description</th>
<th>Benton County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Description</th>
<th>Benton County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th>Description</th>
<th>Benton County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>27 (308)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Blackford County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Blackford County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Blackford County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>12,401</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>8</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>29 (232)</td>
<td>4,535 (69)</td>
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**Drug overdoses and deaths**

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<tr>
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</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>34 (53)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
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<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>34 (272)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
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*Numbers less than 5, including 0.

**HIV**

HIV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HIV. The best way to prevent HIV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HIV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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**Key Support Services and Staff**

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Boone County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD
• Promptly report new HCV cases to ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
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1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days.

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Key Contacts for Boone County Disease Investigation area: District 5

**Local HIV Care Coordination**
- Eskenazi Health (317)880-3503
- Damien Center (800)213-1163
- Concord Center (317)637-4376
- Lifecare (317)962-2700
- Step Up (317)259-7013 x16

**Disease Intervention Specialists**
- Kari Haecker (317)221-8315
- Lavida Joseph-Brown (317)221-8302
- William Blakely, Bo Dawson, Ebony Gray, Ervin Gainer, Mackenzie Szymanski, Julia Lay, Ricky Ward, & Nate Nash

###艾滋病和HCV

#### 2014新HIV病例（每10万人口的发病率）
- <5 (*)

#### 2014居住在HIV中的总人数
- 36

#### 2013报告的HCV新病例（每10万人口的发病率）
- 27 (45)

### 药物过量和死亡

#### 2009-2013平均每年药物过量死亡人数（每10万人口）
- 7 (13)

#### 2013每10万人口的药物过量死亡人数
- 14 (23)

### 性病

#### 2013衣原体病例（每10万人口的发病率）
- 121 (200)

#### 2013淋病病例（每10万人口的发病率）
- 26 (43)

### HCV

HCV通过与受感染者的血液接触传播，通常通过共用受污染的针头或注射药物设备（CDC事实表）来实现。目前没有HCV疫苗。预防HCV的最好方法是不注射药物或停止注射。CDC建议HCV检测用于注射药物的人、所有HIV感染者，以及1945-1965年出生的人。

### 物质滥用

人们滥用药物、酒精和烟草等物质，原因各不相同。物质滥用可能对个人、家庭和社区造成负面的社交、身体、心理和公共卫生影响。在2013年，估计有9.4%的12岁以上的人在非法使用药物。

### 关键支持服务和人员

**疾病干预专家**（Disease Intervention Specialists）执行联系人通知、验证受感染个体的治疗，并为受感染的个体发展风险减轻计划，有关HIV Care Coordination的更多信息，请参考本文。

**HIV护理协调员**（HIV Care Coordinators）提供个性化护理计划，包括医疗、心理、社会、财务和其他支持性服务。

**ISDH HIV特殊人群支持项目**（ISDH HIV Special Populations Support Program）为HIV和化学依赖症患者提供广泛支持服务。更多信息，请拨打317-233-7418。

**物质滥用及治疗**（Substance Abuse and treatment）由该地区的各种提供者提供。欲获取信息，请联系SAMHSA的全国热线1-800-487-4889，服务时间为24小时。

**STD预防是HIV预防**（STD Prevention is HIV Prevention）。ISDH STD预防项目为当地卫生部门提供机会，接收性病（衣原体和淋病）的测试材料和药物。欲获取更多信息，请联系std@isdh.in.gov。

### HIV & STD预防服务

**Boone County Health Department**
- 116 W. Washington St, Lebanon, IN
- 无需预约，免费STD检测
- 周四上午9-11AM及下午2-4PM

**ISDH HIV/STD网站**：https://secure.in.gov/isdh/17397.htm

或联系ISDH本地卫生部门外展部门
- LHDinfo@isdh.in.gov（请将“County Profile”置于主题行中）
- 317-234-6623

更多信息，请参见ISDH HIV/STD网站：https://secure.in.gov/isdh/17397.htm

*注意：所有超过5个的数字，包括0。

**药物过量死亡：死亡证书上注明为药物过量致死或“急性药物过量。”
Brown County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Brown County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Brown County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>14,962</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>≤5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>23</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>≤5 (*)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>≤5 (*)</td>
<td>966 (15)</td>
</tr>
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<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
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<td>1049 (16)</td>
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<tr>
<td>Annual average number of non-fatals emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
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<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>21 (140)</td>
<td>28,023 (432)</td>
</tr>
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<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>≤5 (*)</td>
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*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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Key Support Services and Staff

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Carroll County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

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• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
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• Become familiar with local data so any increases are easily identified.
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   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Carroll County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Carroll County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 pop)</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV</td>
<td>6</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 pop)</td>
<td>5 (*)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population, 2009-2013**) | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population, 2009-2013**) | <5 (*) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population, 2013) | 11 (55) | 2,157 (33) |

<table>
<thead>
<tr>
<th>STDs</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 pop)</td>
<td>37 (184)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 pop)</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.  
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

---

**Key Contacts for Carroll County**

<table>
<thead>
<tr>
<th>Disease Investigation area: District 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local HIV Care Coordination</td>
</tr>
<tr>
<td>Aspire (West)</td>
</tr>
<tr>
<td>(765)742-4481</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease Intervention Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Wagner-Walker</td>
</tr>
<tr>
<td>(765)635-7666</td>
</tr>
</tbody>
</table>

---

**HIV & STD Prevention Services**

**Family Health Clinic of Carroll County**
901 Prince William Rd, Delphi, IN 46923  
(765)564-3016  
Accepts any income level, can bill Medicaid, sliding scale fees available
Cass County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Cass County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Cass County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>38,438</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>30</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>20 (52)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td>Drug overdoses and deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>7 (18)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>8 (21)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td>STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>122 (317)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>6 (16)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV
HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse
People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals and link them to care, develop risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Clark County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Clark County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Clark County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>114,262</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clark County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>12 (11)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>292</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>109 (97)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clark County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>22 (20)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>20 (18)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>44 (40)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>68 (60)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th>Metric</th>
<th>Clark County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>37 (317)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>82 (72)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

+Includes Department of Corrections cases.

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Clay County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Clay County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Clay County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>26,562</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>28</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 5 (19) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 7 (27) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 8 (30) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 73 (272) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Clinton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Clinton County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Clinton County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>32,776</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

**HIV and HCV**

New HIV cases (rate per 100,000 population), 2014: <5 (*)
Total number of people living with HIV, 2014: 16
Newly reported HCV cases (rate per 100,000 population), 2013: 19 (58)

**Drug overdoses and deaths**

Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**: <5 (*)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013: 5 (15)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 21 (63)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013: 30 (91)

**STDs**

Chlamydia cases (rate per 100,000 population), 2013: 86 (261)
Gonorrhea cases (rate per 100,000 population), 2013: <5 (*)

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm)
or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

Key Contacts for Clinton County

**Disease Investigation area: District 4**

**Local HIV Care Coordination**
Aspire (West)
(765)742-4481

**Disease Intervention Specialist**
Summer Wagner-Walker
(765)635-7666

HIV & STD Prevention Services

Boone County Health Department
116 W. Washington St, Lebanon, IN
No appointment needed, Free testing for STD testing
Walk in hours are Thursdays from 9-11AM & 2-4PM
Crawford County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Crawford County, Indiana*

<table>
<thead>
<tr>
<th></th>
<th>Crawford County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>10,655</td>
<td>6,596,855</td>
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<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>6 (57)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
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<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>21 (198)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or **317-234-6623**.
Daviess County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Daviess County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Daviess County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>32,729</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>22</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>14 (43)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | < 5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 6 (19) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 5 (15) | 2,157 (33) |

**STDS**

| Chlamydia cases (rate per 100,000 population), 2013 | 100 (309) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 12 (37) | 7,144 (110) |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Dearborn County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Dearborn County, Indiana**

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Dearborn County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>49,506</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014 | 17 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 58 (116) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 11 (23) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 8 (16) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 9 (18) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 8 (16) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 101 (384) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 16 (61) | 7,144 (110) |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is **HIV Prevention**. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Decatur County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
## Spotlight on Decatur County, Indiana

