Indiana Department of Health

PUBLIC HEALTH ENGAGEMENT AND UPDATES

LINDSAY WEAVER, M.D., FACEP
STATE HEALTH COMMISSIONER

April 26, 2024

A Change in Perspective:

Assessing the ground level view when making 10,000-foot decisions

UNIVERSITY OF LOUISVILLE
SCHOOL OF MEDICINE

Indiana Department of Health

You have never walked in someone else's shoes …

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Finding Mentors and My Passion

SCHOOL OF MEDICINE
EMERGENCY MEDICINE

- Advocacy
- Rotation at the statehouse
- Keep an open mind
- Be you and don’t apologize

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Post Residency

West Hospital

Riley Hospital for Children
Indiana University Health

Charles Warren Fairbanks
CENTER FOR MEDICAL ETHICS

- Hospice and Palliative Medicine Fellowship

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At the Table…

Advancing Emergency Care

American College of Emergency Physicians®

ADVANCING EMERGENCY CARE

The Indiana Patient Preferences Coalition

Indiana Department of Health

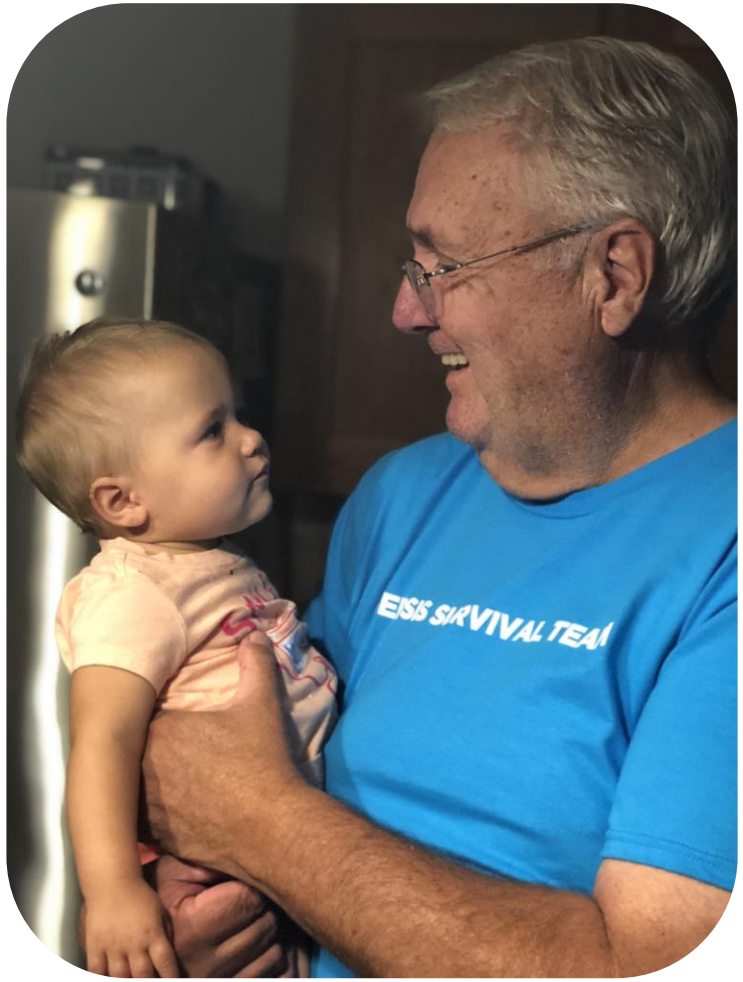
Solution Leadership

Quality Director Methodist Emergency Department

Indiana Department of Health

Connecting to People

- Lead Physician IU Health Sepsis Initiative
- Physician Lead of the Emergency Medicine Clinical Council
- What's Next?



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FEBRUARY 3, 2020

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February 25, 2020

"Ultimately we expect we will see community spread in this country," said Messonier. "It's not so much a question of if this will happen anymore, but rather more a question of exactly when this will happen and how many people in this country will have severe illness."

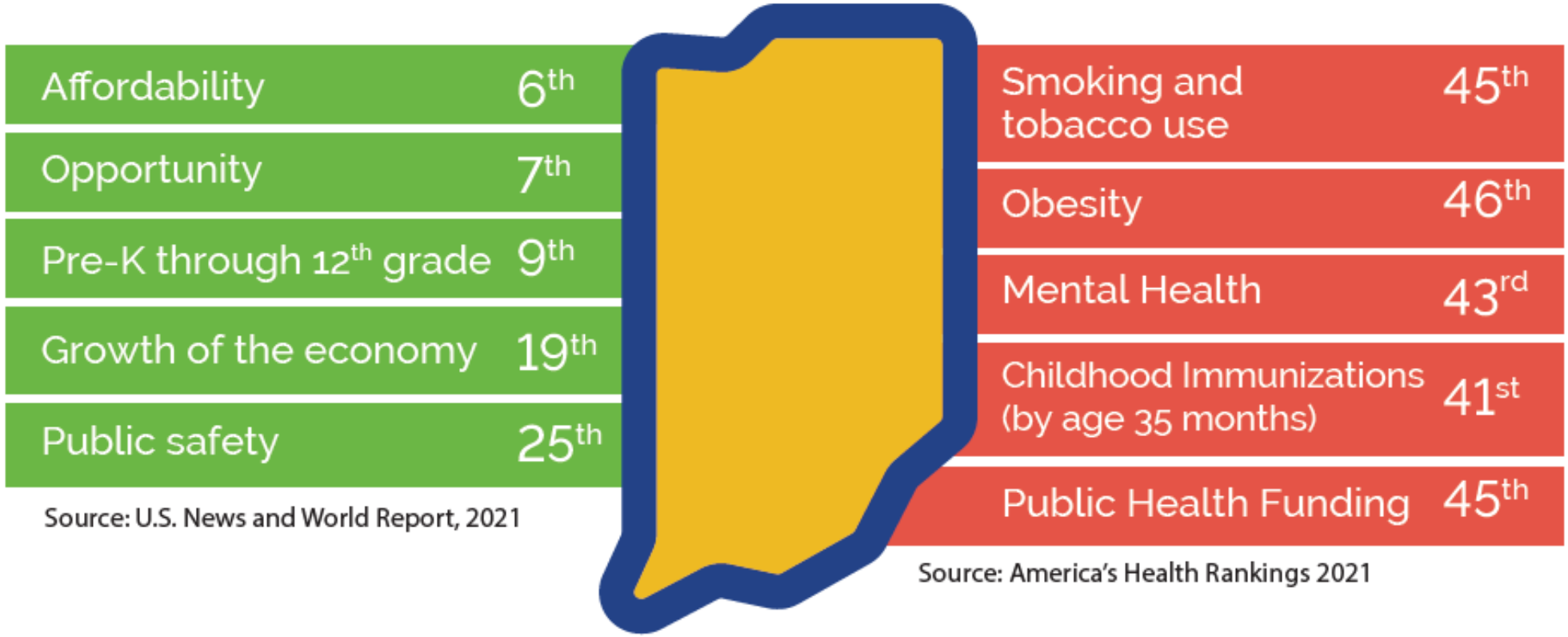
March 6, 2020
First Case

Health First Indiana

Indiana Department of Health

How Indiana Ranks Nationally

How Indiana Ranks in the Nation



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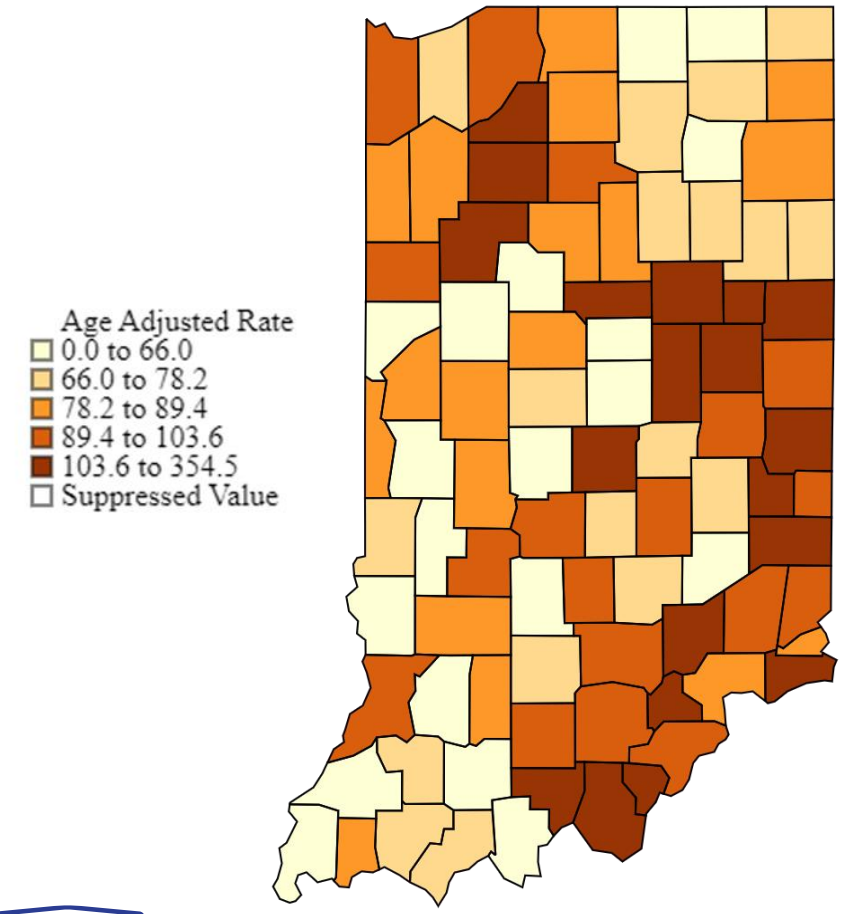
Risk of Mortality from Injury Compared to Access to a Trauma Center Within a 45-Minute Drive



Indiana Trauma Center Access: Areas Within a 45-Minute Drive

H 45-Minute Accessible Trauma Center *

45-Minute Accessible Areas

Average Travel Time
based on posted and historical speeds

	45-Minute Coverage (at average speed)		State Total
	n	% of state	n
Land Area	26,648 sq mi	74%	35,826 sq mi
Population	5,937,078 people	92%	6,483,802 people
Interstates	1,219 miles	96%	1,266 miles

* Considered a trauma center for purposes of the triage and transport rule.

Travel times are calculated with 2016 street network reference data published by Esri. Travel times do not take into account current traffic volume or restrictions. Population and land area are calculated from the 2010 U.S. Census block summary geography. Interstate mileage is calculated using a single direction of a divided highway (source: INDOT). All statistics should be considered an estimate.

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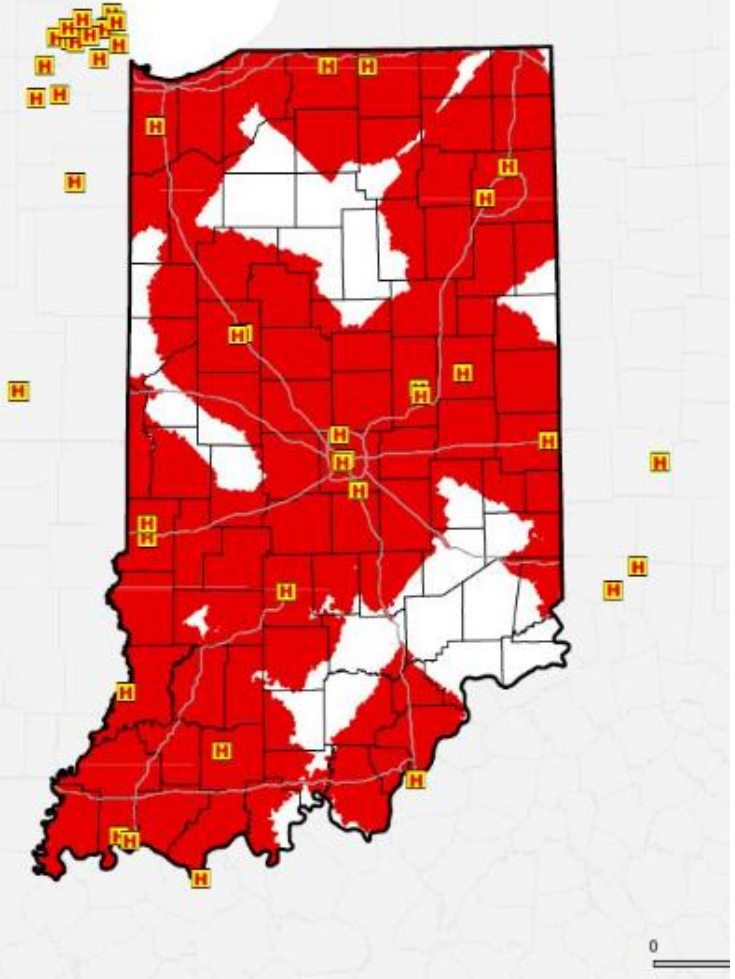

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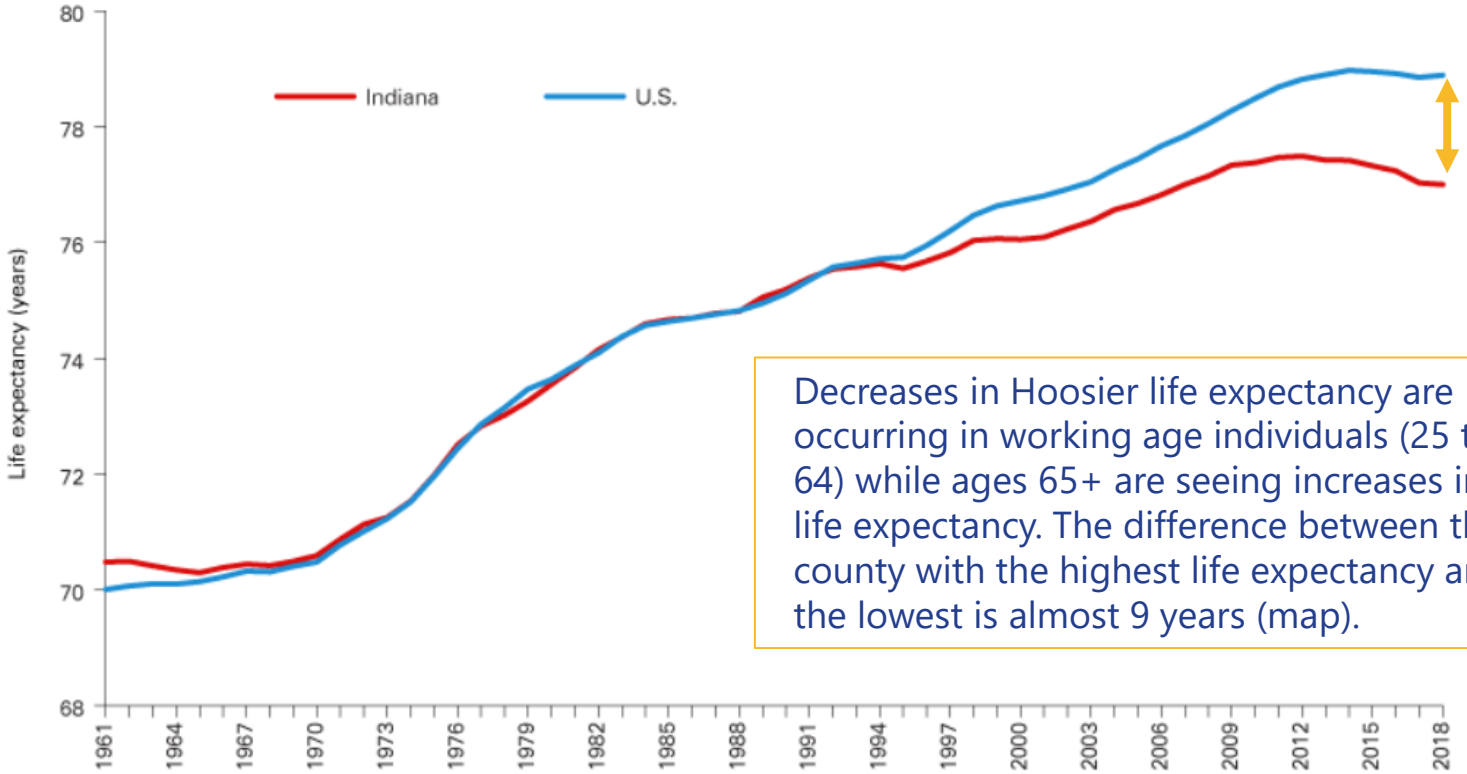
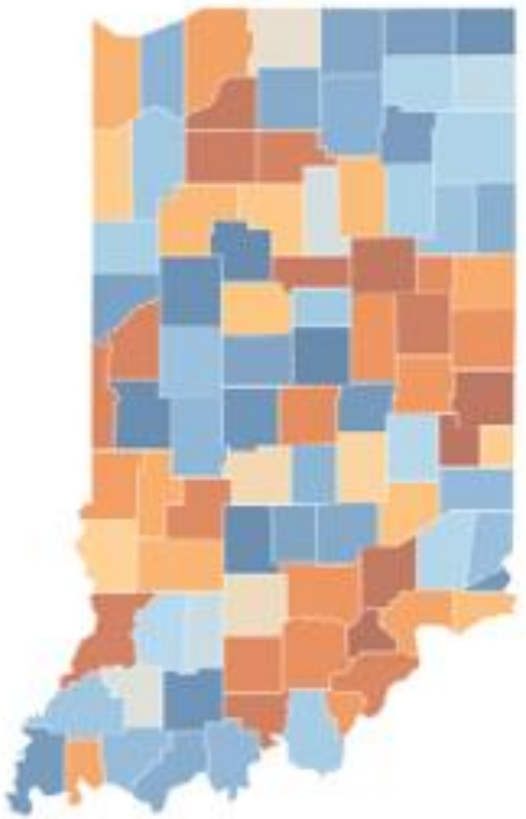
Life Expectancy in Indiana

Figure 1: Life expectancy at birth, three-year moving average



Source: United States Mortality Database. University of California, Berkeley (USA). Available at usa.mortality.org (data downloaded on 5/10/2021).

Decreases in Hoosier life expectancy are occurring in working age individuals (25 to 64) while ages 65+ are seeing increases in life expectancy. The difference between the county with the highest life expectancy and the lowest is almost 9 years (map).



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Obesity in Indiana

	Youth Obesity Rate[1]	Adult Obesity Rate[2]
2016	30.1%	32.5%
2017	25.9%	33.6%
2018	38.5%	34.1%
2019	34.7%	35.8%
2020	31.9%	36.8%

1. Adult Obesity Rate is from BRFSS. Percentage of Adults (18 and over) with a BMI above 30.0. https://nccd.cdc.gov/BRFSSPrevalence/
2. Youth Obesity Rate is from National Survey of Children's Health for children aged 10-17. Percentage of Children with BMI 85th percentile or above. https://www.childhealthdata.org/browse/survey/results?q=9632&r=16