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<tbody>
<tr>
<td>Population, 2014</td>
<td>26,524</td>
<td>6,596,855</td>
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### HIV and HCV

<table>
<thead>
<tr>
<th>Cases/Rate 2014</th>
<th>Decatur County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population)</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>17</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>6 (23)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Cases/Rate 2009-2013**</th>
<th>Decatur County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population)</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>6 (23)</td>
<td>1,049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>10 (40)</td>
<td>1,820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>16 (61)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th>Cases/Rate 2013</th>
<th>Decatur County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>32 (76)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families, and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment services** are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
DeKalb County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
## Spotlight on DeKalb County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>DeKalb County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>42,383</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th></th>
<th>DeKalb County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>20</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>14 (33)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013                     | 7 (17) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 9 (22) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population, 2013 | 15 (36) | 2,157 (33) |

### STDs

<table>
<thead>
<tr>
<th></th>
<th>DeKalb County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>69 (138)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>12 (24)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA's National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

5. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

6. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

7. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Delaware County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Delaware County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>117,074</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIV and HCV</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug overdoses and deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV
HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse
People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Dubois County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Dubois County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>42,345</th>
<th>6,596,855</th>
</tr>
</thead>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>&lt;5 (*)</th>
<th>515 (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>15</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>12 (28)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</th>
<th>&lt;5 (*)</th>
<th>966 (15)</th>
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<td>1049 (16)</td>
</tr>
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<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>74 (175)</th>
<th>28,023 (432)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>7 (17)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Elkhart County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Elkhart County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Elkhart County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>201,971</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>7 (4)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>176</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>51 (25)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

#### Drug overdoses and deaths

- **Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**: 19 (10) / 966 (15)
- **Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013**: 19 (9) / 1049 (16)
- **Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 23 (12) / 1820 (28)
- **Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013**: 31 (15) / 2,157 (33)

#### STDs

- **Chlamydia cases (rate per 100,000 population), 2013**: 879 (438) / 28,023 (432)
- **Gonorrhea cases (rate per 100,000 population), 2013**: 206 (103) / 7,144 (110)

*Numbers less than 5, including 0. **Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”*

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination. **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free. **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418. **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information. **STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   - There is an epidemic of HCV or HIV;
   - The primary mode of transmission of HCV or HIV is injection drug use;
   - That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   - Conducts a public hearing and
   - Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   - Notifies the State Health Commissioner of declaration;
   - Requests the State Health Commissioner to declare a public health emergency;
   - Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   - Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Fayette County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Fayette County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>23,468</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>8</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>51 (214)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 5 (21) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 15 (66) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 19 (80) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 38 (159) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 5 (21) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDtoilet@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

---

**Key Contacts for Fayette County**

**Disease Investigation area: District 6**

**Local HIV Care Coordination**

Aspire (Southeast)

(765)962-8742

**Disease Intervention Specialists**

Melody Fuqua (765)254-1574

Brandon Todd (765)288-0763
Floyd County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Floyd County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Floyd County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>76,179</td>
<td>6,596,855</td>
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**HIV and HCV**

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>131</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>54 (71)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>12 (16)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>9 (12)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>23 (31)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>25 (33)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

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<table>
<thead>
<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>266 (349)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>50 (66)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.*

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

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**Key Support Services and Staff**

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or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Fountain County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Fountain County, Indiana*

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Fountain County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16,658</td>
<td>6,596,855</td>
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**HIV and HCV**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Fountain County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;$5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;$5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>7 (42)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Fountain County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;$5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;$5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>8 (49)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>11 (65)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>STD</th>
<th>Fountain County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>40 (237)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;$5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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**Key Support Services and Staff**

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**HIV & STD Prevention Services**

**Tippecanoe County Health Department**

629 N. 6th St, Suite A, Lafayette, IN, 47901
(765)423-9222

*Please call for an appointment*

**Aspire Indiana**

1231 Cumberland Ave, Suite C, West Lafayette, IN 47906
(765)742-4481

**Free Hep C and HIV testing**

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**Key Contacts for Fountain County**

**Disease Investigation area: District 4**

**Local HIV Care Coordination**

Aspire (West)
(765)742-4481

**Disease Intervention Specialist**

Summer Wagner-Walker
(765)635-7666
Franklin County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
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Spotlight on *Franklin County, Indiana*

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<thead>
<tr>
<th></th>
<th>Franklin County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>22,934</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>10 (44)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>22 (96)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Fulton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Fulton County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Fulton County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>20,500</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>13</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>11 (54)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
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<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>31 (152)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.  
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Gibson County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Gibson County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Gibson County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>33,759</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014      | 17     | 11,547  |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 16 (48) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 5 (15) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 5 (17) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | <5 (*) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 98 (292) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 41 (122) | 7,144 (110) |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Grant County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Grant County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Grant County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>69</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>53 (77)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug overdoses and deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
</tr>
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<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

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Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact **std@isdh.in.gov**.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at **LHDinfo@isdh.in.gov** (please put “County Profile” in subject line) or **317-234-6623**.
Greene County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Greene County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Greene County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>32,726</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>16</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>18 (55)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>6 (21)</td>
<td>966 (15)</td>
</tr>
<tr>
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<td>5 (15)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
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</tr>
<tr>
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<td>&lt;5 (*)</td>
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<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>93 (284)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
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*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
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**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Hamilton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Key Contacts for Hamilton County
Disease Investigation area: District 5

Local HIV Care Coordination
Aspire (Central)
(765)641-8326 X4528

Disease Intervention Specialists
Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray, Ervin Gainer, Mackenzie Szymanski, Julia Lay, Ricky Ward, & Nate Nash

HIV & STD Prevention Services
Marion County Health Department Bell Flower Clinic
640 Eskenazi Ave., 5/3rd Bank Building, First Floor, Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDS, $10.00 service fee.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm
or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Hancock County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Hancock County, Indiana

<table>
<thead>
<tr>
<th>Hancock County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>71,978</td>
</tr>
</tbody>
</table>

#### HIV and HCV

<table>
<thead>
<tr>
<th>Description</th>
<th>Hancock County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>51</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>23 (32)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

#### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Description</th>
<th>Hancock County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>10 (14)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>14 (20)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>104 (21)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>24 (34)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

#### STDs

<table>
<thead>
<tr>
<th>Description</th>
<th>Hancock County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>173 (243)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>18 (25)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

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**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

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Harrison County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Harrison County, Indiana*

<table>
<thead>
<tr>
<th><strong>Harrison County</strong></th>
<th><strong>Indiana</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>39,299</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th><strong>HIV and HCV</strong></th>
<th><strong>Harrison County</strong></th>
<th><strong>Indiana</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>34</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>22 (56)</td>
<td>4,535 (69)</td>
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</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
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<tr>
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<td>9 (23)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>10 (26)</td>
<td>2,157 (33)</td>
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**STDs**

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<th><strong>STDs</strong></th>
<th><strong>Harrison County</strong></th>
<th><strong>Indiana</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>90 (230)</td>
<td>28,023 (432)</td>
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<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>14 (36)</td>
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*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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Hendricks County Profile

Background
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- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
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   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

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Spotlight on Hendricks County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Hendricks County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>156,056</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>7 (5)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>151</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>752 (489)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td>Drug overdoses and deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>17 (12)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>23 (15)</td>
<td>1049 (16)</td>
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<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>31 (22)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>24 (16)</td>
<td>2,157 (33)</td>
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<td>STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>349 (227)</td>
<td>28,023 (432)</td>
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<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>54 (35)</td>
<td>7,144 (110)</td>
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*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Henry County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Henry County, Indiana

<table>
<thead>
<tr>
<th>State</th>
<th>Henry County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>48,995</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases</td>
<td>&lt;5(*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV</td>
<td>54</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases</td>
<td>53 (108)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 13 (27) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 15 (31) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 15 (31) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 17 (35) | 2,157 (33) |

### STDs

<table>
<thead>
<tr>
<th></th>
<th>Henry County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases</td>
<td>121 (247)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases</td>
<td>18 (37)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

+Includes Department of Corrections cases.