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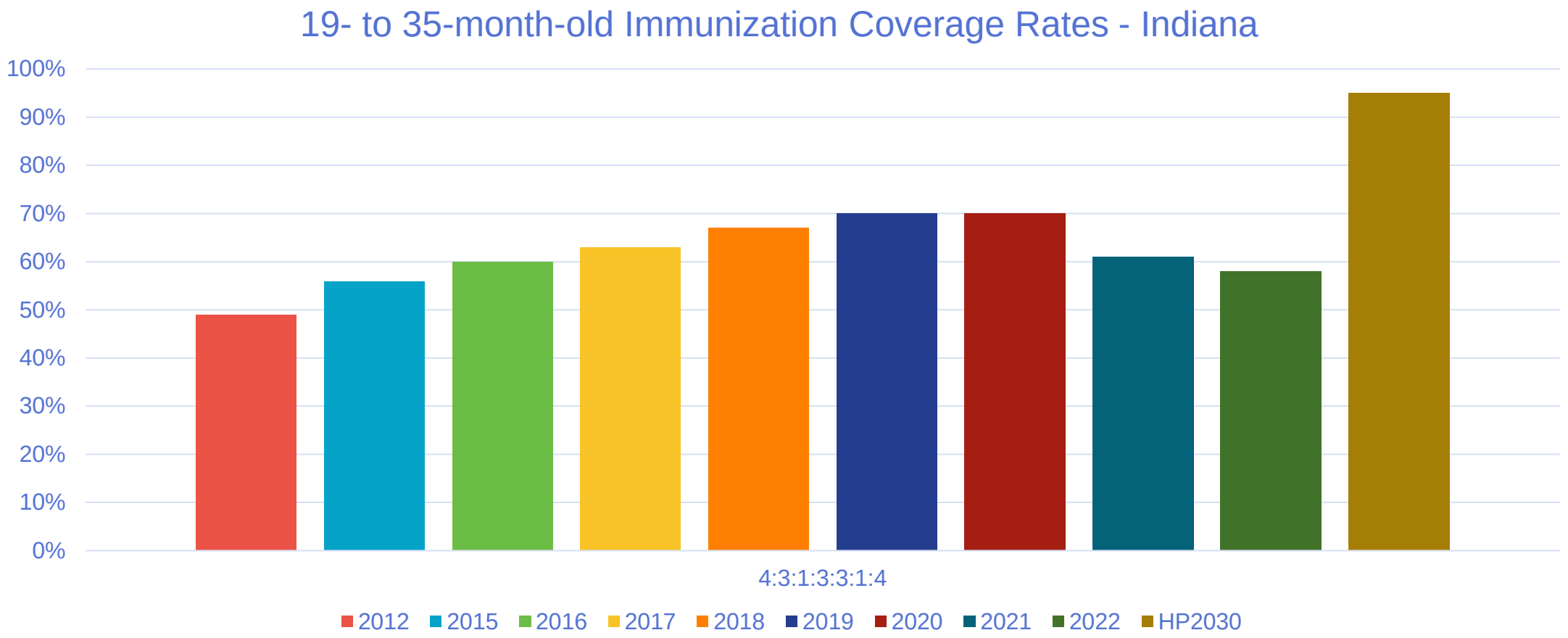
2015-2019 Age-Adjusted Incidence Rates

Cancer Type	United States	Indiana
All Obesity-Associated Cancers	172.5	176.4
Colon and Rectum	37.7	41.1
Corpus and Uterus NOS	27.7	28.8
Esophageal Adenocarcinoma	3.0	4.0
Gallbladder	1.1	0.9
Gastric Cardia	2.0	2.4
Kidney	16.4	18.1
Liver	7.1	6.1
Meningioma	0.1	0.1
Multiple Myeloma	6.7	6.3
Ovary	10.4	9.8
Pancreas	13.2	13.4
Postmenopausal Female Breast	344.9	344.6
Thyroid	13.8	12.2

https://gis.cdc.gov/Cancer/USCS/#/RiskFactors/

Childhood Immunizations



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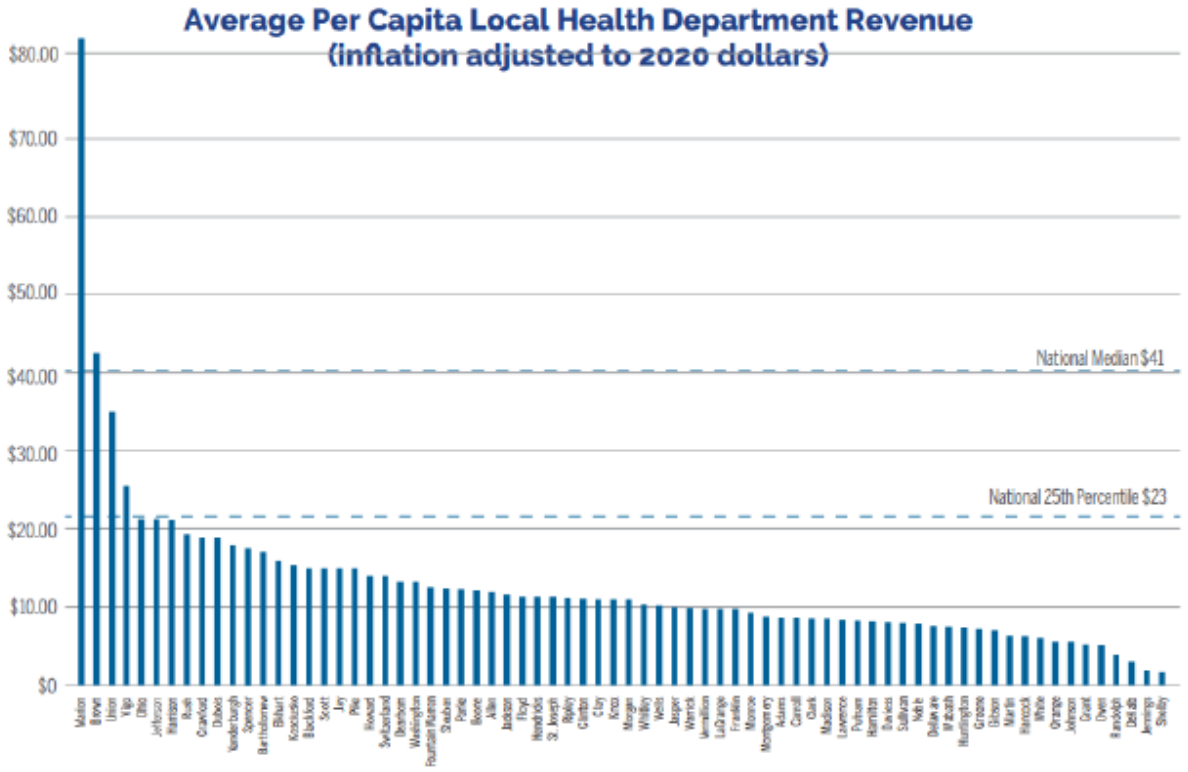
Public Health Funding Findings



Source: Fairbanks School of Public Health IndianaPublic Health System review, December 2020

Marion County Health and Hospital Corporation (MCHHC)

MCHHC is the only county-based LHD organized, by statute, as a municipal corporation. In addition to operating an LHD, MCHHC operates inpatient and outpatient facilities, long term care facilities, and Indianapolis Emergency Medical Services. (EMS).

- Most of our local public health funding comes from the local government, ~70% , many times from property taxes.
- Across the nation this is reversed in many states, where the State government is a larger percentage of the funding for a local public health department.
- The revenue of the vast majority of our local health departments **is below the national 25th percentile**
- Funding per capita ranges from $1.25 to $83 across our state

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Governor's Public Health Commission Six Areas of Focus

Governance, Infrastructure, and Services

Ensure the same core public health services are provided locally throughout the state by promoting collaboration, engagement and quality improvement.

Workforce

Identify and train a public health workforce to expand capacity and skills to support Hoosier health.

Emergency Preparedness

Enhance the emergency system by ensuring state and local agencies have the tools they need to respond.

Public Health Funding

Invest in public health to improve outcomes through the consistent local delivery of services.

Data and Information Integration

Coordinate and modernize data to provide tools to help communities make data-informed decisions.

Child and Adolescent Health

Improve student learning by eliminating health barriers and improving access to care.

INDIANA

GOVERNOR'S PUBLIC HEALTH COMMISSION

Report to the Governor in fulfillment of Executive Order 21-21

Submitted by the Staff of the Indiana Department of Health

Indiana Department of Health

https://www.in.gov/health/files/GPHC-Report-FINAL-2022-08-01_corrected.pdf

SEA 4 and HEA 1001

- HEA 1001 – Budget Bill
  - GPHC funding for counties: $75 million (SFY 24), $150 million (SFY 25)
  - Trauma system quality improvement: $3.29 million (SFY 24), $5.79 million (SFY 25)
  - EMS readiness: $6.45 million (SFY 24), $8.2 million (SFY 25)
  - State strategic stockpile: $4 million per year

- SEA 4 – GPHC legislation
  - Established process for counties to opt-in to enhance local public health funding and maintained local control throughout
  - Defined core public health services and parameters for use of funding
  - Made changes to Local Health Board appointments

Core Services

Communicable disease prevention and control

Student health

Testing/counseling for HIV, HCV, STI

Referrals to clinical care

Vital records

Fatality review (child, suicide, overdose)

TB control and case management

Chronic disease prevention and reduction

Trauma and injury prevention and education

Tobacco prevention and cessation

Maternal and child health

Emergency preparedness

Childhood lead screenings and case management

Child and adult immunizations

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Healthfirstindiana.in.gov

Future of Public Health

- Now in implementation phase – Health First Indiana
- Historic, FIRST-of-its-kind investment in public health
- Investment in prevention leads to healthier communities and workforce, which attracts businesses and benefits economy
- Convenes local elected officials, public health, clinical health and community partners
- Partnerships allow communities to organize care, reduce duplication of services, be more efficient
- Benefits rural communities that often have fewer resources
- Allows counties to create innovative solutions tailored to address local health needs

Opt-In Map

Health First Indiana in Your Community

This interactive map shows in green the counties that have opted-in to receive Health First Indiana funding for 2024. Click on a county for details about how Health First Indiana is at work in your community. You'll see your county's funding information, budget, current programs and priorities.