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
- **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.
- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.
- **STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Howard County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISIH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Howard County, Indiana*

<table>
<thead>
<tr>
<th>Howard County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>82,982</td>
</tr>
</tbody>
</table>

**HIV and HCV**

- New HIV cases (rate per 100,000 population), 2014: <5 (*)
- Total number of people living with HIV, 2014: 106
- Newly reported HCV cases (rate per 100,000 population), 2013: 52 (63)

**Drug overdoses and deaths**

- Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**: 23 (28)
- Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013: 24 (29)
- Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 40 (49)
- Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013: 38 (46)

**STDs**

- Chlamydia cases (rate per 100,000 population), 2013: 235 (284)
- Gonorrhea cases (rate per 100,000 population), 2013: 64 (77)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
- **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

**Key Contacts for Howard County**

**Disease Investigation area: District 4**

**Local HIV Care Coordination**

Aspire (Central)
(765)641-8326 X4528

**Disease Intervention Specialists**

Summer Wagner-Walker
(765)635-7666

**HIV & STD Prevention Services**

**Howard County Health Department**

120 E. Mullberry St, Kokomo, IN 46901
(765)456-2403

Free HIV testing on Mondays Only

**Madison County Health Department**

206 E. 9th St #200, Anderson, IN 46016
(765)641-9524

$15.00 Fee (covers all tests and possible treatments)
Huntington County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Huntington County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Huntington County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>19</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>6 (16)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 6 (17) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 19 (16) | 1049 (16) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 91 (247) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 7 (19) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDbinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Jackson County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphine (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on Jackson County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Jackson County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>43,705</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
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<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
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</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>7 (16)</td>
<td>966 (15)</td>
</tr>
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<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>10 (23)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>8 (19)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>8 (18)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>154 (354)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>23 (53)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Jasper County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Jasper, Indiana

#### Population, 2014

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>33,475</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

#### HIV and HCV

**New HIV cases (rate per 100,000 population), 2014**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
</tbody>
</table>

**Total number of people living with HIV, 2014**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>11,547</td>
</tr>
</tbody>
</table>

**Newly reported HCV cases (rate per 100,000 population), 2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 (36)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

#### Drug overdoses and deaths

**Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
</tbody>
</table>

**Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
</tbody>
</table>

**Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (16)</td>
<td>1820 (28)</td>
</tr>
</tbody>
</table>

**Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

#### STDs

**Chlamydia cases (rate per 100,000 population), 2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>66 (198)</td>
<td>28,023 (432)</td>
</tr>
</tbody>
</table>

**Gonorrhea cases (rate per 100,000 population), 2013**

<table>
<thead>
<tr>
<th>Jasper County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

#### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

#### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**ISDH HIV Special Populations Support Program** provides opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Jay County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

* Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
* Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
* Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
* Become familiar with local data so any increases are easily identified.
* Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Jay County, Indiana

Key Contacts for Jay County

Disease Investigation area: District 6
Local HIV Care Coordination
Meridian Health Services
(765)288-1928

Disease Intervention Specialists
Melody Fuqua (765)254-1574
Brandon Todd (765)288-0763

HIV & STD Prevention Services

Open Door Family Planning
905 S. Walnut St, Muncie, IN, 47302
(765)281-4263
Sliding Scale fees available, Patient must be Family Planning patient or willing to become one

HIV and HCV

New HIV cases (rate per 100,000 population), 2014: <5 (19)
Total number of people living with HIV, 2014: 11
Newly reported HCV cases (rate per 100,000 population), 2013: 29 (136)

Drug overdoses and deaths

Annual average number of drug poisoning deaths (total rate per 100,000 population; 2009-2013**: <5 (*)
Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013: 7 (33)
Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population; 2009-2013**: 6 (28)
Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population; 2013: 8 (38)

STDs

Chlamydia cases (rate per 100,000 population), 2013: 68 (319)
Gonorrhea cases (rate per 100,000 population), 2013: <5 (*)

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Jefferson County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days.

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Jefferson County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Jefferson County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>32,494</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014 | 26 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013+ | 24 (74) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 5 (15) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 7 (22) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 9 (29) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 14 (43) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 109 (336) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 17 (52) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+Includes Department of Correction cases

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

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**Key Contacts for Jefferson County**

**Disease Investigation area: District 9**

**Local HIV Care Coordination**
Clark County Health Department
(800)828-5624

**Disease Intervention Specialists**
Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

**HIV & STD Prevention Services**

Clark County Health Department
1301 Akers Ave, Jeffersonville, IN 47130
M-F 9AM-5PM, (812)288-2706

Free HIV testing M-F by appointment only
STD testing on Tuesday afternoons, $20.00 fee
Jennings County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

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Key Contacts for Jennings County

**Disease Investigation area: District 9**

**Local HIV Care Coordination**
Clark County Health Department
(800)828-5624

**Disease Intervention Specialists**
Dorothy Waterhouse (812)288-2706
Jesse Shields (812)283-2738

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**HIV & STD Prevention Services**

Clark County Health Department
1301 Akers Ave, Jeffersonville, IN 47130
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Spotlight on **Jennings County, Indiana**

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<thead>
<tr>
<th></th>
<th>Jennings County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>28,000</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 *</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>26</td>
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</tr>
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<td></td>
<td></td>
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<tr>
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<td>966 (15)</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<td>28,023 (432)</td>
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**HCV**

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Johnson County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Johnson County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Johnson County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>147,538</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>5 (3)</th>
<th>515 (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>137</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>44 (30)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 20 (14) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 25 (17) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 43 (30) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 49 (34) | 2,157 (33) |

**STDs**

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>460 (316)</th>
<th>28,023 (432)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>61 (42)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+Includes Department of corrections cases.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject substances.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or **317-234-6623**.
Knox County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a6225)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Knox County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Knox County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>37,938</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>27</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>13 (34)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013*</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013*</td>
<td>5 (3)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>6 (16)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>147 (387)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>24 (63)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Kosciusko County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Kosciusko County, Indiana

<table>
<thead>
<tr>
<th>Kosciusko County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>78,564</td>
</tr>
</tbody>
</table>

### HIV and HCV

#### New HIV cases (rate per 100,000 population), 2014
- <5 (*)
- 515 (8)

#### Total number of people living with HIV, 2014
- 34
- 11,547

#### Newly reported HCV cases (rate per 100,000 population), 2013
- 25 (32)
- 4,535 (69)

### Drug overdoses and deaths

#### Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**
- 7 (9)
- 966 (15)

#### Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013
- <5 (*)
- 1049 (16)

#### Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**
- 17 (22)
- 1820 (28)

#### Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013
- 24 (31)
- 2,157 (33)

### STDs

#### Chlamydia cases (rate per 100,000 population), 2013
- 162 (208)
- 28,023 (432)

#### Gonorrhea cases (rate per 100,000 population), 2013
- 37 (48)
- 7,144 (110)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

#### Disease Intervention Specialists
Conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

#### HIV Care Coordinators
Provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

#### ISDH HIV Special Populations Support Program
Provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

#### Substance abuse and treatment
Services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

#### STD Prevention is HIV Prevention
The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

### Key Contacts for Kosciusko County

#### Disease Investigation area: District 2

**Local HIV Care Coordination**
AIDS Task Force/Positive Resource Center (260)744-1144

**Disease Intervention Specialists**
Melissa Murawski (574)282-3230 x112 Lawrie Covey

#### HIV & STD Prevention Services

**Warsaw Family Health Center**
2307 E. Center St. Suite A, Warsaw, IN 46530
(574)306-2298

_Must be a family planning patient or willing to become one_  
_Sliding Scale fees, Accepts Medicaid and Insurance_

---

**Key Contacts for Kosciusko County**

**Disease Investigation area: District 2**

**Local HIV Care Coordination**
AIDS Task Force/Positive Resource Center (260)744-1144

**Disease Intervention Specialists**
Melissa Murawski (574)282-3230 x112 Lawrie Covey

**HIV & STD Prevention Services**

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
LaGrange County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### LaGrange County, Indiana

<table>
<thead>
<tr>
<th>HIV and HCV</th>
<th>LaGrange County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td>Population, 2014</td>
<td>38,436</td>
<td>6,596,855</td>
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<table>
<thead>
<tr>
<th>Disease Investigation area: District 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Local HIV Care Coordination</th>
<th>AIDS Task Force/Positive Resource Center</th>
</tr>
</thead>
<tbody>
<tr>
<td>(260)744-1144</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disease Intervention Specialists</th>
<th>Melissa Murawski (574)282-3230 x112</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lawrie Covey</td>
<td></td>
</tr>
</tbody>
</table>

### HIV & STD Prevention Services

**Ft. Wayne-Allen County Department of Health Medical Annex building**

4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

**Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.**

**Minimal fees apply, info on website:**

[www.allencountyhealth.com](http://www.allencountyhealth.com)

### Key Contacts for LaGrange County

**Disease Investigation area: District 2**

<table>
<thead>
<tr>
<th>Local HIV Care Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Task Force/Positive Resource Center</td>
</tr>
<tr>
<td>(260)744-1144</td>
</tr>
</tbody>
</table>

**Disease Intervention Specialists**

Melissa Murawski (574)282-3230 x112
Lawrie Covey

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact [std@isdh.in.gov](mailto:std@isdh.in.gov).

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
Lake County Profile

**Background**

In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

**What Local Health Departments Can Do**

As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

**Syringe Exchange Programs**

Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

**Syringe Exchange Law in Indiana** ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))

In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   - There is an epidemic of HCV or HIV;
   - The primary mode of transmission of HCV or HIV is injection drug use;
   - That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   - Conducts a public hearing and
   - Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   - Notifies the State Health Commissioner of declaration;
   - Requests the State Health Commissioner to declare a public health emergency;
   - Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   - Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
## Spotlight on Lake County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Lake County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>490,228</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

| New HIV cases (rate per 100,000 population), 2014 | 65 (13) | 515 (8) |
| Total number of people living with HIV, 2014       | 1,185    | 11,547  |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 253 (52) | 4,535 (69) |

#### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 30 (6) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 49 (10) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 120 (24) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 151 (31) | 2,157 (33) |

#### STDs

| Chlamydia cases (rate per 100,000 population), 2013 | 2,465 (501) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 625 (127) | 7,144 (110) |

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

#### Disease Intervention Specialists
Conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

#### HIV Care Coordinators
Provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

#### ISDH HIV Special Populations Support Program
Provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

#### Substance abuse and treatment
Services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

#### STD Prevention is HIV Prevention
The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
LaPorte County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
### Spotlight on LaPorte County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>LaPorte County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>LaPorte County</td>
<td>111,444</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>185</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>62 (56)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td>Drug overdoses and deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>17 (15)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>17 (15)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>47 (43)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>58 (52)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td>STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>399 (359)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>129 (116)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

**Numbers less than 5, including 0.  **Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CD). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
- **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.
- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.
- **STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

**Key Contacts for LaPorte County**

**Disease Investigation area: District 1**

Local HIV Care Coordination
Aliveness Project (800)293-7312

**Disease Intervention Specialists**

Aquanette Hudson (219)239-2313
Velzie Fuller

**HIV & STD Prevention Services**

LaPorte County Health Department
809 State St, Suite 401 A, LaPorte, IN 46350
Wednesdays by appointment only, 219-326-6808
$20.00 Clinic fee.
$20.00 HIV and Syphilis testing available
$50.00 Hepatitis panel with ALT available

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm)
or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Lawrence County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
### Spotlight on Lawrence County, Indiana

<table>
<thead>
<tr>
<th>Lawrence County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>45,704</td>
</tr>
</tbody>
</table>

#### HIV and HCV

- **New HIV cases (rate per 100,000 population), 2014**: <5 (*).
- **Total number of people living with HIV, 2014**: 31.
- **Newly reported HCV cases (rate per 100,000 population), 2013**: 42 (92).

#### Drug overdoses and deaths

- **Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**: 6 (14).
- **Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013**: 8 (17).
- **Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 23 (51).
- **Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013**: 28 (61).

#### STDs

- **Chlamydia cases (rate per 100,000 population), 2013**: 153 (334).
- **Gonorrhea cases (rate per 100,000 population), 2013**: 9 (20).

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**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

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**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Madison County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Madison County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Madison County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>130,069</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

#### HIV and HCV

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>Madison County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 (4.6)</td>
<td>515 (8)</td>
<td></td>
</tr>
</tbody>
</table>

Total number of people living with HIV, 2014: 197

Newly reported HCV cases (rate per 100,000 population), 2013+: 70 (54)

#### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</th>
<th>Madison County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>38 (29)</td>
<td>966 (15)</td>
<td></td>
</tr>
</tbody>
</table>

Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013: 23 (18)

Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 52 (40)

Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013: 46 (35)

#### STDs

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>Madison County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>482 (369)</td>
<td>28,023 (432)</td>
<td></td>
</tr>
</tbody>
</table>

Gonorrhea cases (rate per 100,000 population), 2013: 131 (100)

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

+Includes Department of Corrections cases.

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Marion County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Marion County, Indiana

<table>
<thead>
<tr>
<th>Marion County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>934,243</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>235 (25)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>4,971</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>504 (54)</td>
</tr>
<tr>
<td>Drug overdoses and deaths</td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>167 (18)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>203 (22)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>347 (38)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>418 (45)</td>
</tr>
<tr>
<td>STDs</td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>9,282 (1000)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>3,191 (344)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+Includes Department of Corrections cases.

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

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**Key Contacts for Marion County Disease Investigation area: District 5**

**Local HIV Care Coordination**
Eskenazi Health (317)880-3503
Damien Center (800)213-1163
Concord Center (317)637-4376
Lifecare (317)962-2700
Step Up (317)259-7013 x16

**Disease Intervention Specialists**
Kari Haecker (317)221-8315
Lavida Joseph-Brown (317)221-8302
William Blakely, Bo Dawson, Ebony Gray, Ervin Gainer, Mackenzie Szymanski, Julia Lay, Ricky Ward, & Nate Nash

**HIV & STD Prevention Services**
Marion County Health Department Bell Flower Clinic
640 Eskenazi Ave., 5/3rd Bank Building, First Floor, Indianapolis, IN 46202
(317)221-8300 appointment line, call for schedule
Tests for HIV and STDs, $10.00 service fee.
Marshall County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local needle exchange programs.

Needle Exchange Programs (NEP)
Needle exchange programs provide people who inject drugs with an opportunity to use sterile needle syringes, share needles less often, safely dispose of used needles, and reduce the spread of bloodborne diseases such as HIV and HCV. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, sexually transmitted disease (STD) screening and treatment, risk reduction counseling, and substance abuse treatment.

Needle Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
On May 5, 2015, Indiana passed a new law to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a NEP is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days.