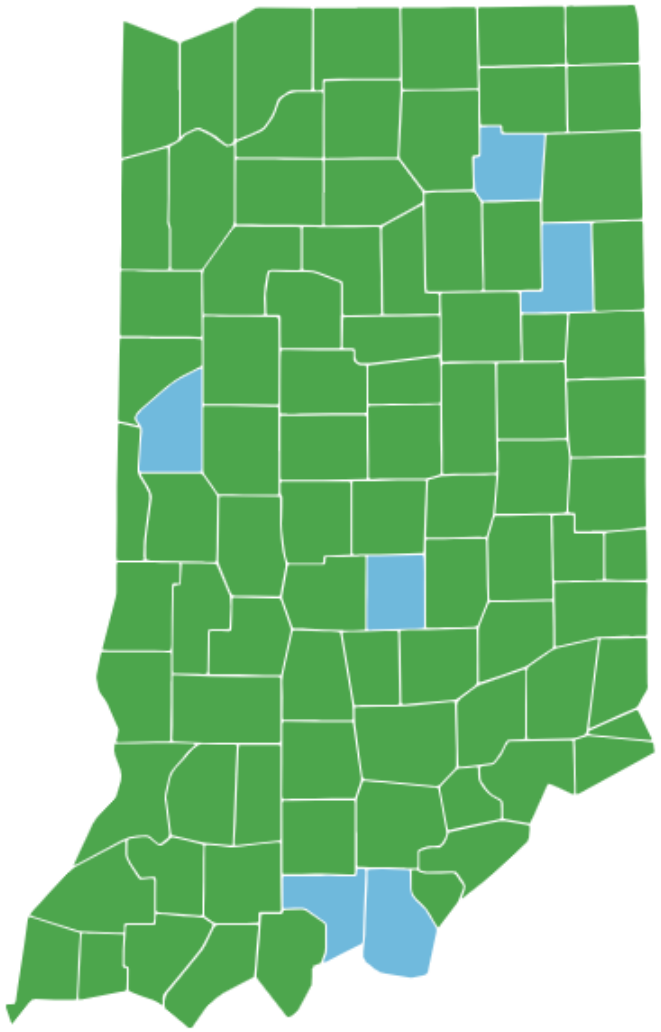
Local officials will decide every year whether to accept Health First Indiana funding for a range of core public health services from maternal and child health to food inspections. Investing in public health helps promote economic security and prosperity by improving health outcomes.

Counties that have opted-in to the Health First Indiana initiative

Municipal Health Department Funding for 2024

- East Chicago, City of: $318,209.34 (View budget)
- Fishers, City of: $1,001,725.50 (View budget)
- Gary, City of: $833,751.90 (View budget)

health first INDIANA



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Healthfirstindiana.in.gov

County Level Information

Henry County

OPTED IN FOR 2024: $552,169.32

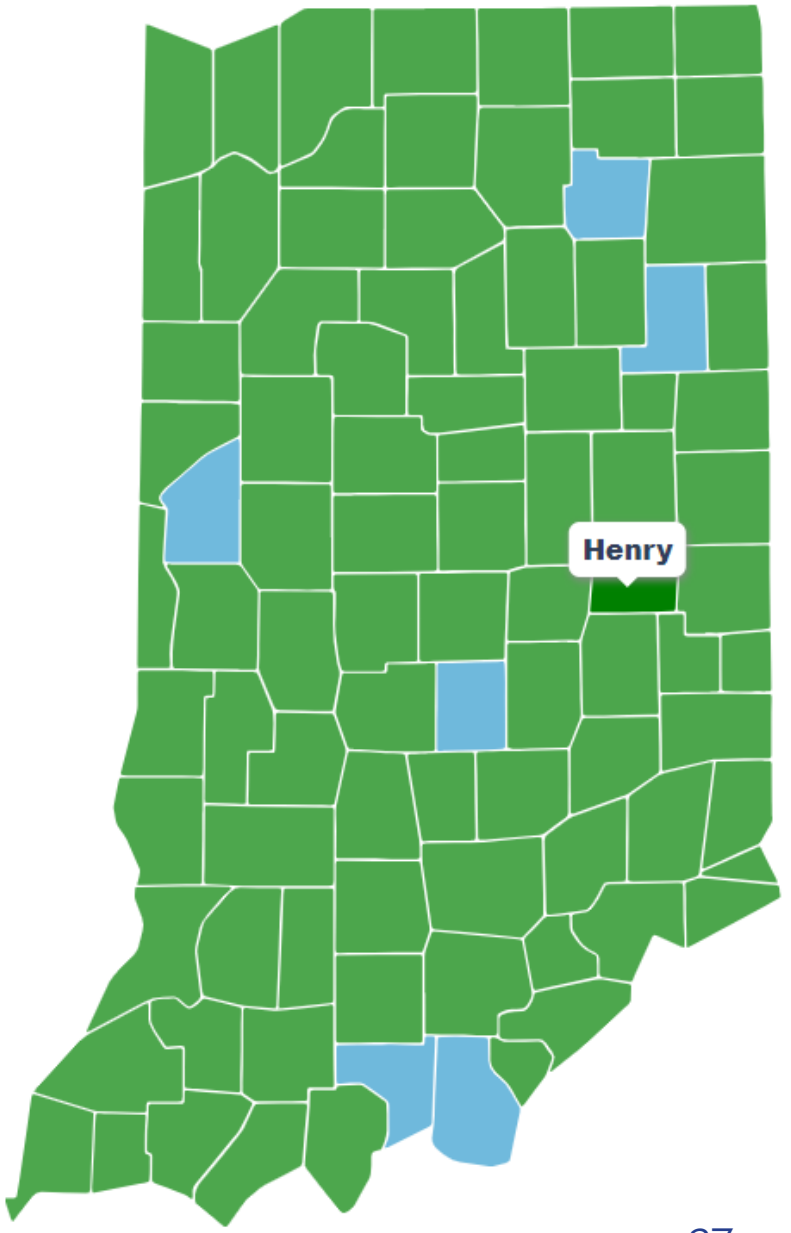
2023:	**$58,132.84** (Legacy amount from Local Health Maintenance fund/Trust)

2024:	**$552,169.32**	2024 Henry County Budget
County Match:	Average of county tax levy-related funds distributed to the LHD in the preceding three years (2021, 2022, 2023).	

2025 (Opt In):	Minimum: **$1,063,879.50**	Maximum: **$1,418,506.00**
County Match:	Minimum: **$238,455.75**	Maximum: **$317,941.00**

- OR -

2025 (Opt Out):	**$58,132.84** (Legacy amount from Local Health Maintenance fund/Trust)



Indiana Department of Health

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Indiana County Health Scorecard

The dashboard below displays county level data, select a topic from the Drop Down menu to change the dashboard views.

County At A Glance

Topic Adult Obesity

Indiana Statewide Adult Obesity

35%

Top and Bottom 5 Counties

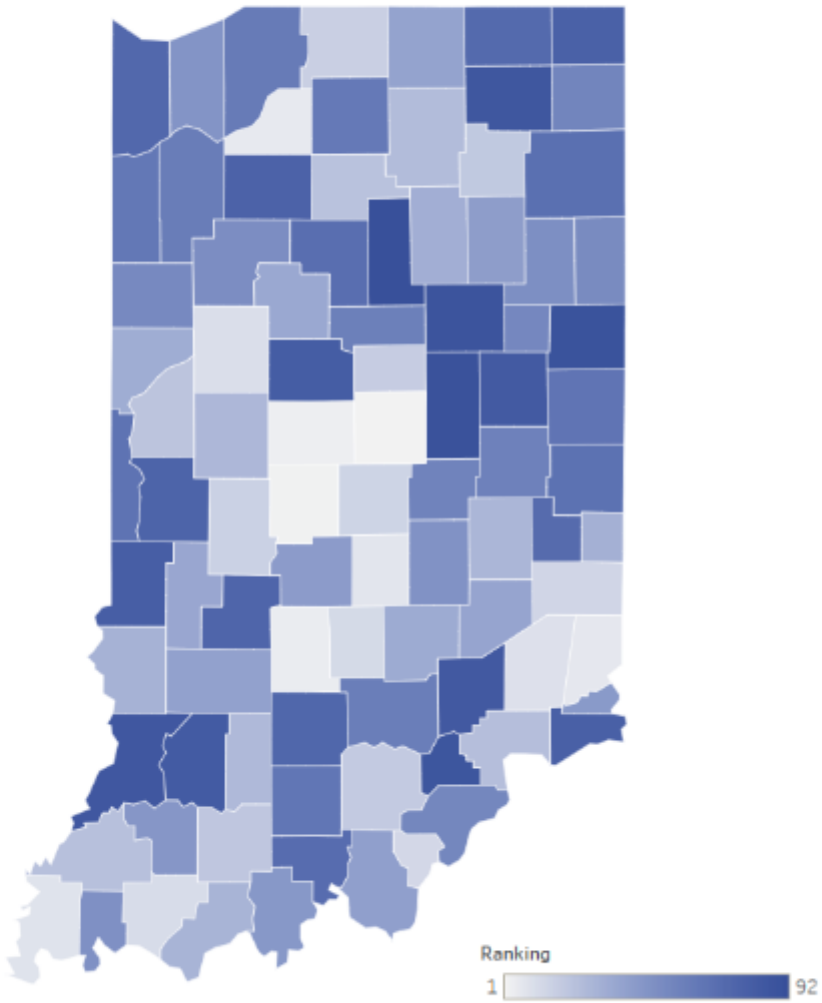
Hamilton	#1
Hendricks	#2
Boone	#3
Monroe	#4
Starke	#5
Scott	#88
Grant	#89
Jay	#90
Madison	#91
Miami	#92

Definition

Adult Obesity Definition: *% measured by 2019 BRFSS, Adult Obesity is based on responses to the Behavioral Risk Factor Surveillance Survey (BRFSS) and is the percentage of the adult population (ages 18 and older) who reports a body mass index (BMI) greater than or equal to 30 kg/m2. Participants are asked to self-report their height and weight. BMIs are calculated from these reported values. (2019)*

Year(s) of data used: *2019*

Adult Obesity in Indiana (2019)



County	County Rate	Ranking
Hamilton	26%	#1
Hendricks	30%	#2
Boone	32%	#3
Monroe	32%	#4
Starke	32%	#5
Dearborn	33%	#6
Johnson	33%	#7
Posey	33%	#8
Ripley	33%	#9
Tippecanoe	33%	#10
Warrick	33%	#11
Brown	34%	#12
Floyd	34%	#13
Franklin	34%	#14
Marion	34%	#15
Putnam	34%	#16
St. Joseph	34%	#17
Tipton	34%	#18
Washington	34%	#19
Whitley	34%	#20
Dubois	35%	#21
Fountain	35%	#22
Fulton	35%	#23
Gibson	35%	#24
Jefferson	35%	#25
Kosciusko	35%	#26
Martin	35%	#27
Montgomery	35%	#28
Rush	35%	#29
Spencer	35%	#30
Sullivan	35%	#31
Union	35%	#32
Wabash	35%	#33
Warren	35%	#34
Bartholomew	36%	#35
Carroll	36%	#36
Clay	36%	#37
Decatur	36%	#38
Elkhart	36%	#39
Greene	36%	#40
Harrison	36%	#41
Huntington	36%	#42
Morgan	36%	#43
Ohio	36%	#44
Perry	36%	#45
Pike	36%	#46