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Marshall County, Indiana**

### Population, 2014

<table>
<thead>
<tr>
<th></th>
<th>Marshall County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>47,107</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th></th>
<th>Marshall County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>17</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>9 (19)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

<table>
<thead>
<tr>
<th></th>
<th>Marshall County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013</strong></td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>11 (23)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>12 (26)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th></th>
<th>Marshall County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>57 (121)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>6 (13)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

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*For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.*
Martin County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:
- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Martin County, Indiana**

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Martin County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,203</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014 | 7 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 10 (98) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | <5 (*) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | <5 (*) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 14 (138) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is **HIV Prevention**. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or **317-234-6623**.
Miami County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

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Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
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**Spotlight on Miami County, Indiana**

<table>
<thead>
<tr>
<th>Miami County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>35,954</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>Miami County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*) </td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>38</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>31 (86)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Miami County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*) </td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*) </td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>8 (22)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>6 (17)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Miami County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>85 (235)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>11 (30)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+Includes Department of Corrections cases.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or [317-234-6623](tel:317-234-6623).
Monroe County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Monroe County, Indiana*

<table>
<thead>
<tr>
<th></th>
<th>Monroe County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>143,339</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>9 (6)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>215</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>101 (71)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>21 (15)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>19 (13)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>23 (17)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>41 (29)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>662 (467)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>82 (58)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.  **Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”*

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination. **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free. **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418. **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMSHA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information. **STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Montgomery County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Montgomery County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Montgomery County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>38,146</td>
<td>6,596,855</td>
</tr>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>4 (11)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>28</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>34 (89)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td>Drug overdoses and deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>10 (28)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>8 (21)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>22 (59)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>27 (71)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td>STDs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>104 (272)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>14 (37)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

STD Prevention is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Morgan County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Morgan County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Morgan County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>69,693</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>53</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>51 (73)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>16 (24)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>13 (19)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>41 (60)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>45 (65)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>186 (267)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>27 (39)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

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**Key Support Services and Staff**

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For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Newton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
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- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
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Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Key Contacts for Newton County**

**Disease Investigation area: District 1**

**Local HIV Care Coordination**
Aspire (West)
(765)742-4481

**Disease Intervention Specialists**
Aquanette Hudson (219)239-2313
Velzie Fuller

**HIV & STD Prevention Services**

**Gary City Health Department**
1145 W. 5th Ave, Gary, IN 46402
219-882-5565
*Open M-F 8:30 AM to 5PM*
*STD and HIV testing available*

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm)
or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or [317-234-6623](tel:317-234-6623).
Noble County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local needle exchange programs.

Needle Exchange Programs (NEP)
Needle exchange programs provide people who inject drugs with an opportunity to use sterile needle syringes, share needles less often, safely dispose of used needles, and reduce the spread of bloodborne diseases such as HIV and HCV. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, sexually transmitted disease (STD) screening and treatment, risk reduction counseling, and substance abuse treatment.

Needle Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
On May 5, 2015, Indiana passed a new law to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a NEP is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Noble County, Indiana

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<thead>
<tr>
<th></th>
<th>Noble County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td>Population, 2014</td>
<td>47,618</td>
<td>6,596,855</td>
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</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th></th>
<th>Noble County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>20</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>13 (27)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th></th>
<th>Noble County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>7 (16)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>12 (25)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th></th>
<th>Noble County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>98 (206)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>12 (25)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”
+includes Department of Corrections cases.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or **317-234-6623**.

**Key Contacts for Noble County**

**Disease Investigation area: District 2**

**Local HIV Care Coordination AIDS Task Force/Positive Resource Center** (260)744-1144

**Disease Intervention Specialists**

Melissa Murawski (574)282-3230 x112
Lawrie Covey

**HIV & STD Prevention Services**

Ft. Wayne-Allen County Department of Health Medical Annex building
4813 New Haven Ave, Ft. Wayne 46803
260-449-7504

Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.
Minimal fees apply, info on website: [www.allencountyhealth.com](http://www.allencountyhealth.com)
Ohio County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:
- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:
1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
## Spotlight on Ohio County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Ohio County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>6,035</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>7 (116)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
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<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>12 (199)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

#### Disease Intervention Specialists

Disease Intervention Specialists conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

#### HIV Care Coordinators

HIV Care Coordinators provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

#### ISDH HIV Special Populations Support Program

ISDH HIV Special Populations Support Program provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

#### Substance abuse and treatment

Substance abuse and treatment services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

#### STD Prevention is HIV Prevention

The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Orange County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Orange County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Orange County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>19,626</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| **New HIV cases (rate per 100,000 population), 2014** | <5 (*) | 515 (8) |
| **Total number of people living with HIV, 2014** | 14 | 11,547 |
| **Newly reported HCV cases (rate per 100,000 population), 2013** | 10 (51) | 4,535 (69) |

**Drug overdoses and deaths**

| **Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| **Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013** | <5 (*) | 1049 (16) |
| **Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 7 (35) | 1820 (28) |
| **Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013** | 8 (41) | 2,157 (33) |

**STDs**

| **Chlamydia cases (rate per 100,000 population), 2013** | 50 (253) | 28,023 (432) |
| **Gonorrhea cases (rate per 100,000 population), 2013** | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Owen County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on Owen County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Owen County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>20,969</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>&lt;5 (*)</th>
<th>515 (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>18</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>11 (52)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | <5 (*) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 10 (47) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 45 (212) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

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**Key Contacts for Owen County**

**Disease Investigation area: District 7**

**Local HIV Care Coordination**

Positive Link IU Bloomington
(800)313-4645

**Disease Intervention Specialists**

Julie Hartley (812)349-2829
Miranda Ettinger

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**HIV & STD Prevention Services**

**Futures Family Planning Clinic**

119 W. 7th St Lower Level, Bloomington, IN 47404
812-341-7343
Low cost, sliding scale fees
Please call for appointment

*Patients must be Family Planning client or eligible to become one*

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Parke County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Parke County, Indiana

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<thead>
<tr>
<th>Population, 2014</th>
<th>Parke County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>17,233</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

#### HIV and HCV

<table>
<thead>
<tr>
<th>Measure</th>
<th>Parke County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>21</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>253 (1468)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

#### Drug overdoses and deaths

<table>
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#### STDs

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<tr>
<th>Measure</th>
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<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>125 (726)</td>
<td>28,023 (432)</td>
</tr>
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<td>12 (70)</td>
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*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."
+ Includes Department of Corrections cases.

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

#### Key Support Services and Staff

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---

**Key Contacts for Parke County**

**Disease Investigation area: District 7**

**Local HIV Care Coordination**
Positive Link IU Bloomington
(800)313-4645

**Disease Intervention Specialists**
Julie Hartley (812)349-2829
Miranda Ettinger

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**HIV & STD Prevention Services**

**Crisis Pregnancy Center of Terre Haute**
1527 Poplar St, Terre Haute, IN 47807
(812)234-8059
Free or inexpensive STD/HIV testing and treatment

**Terre Haute Health Connections**
500 Hospital Ln #101, Terre Haute, 47802 (812)234-0707
Low Cost, sliding scale fees, Must be family planning patient or willing to become one

---

**Spotlight on Parke County, Indiana**

**Population, 2014**
Parke County: 17,233
Indiana: 6,596,855

**HIV and HCV**

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**Drug overdoses and deaths**

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Perry County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a syringe exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a syringe exchange program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on *Perry County, Indiana*

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<tbody>
<tr>
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**HIV and HCV**

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**Drug overdoses and deaths**

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**STDs**

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Pike County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

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More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Key Contacts for Pike County

Disease Investigation area: District 8
Local HIV Care Coordination
AIDS Resource Group of Evansville
(800)423-6255

Disease Intervention Specialists
Wallace Corbitt, 812-435-5683
Wallace Paynter
Ashlee Stone Neighbors

HIV & STD Prevention Services

Pace Health Connection
715 Wabash Ave, Vincennes, IN, 47591
(812)882-6069
Sliding Scale based on income, Family Planning Services, STD & HIV testing available

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm
or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Porter County Profile

Background
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<td>6,596,855</td>
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**HIV and HCV**

<table>
<thead>
<tr>
<th>Case Type</th>
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</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases, 2014</td>
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</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>164</td>
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**Drug overdoses and deaths**

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- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.
- **STD Prevention is HIV Prevention**. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

**For more information, visit the ISDH HIV/STD website at:** [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Posey County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Posey County, Indiana**

<table>
<thead>
<tr>
<th>Posey County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>25,540</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014 | 11 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 8 (31) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013* | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatality emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013* | <5 (*) | 1820 (28) |
| Non-fatality emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | <5 (*) | 2,157 (33) |

### STDs

| Chlamydia cases (rate per 100,000 population), 2013 | 47 (184) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Pulaski County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   - There is an epidemic of HCV or HIV;
   - The primary mode of transmission of HCV or HIV is injection drug use;
   - That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   - Conducts a public hearing and
   - Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   - Notifies the State Health Commissioner of declaration;
   - Requests the State Health Commissioner to declare a public health emergency;
   - Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   - Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
### Spotlight on Pulaski, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Pulaski County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>8 (62)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug overdoses and deaths</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>8 (66)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>9 (69)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STDs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>15 (115)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Putnam County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Putnam County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Putnam County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*), 515 (8)</td>
<td></td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>67</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>24 (64), 4,535 (69)</td>
<td></td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*), 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 5 (13), 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 12 (32), 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 14 (37), 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 120 (320), 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 13 (35), 7,144 (110) |

*Numbers less than 5, including 0.*

**Drug poisoning deaths:** underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**Includes Department of Corrections cases.**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

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<table>
<thead>
<tr>
<th>Key Contacts for Putnam County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Investigation area: District 7</td>
</tr>
<tr>
<td>Positive Link IU Bloomington</td>
</tr>
<tr>
<td>(800)313-4645</td>
</tr>
<tr>
<td>Disease Intervention Specialists</td>
</tr>
<tr>
<td>Julie Hartley (812)349-2829</td>
</tr>
<tr>
<td>Miranda Ettinger</td>
</tr>
</tbody>
</table>

**HIV & STD Prevention Services**

**Johnson Nichols Health Center**

141 Martinsville St Greencastle, IN, 46135

(765)653-6171

*Please call for hours and testing availability*
Randolph County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on Randolph County, Indiana**

<table>
<thead>
<tr>
<th>HIV and HCV</th>
<th>Randolph County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>25,384</td>
<td>6,596,855</td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>20</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>20 (78)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*)          | 966 (15)    |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013                        | <5 (*)          | 1049 (16)   |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 7 (28)          | 1820 (28)   |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013    | 8 (31)          | 2,157 (33)  |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 72 (284) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 9 (36)   | 7,144 (110)  |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

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**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Ripley County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on Ripley County, Indiana**

<table>
<thead>
<tr>
<th></th>
<th>Ripley County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>28,497</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>12</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>33 (116)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>6 (21)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>9 (32)</td>
</tr>
</tbody>
</table>

**STDs**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>93 (327)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
Rush County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Rush County, Indiana

### Population, 2014

<table>
<thead>
<tr>
<th>Rush County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>16,892</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th></th>
<th>Rush County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>8</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2014</td>
<td>12 (70)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 6 (35) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 8 (47) | 2,157 (33) |

### STDs

| Chlamydia cases (rate per 100,000 population), 2013 | 49 (288) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or "acute drug overdose."

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Scott County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Scott County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Scott County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>23,712</td>
<td>6,596,855</td>
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**HIV and HCV**

<table>
<thead>
<tr>
<th></th>
<th>Scott County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>21</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>62 (260)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th></th>
<th>Scott County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>10 (43)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>7 (29)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatality room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>18 (75)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-natal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>16 (67)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th></th>
<th>Scott County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>57 (239)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CD). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Shelby County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

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Spotlight on Shelby County, Indiana

<table>
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<th>Population, 2014</th>
<th>Shelby County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>44,579</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>&lt;5 (*)</th>
<th>515 (8)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>28</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>20 (45)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 6 (15) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 5 (11) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 21 (48) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 18 (40) | 2,157 (33) |

**STDs**

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>127 (285)</th>
<th>28,023 (432)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>5 (11)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

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**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-662-4225 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Spencer County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Key Contacts for Spencer County

**Disease Investigation area: District 8**

**Local HIV Care Coordination**
- AIDS Resource Group of Evansville
  - (800)423-6255

**Disease Intervention Specialists**
- Wallace Corbitt, 812-435-5683
- Wallace Paynter
- Ashlee Stone Neighbors

**HIV & STD Prevention Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Spencer County Health Department</em></td>
<td>200 Main St., Rockport, IN, (812)649-4441, STD testing for Chlamydia and gonorrhea</td>
</tr>
<tr>
<td><em>Vanderburgh County Health Department Clinic</em></td>
<td>420 Mulberry St., Evansville, IN, 47713 (812)435-5683, $20.00 Exam for STDs and HIV, $10.00 treatment</td>
</tr>
</tbody>
</table>

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Starke County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Starke, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Starke County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33,475</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014 | 8 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013* | 16 (69) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 8 (38) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 8 (34) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 10 (43) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 12 (52) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 39 (168) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.

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**Key Contacts for Starke County**

**Disease Investigation area: District 1**

**Local HIV Care Coordination**

AIDS Assist (800)388-2437

**Disease Intervention Specialists**

Aquanette Hudson (219)239-2313

**HIV & STD Prevention Services**

Knox Winamac Community Health center

1002 Edgewood Dr., Knox, IN 46534

(574)772-0855
Steuben County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Steuben County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Steuben County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>34,308</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>19</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>6 (18)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>6 (18)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>12 (35)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>51 (148)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>7 (20)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days.

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on St. Joseph County, Indiana**

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>St. Joseph County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>30 (11)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>599</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013+</td>
<td>101 (38)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 33 (13) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 39 (15) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 83 (31) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 133 (50) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 874 (340) | 28,023 (432) |
| Gonorhea cases (rate per 100,000 population), 2013 | 223 (87)  | 7,144 (110)  |

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact [std@isdh.in.gov](mailto:std@isdh.in.gov).

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.

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**Key Contacts for St. Joseph County**

**Disease Investigation area: District 2**

**Local HIV Care Coordination**

AIDS Assist (800)388-2437

**Disease Intervention Specialists**

Melissa Murawski (574)282-3230 x112

Lawrie Covey

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**HIV & STD Prevention Services**

**Olive Street Health Center**

244 S. Olive St. Suite E, South Bend, IN 46619

(574)282-3230

**Sliding Scale Fees, Accepts Medicaid and Insurance. Must be a family planning patient or willing to become one**

**HealthLinc**

420 W. 4th St, Suite 120, Mishawaka, IN 46544

**Sliding Scale fees, Medicain, HIP, Medicare and some insurance accepted**

(574)307-7673
Sullivan County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Sullivan County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Sullivan County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and HCV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>17</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>7 (33)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

#### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 5 (27) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 6 (28) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 6 (31) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 8 (38) | 2,157 (33) |

#### STDs

| Chlamydia cases (rate per 100,000 population), 2013 | 45 (212) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

#### Disease Intervention Specialists

Conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

#### HIV Care Coordinators

Provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

#### ISDH HIV Special Populations Support Program

Provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

#### Substance abuse and treatment

Services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

#### STD Prevention is HIV Prevention

The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

### Key Contacts for Sullivan County

**Disease Investigation area: District 7**

**Local HIV Care Coordination**

Positive Link IU Bloomington

(800)313-4645

**Disease Intervention Specialists**

Julie Hartley (812)349-2829

Miranda Ettinger

### HIV & STD Prevention Services

**Crisis Pregnancy Center of Terre Haute**

1527 Poplar St, Terre Haute, IN 47807

(812)234-8059

*Free or inexpensive STD/HIV testing and treatment*

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Switzerland County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Switzerland County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Switzerland County</th>
<th>Indiana</th>
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</thead>
<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
<td>10,452</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>10</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>15 (142)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
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<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>21 (200)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>5 (*)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.  
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Tippecanoe County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Key Contacts for Tippecanoe County Disease Investigation area: District 4**

- **Local HIV Care Coordination**
  - Aspire (West)
  - (765) 742-4881

- **Disease Intervention Specialists**
  - Summer Wagner-Walker
  - (765) 635-7666

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**Spotlight on Tippecanoe County, Indiana**

<table>
<thead>
<tr>
<th>Tippecanoe County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>183,074</td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | <5 (*) | 515 (8) |
| Total number of people living with HIV, 2014        | 167 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 45 (25) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 22 (13) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 26 (14) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 46 (26) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 55 (30) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 836 (464) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 175 (97) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