County	County Rate	Ranking
Porter	36%	#47
Shelby	36%	#48
Vanderburgh	36%	#49
Wells	36%	#50
White	36%	#51
Adams	37%	#52
Benton	37%	#53
Blackford	37%	#54
Clark	37%	#55
Dekalb	37%	#56
Hancock	37%	#57
Henry	37%	#58
Howard	37%	#59
Jackson	37%	#60
Jasper	37%	#61
LaPorte	37%	#62
Marshall	37%	#63
Newton	37%	#64
Orange	37%	#65
Randolph	37%	#66
Vermillion	37%	#67
Wayne	37%	#68
Allen	38%	#69
Cass	38%	#70
Crawford	38%	#71
Fayette	38%	#72
LaGrange	38%	#73
Lake	38%	#74
Lawrence	38%	#75
Owen	38%	#76
Parke	38%	#77
Pulaski	38%	#78
Steuben	38%	#79
Switzerland	38%	#80
Vigo	38%	#81
Clinton	39%	#82
Daviess	39%	#83
Delaware	39%	#84
Jennings	39%	#85
Knox	39%	#86
Noble	39%	#87
Scott	39%	#88
Grant	40%	#89
Jay	40%	#90
Madison	40%	#91
Miami	40%	#92

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. (2019)

Indiana County Health Scorecard

County At-A-Glance

The dashboard below displays county-level data for all topics. Choose a county from the map to change the data shown.

County Scorecard

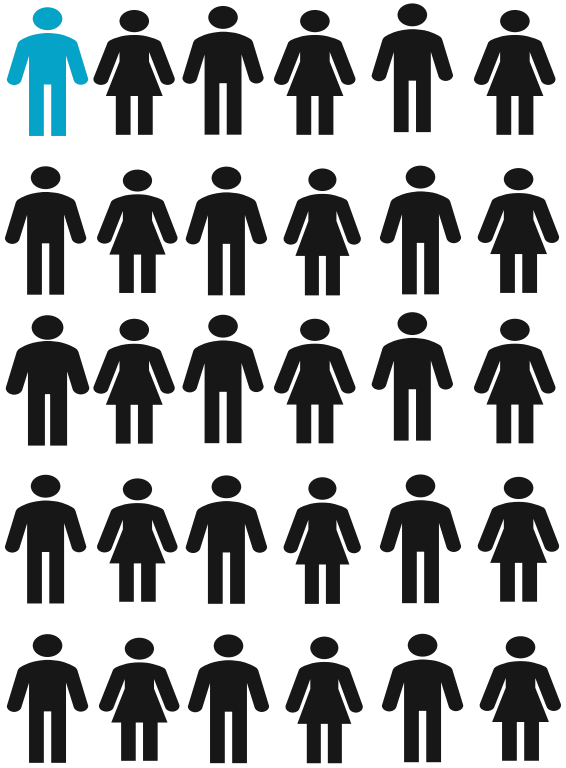
County	Topic	Indiana Rate	County Rate	Rank
Henry	Adult Obesity	35%	37%	#58
	Children < 3 Years Old Completing Recommended Vaccine Series	57.7%	69.9%	#15
	Infant Mortality Rate	6.8	5.59	#22
	Life Expectancy	76.5	75.2	#69
	Smoking Rate	21.0%	25%	#67
	Suicide Rate	17.2	19.4	#68
	Years of Potential Life Lost Due to Injury (Age-Adjusted)	2527.14	2266.5	#49

County Selection

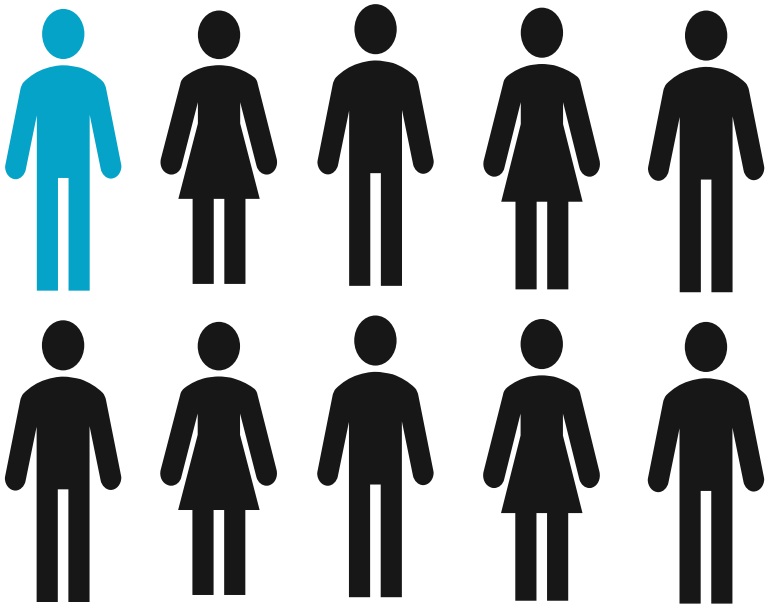
Select a county to filter whole page. Click outside the map to return.

Indiana Department of Health

Current Use of Any Tobacco Products Among Hoosier Youth, IYTS 2022



Over 1 in 30 middle school students currently use tobacco.



Over 1 in 10 high school students currently use tobacco.

Indiana Department of Health

KPI: Tobacco Prevention & Cessation

Number of counties that through a tobacco prevention and cessation coalition have a comprehensive program to address youth tobacco and nicotine prevention.

Indiana has witnessed an increase in youth e-cigarette use from 3.8% in 2012 to 19.8% in 2021 among high school students.
The first step in addressing tobacco prevention is to build and maintain a tobacco free coalition that represents the community, including marginalized populations.

Infant Mortality

Indiana Department of Health

Data details and quick facts

- 2022 infant mortality is based on death records from 2022
- Infant mortality is calculated by taking the number of infant deaths divided by the number of live births for a given calendar year
- Both birth and infant death records are reported to the Indiana Department of Health Vital Records division
- This data is based on residency rather than location of occurrence

- **Infant mortality is defined as the death of a baby before his/her first birthday**
- **Infant mortality rate is an estimate of the number of infant deaths for every 1,000 live births**
- **Infant mortality is the No. 1 indicator of health status in the world**

Indiana Department of Health

https://www.in.gov/health/mch/files/2022-Infant-Mortality.pdf

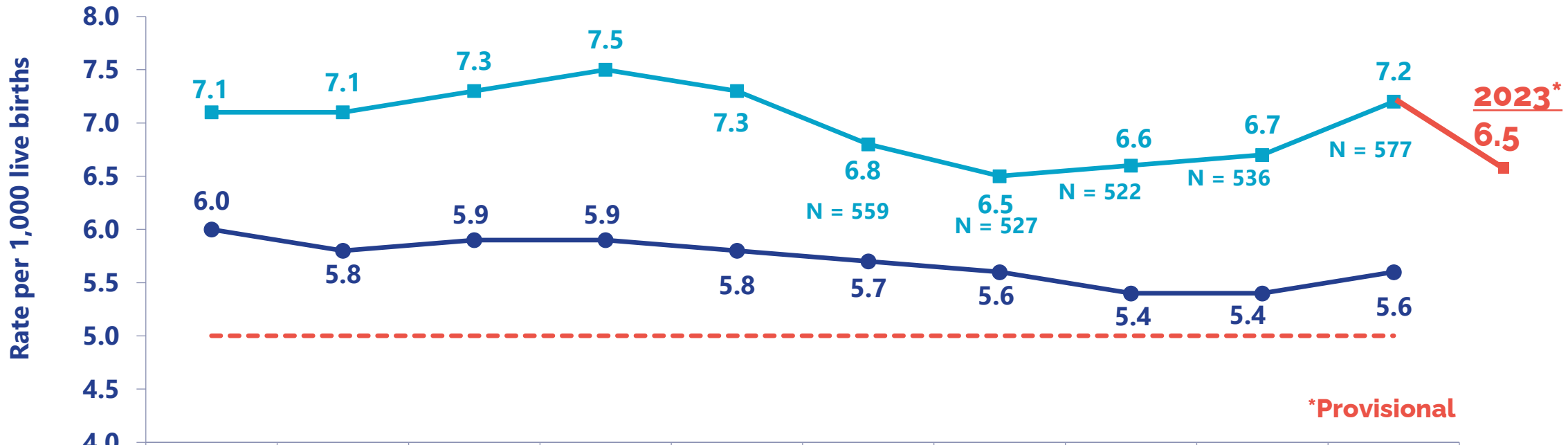
Infant mortality in Indiana

- The 2022 IMR is 7.2 per 1,000 live births, on trend with the national IMR, which also increased in 2022
- Preliminary 2023 data shows a decrease in the IMR, at 6.5 deaths per 1,000 live births
  - IDOH released the preliminary 2023 data to help communities and organizations make timely and well informed public health decisions
  - The 2023 IMR is based on the same vital records systems and methodology used every year to calculate the rate. More in-depth analysis of the data will be available in the coming months.
- More than 2,700 infant lives lost in the last five years

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Infant mortality rates (IMRs)
2013-2023