- **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

- **STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Tipton County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Tipton County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Tipton County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | <5 (*) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (8) | 1049 (16) |
| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | <5 (*) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 5 (32) | 2,157 (33) |

### STDs

| Chlamydia cases (rate per 100,000 population), 2013 | 21 (134) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*) | 7,144 (110) |

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Union County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

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Syringe Exchange Programs
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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

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**Spotlight on Union County, Indiana**

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<tr>
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<th>Union County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td><strong>Population, 2014</strong></td>
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<td>6,596,855</td>
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<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
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<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
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<tr>
<td>Total number of people living with HIV, 2014</td>
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<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>7 (96)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013* | <5 (*)       | 966 (15)      |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | <5 (*)       | 1049 (16)     |
| Annual average number of non-fatality room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013* | <5 (*)       | 1820 (28)     |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 5 (68)       | 2,157 (33)    |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 8 (110)     | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | <5 (*)      | 7,144 (110)  |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CD). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

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**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Vanderburgh County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
**Spotlight on Vanderburgh County, Indiana**

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Vanderburgh County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>182,006</td>
<td>6,596,855</td>
<td></td>
</tr>
</tbody>
</table>

**HIV and HCV**

| New HIV cases (rate per 100,000 population), 2014 | 10 (6) | 515 (8) |
| Total number of people living with HIV, 2014 | 321 | 11,547 |
| Newly reported HCV cases (rate per 100,000 population), 2013 | 151 (83) | 4,535 (69) |

**Drug overdoses and deaths**

| Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013** | 46 (26) | 966 (15) |
| Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013 | 36 (20) | 1049 (16) |

| Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013** | 31 (17) | 1820 (28) |
| Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013 | 31 (17) | 2,157 (33) |

**STDs**

| Chlamydia cases (rate per 100,000 population), 2013 | 918 (506) | 28,023 (432) |
| Gonorrhea cases (rate per 100,000 population), 2013 | 309 (170) | 7,144 (110) |

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

- **Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
- **ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.
- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMSHA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.
- **STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Vermillion County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Vermillion County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Vermillion County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>15,693</td>
<td>6,596,855</td>
</tr>
<tr>
<td><strong>HIV and HCV</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>7</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>6 (38)</td>
<td>4,535 (69)</td>
</tr>
<tr>
<td><strong>Drug overdoses and deaths</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
<td>2,157 (33)</td>
</tr>
<tr>
<td><strong>STDs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>27 (170)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>6 (38)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance Abuse and Treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

**For more information, visit the ISDH HIV/STD website at:** [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm)

**or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.**
Vigo County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
### Spotlight on Vigo County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>Vigo County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>108,175</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

### HIV and HCV

<table>
<thead>
<tr>
<th></th>
<th>Vigo County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>11 (10)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>274</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>126 (116)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

### Drug overdoses and deaths

<table>
<thead>
<tr>
<th>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</th>
<th>Vigo County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 (19)</td>
<td>966 (15)</td>
<td></td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>28 (26)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>12 (12)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>15 (14)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>Vigo County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>453 (418)</td>
<td>28,023 (432)</td>
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</table>

<table>
<thead>
<tr>
<th>Gonorrhea cases (rate per 100,000 population), 2013</th>
<th>Vigo County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>142 (131)</td>
<td>7,144 (110)</td>
<td></td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Warren County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

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Spotlight on Warren County, Indiana

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Warren County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,352</td>
<td>6,596,855</td>
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</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>Description</th>
<th>Warren County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 *</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>&lt;5</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>&lt;5 *</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Description</th>
<th>Warren County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt; 5 *</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 *</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 *</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 *</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Warren County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>19 (226)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>&lt; 5 *</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.
Warrick County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
Spotlight on Warrick County, Indiana

<table>
<thead>
<tr>
<th>Warrick County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>61,149</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>Warrick County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>34</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>32 (52)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Warrick County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>4 (8)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>10 (18)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>11 (18)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Warrick County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>90 (147)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>18 (30)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”**

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention is HIV Prevention.** The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

For more information, visit the ISDH HIV/STD website at: https://secure.in.gov/isdh/17397.htm or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Wabash County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
**Spotlight on Wabash County, Indiana**

<table>
<thead>
<tr>
<th>Population, 2014</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32,252</td>
<td>6,596,855</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>New HIV cases (rate per 100,000 population), 2014</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;5 (*)</td>
<td></td>
<td>515 (8)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total number of people living with HIV, 2014</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td>11,547</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Newly reported HCV cases (rate per 100,000 population), 2013+</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 (46)</td>
<td></td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 (20)</td>
<td></td>
<td>966 (15)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 (25)</td>
<td></td>
<td>1049 (16)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 (31)</td>
<td></td>
<td>1820 (28)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 (25)</td>
<td></td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Chlamydia cases (rate per 100,000 population), 2013</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>64 (189)</td>
<td></td>
<td>28,023 (432)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gonorrhea cases (rate per 100,000 population), 2013</th>
<th>Wabash County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (16)</td>
<td></td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HVC**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

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For more information, visit the ISDH HIV/STD website at: [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm) or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
Washington County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

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Syringe Exchange Programs
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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

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**Spotlight on Washington County, Indiana**

<table>
<thead>
<tr>
<th>Washington County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>27,878</td>
</tr>
</tbody>
</table>

**HIV and HCV**

<table>
<thead>
<tr>
<th>Description</th>
<th>Washington County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>25</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>13 (47)</td>
<td>4,535 (69)</td>
</tr>
</tbody>
</table>

**Drug overdoses and deaths**

<table>
<thead>
<tr>
<th>Description</th>
<th>Washington County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>6 (23)</td>
<td>966 (15)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>8 (29)</td>
<td>1049 (16)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>6 (21)</td>
<td>1820 (28)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>15 (54)</td>
<td>2,157 (33)</td>
</tr>
</tbody>
</table>

**STDs**

<table>
<thead>
<tr>
<th>Description</th>
<th>Washington County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>51 (184)</td>
<td>28,023 (432)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>5 (18)</td>
<td>7,144 (110)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

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**Key Support Services and Staff**

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Wayne County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
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Syringe Exchange Programs
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In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.
2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.
3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.
4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

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**Spotlight on Wayne County, Indiana**

<table>
<thead>
<tr>
<th>Wayne County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population, 2014</td>
<td>67,671</td>
</tr>
</tbody>
</table>

**HIV and HCV**

- **New HIV cases (rate per 100,000 population), 2014**: <5 (*)
- **Total number of people living with HIV, 2014**: 89
- **Newly reported HCV cases (rate per 100,000 population), 2013**: 122 (179)

**Drug overdoses and deaths**

- **Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**: 13 (19) | 966 (15)
- **Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013**: 17 (25) | 1049 (16)
- **Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**: 32 (47) | 1820 (28)
- **Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013**: 49 (72) | 2,157 (33)

**STDs**

- **Chlamydia cases (rate per 100,000 population), 2013**: 273 (159) | 28,023 (432)
- **Gonorrhea cases (rate per 100,000 population), 2013**: 65 (96) | 7,144 (110)

*Numbers less than 5, including 0.
**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

**HCV**

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

**Substance Abuse**

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

**Key Support Services and Staff**

- **Disease Intervention Specialists**: conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.
- **HIV Care Coordinators**: provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.
- **ISDH HIV Special Populations Support Program**: provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.
- **Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.
- **STD Prevention is HIV Prevention**. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

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or contact the ISDH Local Health Department Outreach Division at LHDinfo@isdh.in.gov (please put “County Profile” in subject line) or 317-234-6623.
Wells County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

- Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
- Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
- Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
- Become familiar with local data so any increases are easily identified.
- Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana ([https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251](https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251))
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at [http://emergency.cdc.gov/han/han00377.asp](http://emergency.cdc.gov/han/han00377.asp).
Spotlight on Wells County, Indiana

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<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>Population, 2014</td>
<td>27,862</td>
</tr>
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</table>

### HIV and HCV

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</tr>
</thead>
<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>10</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
</tr>
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### Drug overdoses and deaths

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<thead>
<tr>
<th>Wells County</th>
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</thead>
<tbody>
<tr>
<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
<td>&lt;5 (*)</td>
</tr>
<tr>
<td>Drug poisoning deaths per 100,000 population (rate per 100,000 pop), 2013</td>
<td>6 (22)</td>
</tr>
<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>29 (6)</td>
</tr>
<tr>
<td>Non-fatal emergency room visits due to opioid overdoses (rate per 100,000 population), 2013</td>
<td>&lt;5 (*)</td>
</tr>
</tbody>
</table>

### STDs

<table>
<thead>
<tr>
<th>Wells County</th>
<th>Indiana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>17 (255)</td>
</tr>
<tr>
<td>Gonorrhea cases (rate per 100,000 population), 2013</td>
<td>12 (43)</td>
</tr>
</tbody>
</table>

*Numbers less than 5, including 0.

**Drug poisoning deaths: underlying cause of death coded on death certificate as drug overdose fatality or “acute drug overdose.”

### HCV

HCV is spread through contact with blood of an infected person, primarily through sharing contaminated needles or injection drug use equipment (CDC fact sheet). There is no vaccine for HCV. The best way to prevent HCV infection is to never inject drugs or to stop injecting drugs by getting into and staying in a drug treatment program (CDC). People who continue to inject drugs should use new, sterile syringes each time and never reuse or share needles, water, or other drug preparation equipment. The Centers for Disease Control and Prevention (CDC) recommends HCV testing for people who inject drugs, all people living with HIV, and everyone born during 1945-1965.

### Substance Abuse

People abuse substances such as drugs, alcohol, and tobacco for varied reasons. Substance abuse can have negative social, physical, mental, and public health impact on individuals, families and communities. In 2013, an estimated 9.4% of people over the age of 12 in the US engaged in illegal drug use.

### Key Support Services and Staff

**Disease Intervention Specialists** conduct partner notification, verify treatment of infected individuals, assist infected individuals in developing risk-reduction plans, and refer for HIV Care Coordination.

**HIV Care Coordinators** provide an individualized plan of care that includes medical, psychosocial, financial, and other supportive services for free.

**ISDH HIV Special Populations Support Program** provides intensive support services to individuals diagnosed with HIV disease and chemical dependency. Services are offered throughout the state at 12 sites. For more information, call 317-233-7418.

**Substance abuse and treatment** services are provided by various providers in the area. For information, contact SAMHSA’s National Helpline 1-800-487-4889 for 24-hour free and confidential treatment referral and information.

**STD Prevention** is HIV Prevention. The ISDH STD Prevention Program has opportunities for local health departments to receive test materials and medications for Chlamydia and gonorrhea. For more information, contact std@isdh.in.gov.

**For more information, visit the ISDH HIV/STD website at:** [https://secure.in.gov/isdh/17397.htm](https://secure.in.gov/isdh/17397.htm)

or contact the ISDH Local Health Department Outreach Division at [LHDinfo@isdh.in.gov](mailto:LHDinfo@isdh.in.gov) (please put “County Profile” in subject line) or 317-234-6623.
White County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

What Local Health Departments Can Do
As the local “eyes and ears on the ground,” public health staff are critical to the identification of outbreaks. To do this, the following are important:

• Promptly report new HIV cases to the ISDH Division of HIV/STD/Viral Hepatitis.
• Promptly report new HCV cases to the ISDH Epidemiology Resources Center.
• Look for possible clusters of HIV and/or HCV: case numbers clearly above baseline, same demographics, common risk factors and contacts.
• Become familiar with local data so any increases are easily identified.
• Know who to contact for assistance and appropriate health services.

This Profile is a tool to become familiar with local data, local resources, and to assist you in the decision-making process for local syringe exchange programs.

Syringe Exchange Programs
Syringe exchange programs provide people who inject drugs with an opportunity to reduce the spread of bloodborne diseases such as HIV and HCV, use sterile syringes, share syringes less often, and safely dispose of used syringes. The programs serve to connect hard-to-reach people who inject drugs with important public health services, including HIV and HCV testing, substance abuse treatment, sexually transmitted disease (STD) screening and treatment, and risk reduction counseling.

Syringe Exchange Law in Indiana (https://iga.in.gov/legislative/2015/bills/senate/461#document-d1a62251)
In May, a new law went into effect to allow local health departments and law enforcement to work together to start a needle exchange program in their counties if the following criteria are met:

1. Local health officer declares to county/municipality:
   a. There is an epidemic of HCV or HIV;
   b. The primary mode of transmission of HCV or HIV is injection drug use;
   c. That a Syringe Exchange Program is medically appropriate as part of the comprehensive public health response.

2. The executive/legislative body of county/municipality:
   a. Conducts a public hearing and
   b. Takes official action that adopts the declaration of the local health officer.

3. The executive/legislative body of county/municipality:
   a. Notifies the State Health Commissioner of declaration;
   b. Requests the State Health Commissioner to declare a public health emergency;
   c. Indicates other measures taken to address the epidemic have not worked.

4. Commissioner must approve or deny within 10 days from submission.
   a. Can request additional information extending the deadline for an additional 10 days

More information on steps local health departments and health care providers can take is found in the CDC Health Advisory at http://emergency.cdc.gov/han/han00377.asp.
## Spotlight on White County, Indiana

<table>
<thead>
<tr>
<th></th>
<th>White County</th>
<th>Indiana</th>
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<tbody>
<tr>
<td>Population, 2014</td>
<td>24,453</td>
<td>6,596,855</td>
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### HIV and HCV

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<tbody>
<tr>
<td>New HIV cases (rate per 100,000 population), 2014</td>
<td>&lt;5 (*)</td>
<td>515 (8)</td>
</tr>
<tr>
<td>Total number of people living with HIV, 2014</td>
<td>23</td>
<td>11,547</td>
</tr>
<tr>
<td>Newly reported HCV cases (rate per 100,000 population), 2013</td>
<td>8 (33)</td>
<td>4,535 (69)</td>
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### Drug overdoses and deaths

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<td>Annual average number of drug poisoning deaths (total rate per 100,000 population), 2009-2013**</td>
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<td>1049 (16)</td>
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<tr>
<td>Annual average number of non-fatal emergency room visits due to opioid overdoses (total rate per 100,000 population), 2009-2013**</td>
<td>8 (35)</td>
<td>1820 (28)</td>
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<tr>
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### STDs

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<tbody>
<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
<td>57 (233)</td>
<td>28,023 (432)</td>
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<tr>
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### HCV

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Whitley County Profile

Background
In January 2015, Indiana Disease Intervention Specialists (DIS) identified 11 new HIV cases linked to a rural county in southeastern Indiana that previously had <5 new HIV cases per year. This prompted a complex outbreak investigation to identify additional cases and contacts potentially exposed. In addition, as of June 1, 2015 a total of 166 (163 confirmed and three preliminary positive) individuals linked to this outbreak have tested positive for HIV, and >80% are also infected with hepatitis C virus (HCV). The vast majority of these individuals reported injecting oxymorphone (brand name Opana) and sharing needles.

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Spotlight on Whitley County, Indiana

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**HIV and HCV**

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**Drug overdoses and deaths**

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**STDs**

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<tr>
<td>Chlamydia cases (rate per 100,000 population), 2013</td>
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**HIV & STD Prevention Services**

Ft. Wayne-Allen County Department of Health Medical Annex building
4813 New Haven Ave, Ft. Wayne 46803
260-449-7504
Full Service STD Clinic with HIV testing, Immunizations, Infectious Disease Clinic, travel clinic.
Minimal fees apply, info on website:
www.allencountyhealth.com 

**Key Contacts for Whitley County**

**Disease Investigation area: District 2**

**Local HIV Care Coordination**
AIDS Task Force/Positive Resource Center (260) 744-1144

**Disease Intervention Specialists**
Melissa Murawski (574) 282-3230 x112
Lawrie Covey