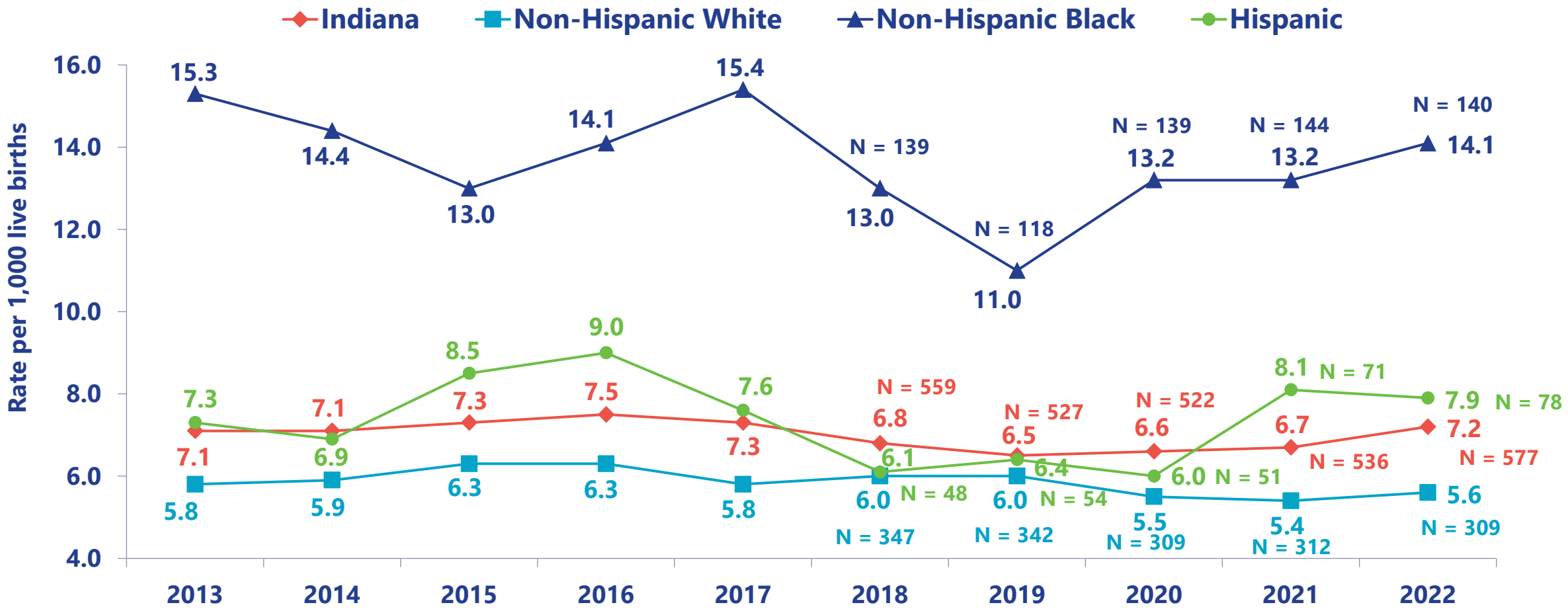
	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Indiana	7.1	7.1	7.3	7.5	7.3	6.8	6.5	6.6	6.7	7.2
U.S.	6.0	5.8	5.9	5.9	5.8	5.7	5.6	5.4	5.4	5.6
HP 2030 Goal	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
United States Original Source: Centers for Disease Control and Prevention National Center for Health Statistics
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

Indiana IMRs by Race and Ethnicity

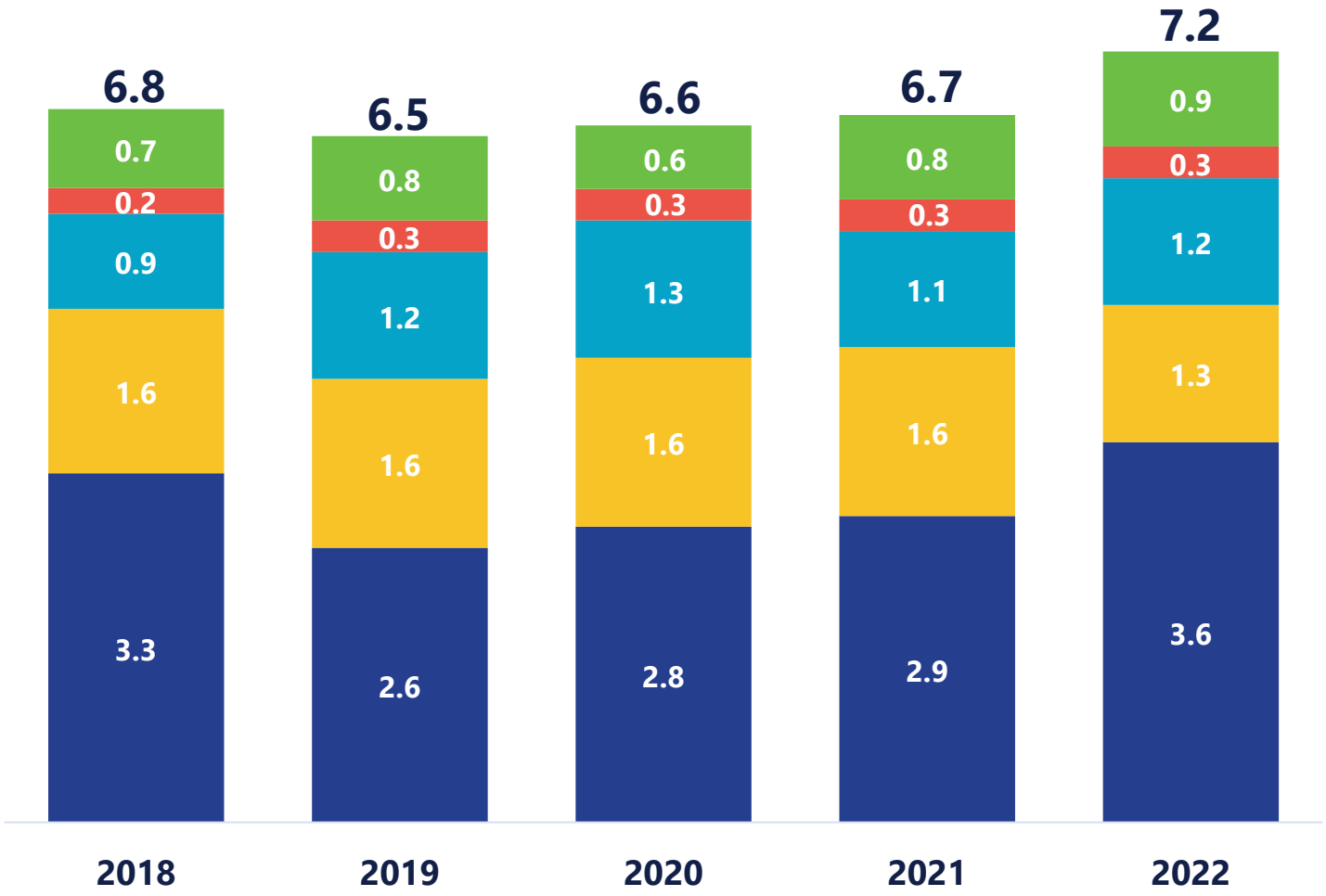
2013-2022



Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, DAT

Causes of Indiana Infant Mortality



Infant Mortality Rates (IMRs) are per 1,000 live births.

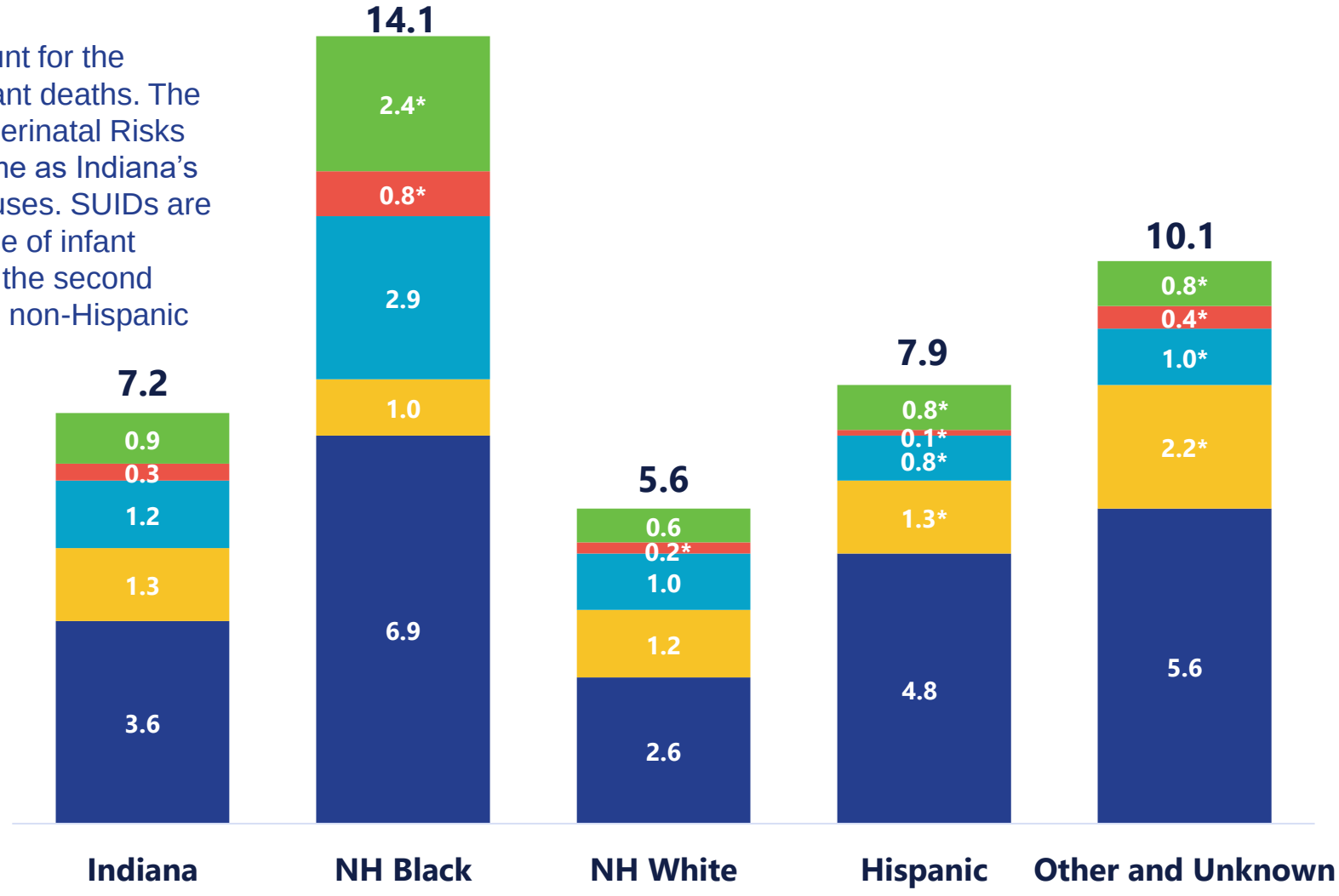
Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

2022 Cause-Specific IMR by Race/Ethnicity

Perinatal Risks account for the largest number of infant deaths. The non-Hispanic Black Perinatal Risks rate is almost the same as Indiana's overall IMR for all causes. SUIDs are the third leading cause of infant deaths in Indiana but the second leading cause among non-Hispanic Black infants.



Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each group due to rounding.

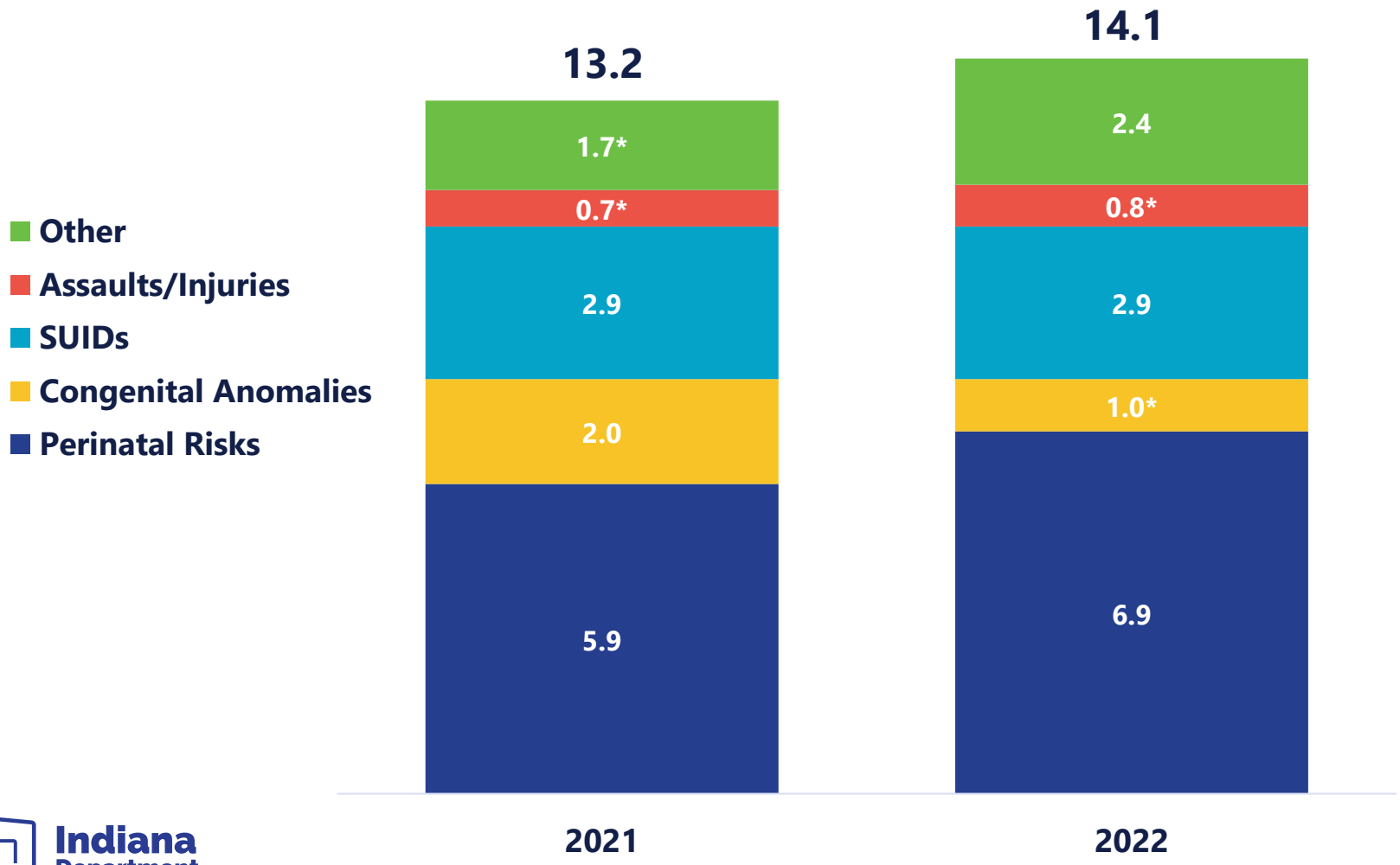
*** Rates based on counts less than 20 are considered unstable and should be interpreted with caution.**

NH = Non-Hispanic

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [January 11, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Causes of Indiana NH Black Infant Mortality



Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

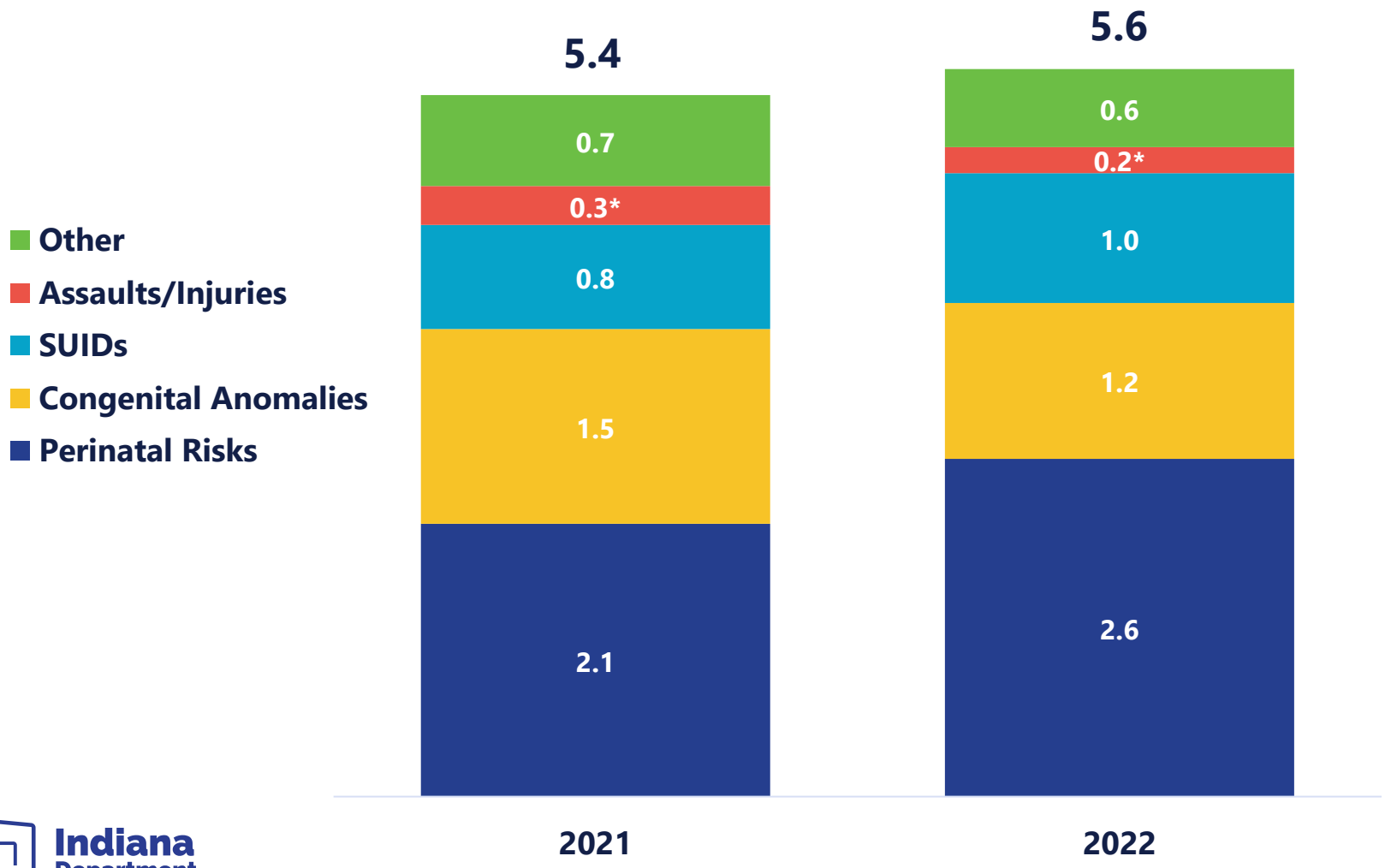
*** Rates based on counts less than 20 are considered unstable and should be interpreted with caution.**

NH = Non-Hispanic

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Causes of Indiana NH White Infant Mortality



Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

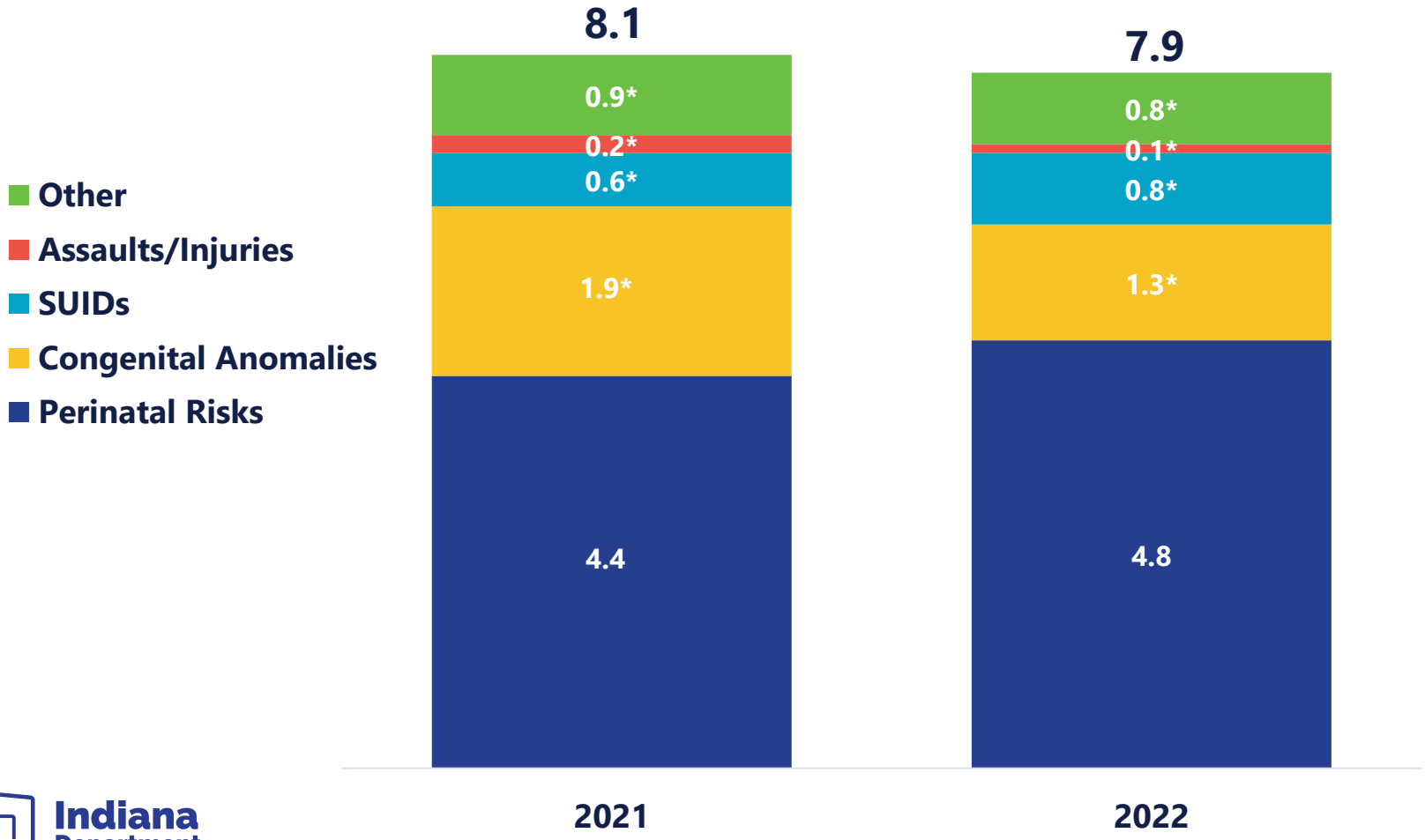
*** Rates based on counts less than 20 are considered unstable and should be interpreted with caution.**

NH = Non-Hispanic

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Causes of Indiana Hispanic Infant Mortality



Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

*** Rates based on counts less than 20 are considered unstable and should be interpreted with caution.**

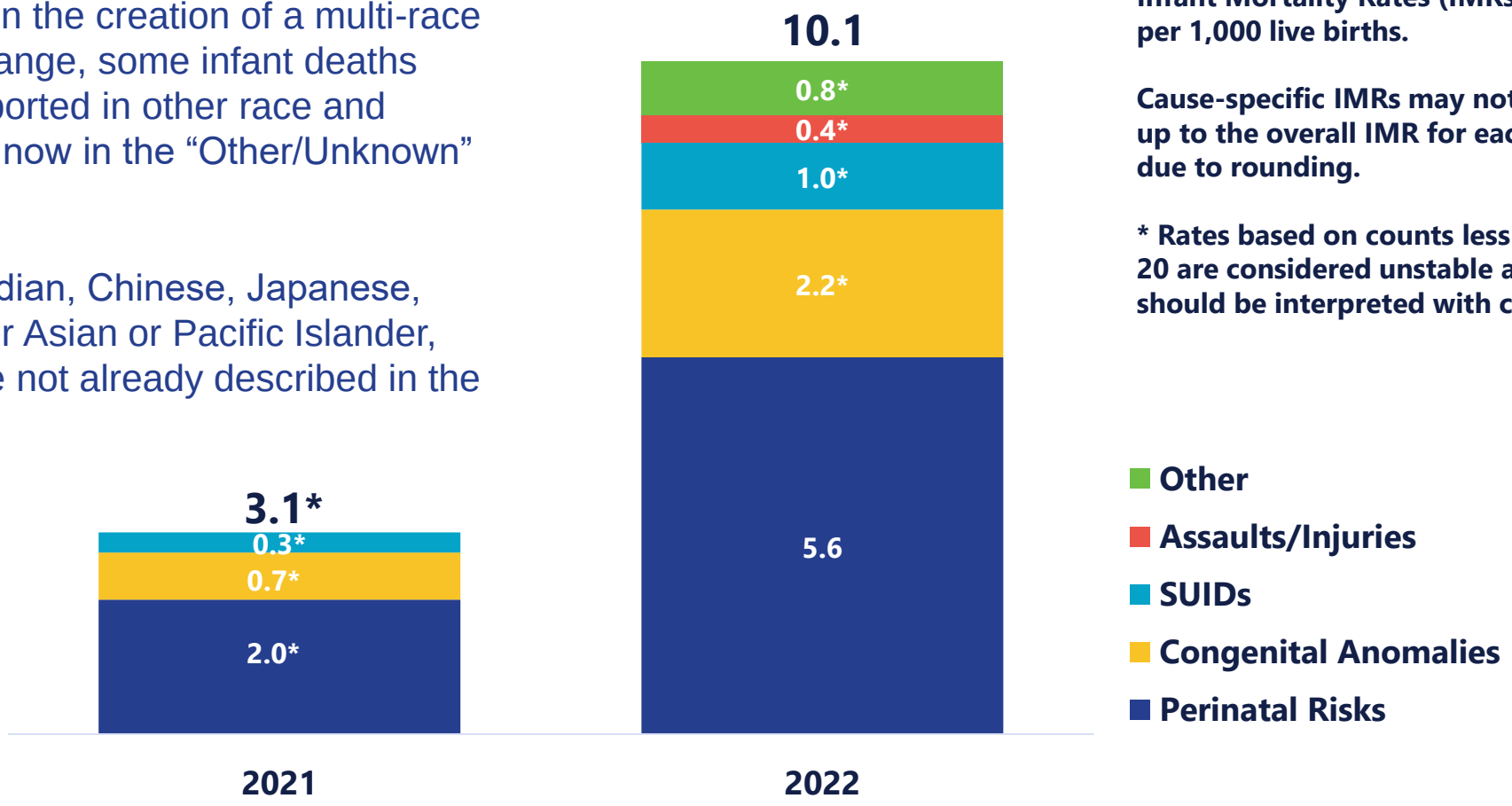
Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024)]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Causes of Indiana Other/Unknown Infant Mortality

There has been a change in the NCHS classification of race, which resulted in the creation of a multi-race variable. Due to that change, some infant deaths that were previously reported in other race and ethnicity categories are now in the “Other/Unknown” category.

“Other” also includes Indian, Chinese, Japanese, Hawaiian, Filipino, Other Asian or Pacific Islander, and other races that are not already described in the categories listed.



Infant Mortality Rates (IMRs) are per 1,000 live births.

Cause-specific IMRs may not add up to the overall IMR for each year due to rounding.

*** Rates based on counts less than 20 are considered unstable and should be interpreted with caution.**

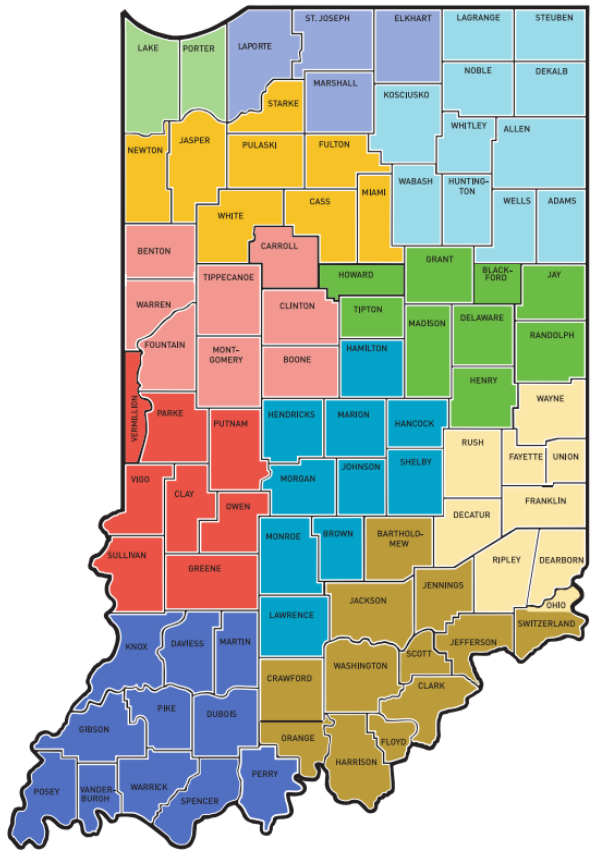
Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024)]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Infant Mortality by Geography

Infant Mortality by Indiana Hospital Region

2018-2022



Region	Total	Non-Hispanic White	Non-Hispanic Black	Hispanic
Central	6.7	5.2 (N = 393)	11.1 (N = 298)	6.1 (N = 92)
Central Southwestern	6.9	6.4 (N = 87)	13.3* (N = 7)	** (N<5)
Eastern	7.6	6.9 (N = 159)	15.1 (N = 36)	6.1* (N = 8)
Midwestern	6.6	6.3 (N = 59)	** (N<5)	7.5* (N = 11)
Northeastern	6.8	5.9 (N = 245)	16.0 (N = 68)	8.1 (N = 35)
Northern	8.0	6.1 (N = 162)	18.1 (N = 97)	7.6 (N = 54)
Northwest	6.4	4.4 (N = 81)	11.3 (N = 94)	6.6 (N = 49)
Southeastern	5.7	6.1 (N = 73)	** (N<5)	** (N<5)
Southern	6.2	6.0 (N = 142)	15.4* (N =19)	8.0* (N = 19)
Southwest	6.2	5.3 (N = 122)	16.6 (N = 31)	5.5* (N = 8)
Western	6.8	5.7 (N = 96)	16.9 (N = 25)	10.0 (N = 23)

*Rates based on counts less than 20 are considered unstable and should be interpreted with caution.
**Rates based on counts less than 5 have been suppressed.

Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Highest Infant Mortality Rates by ZIP Code

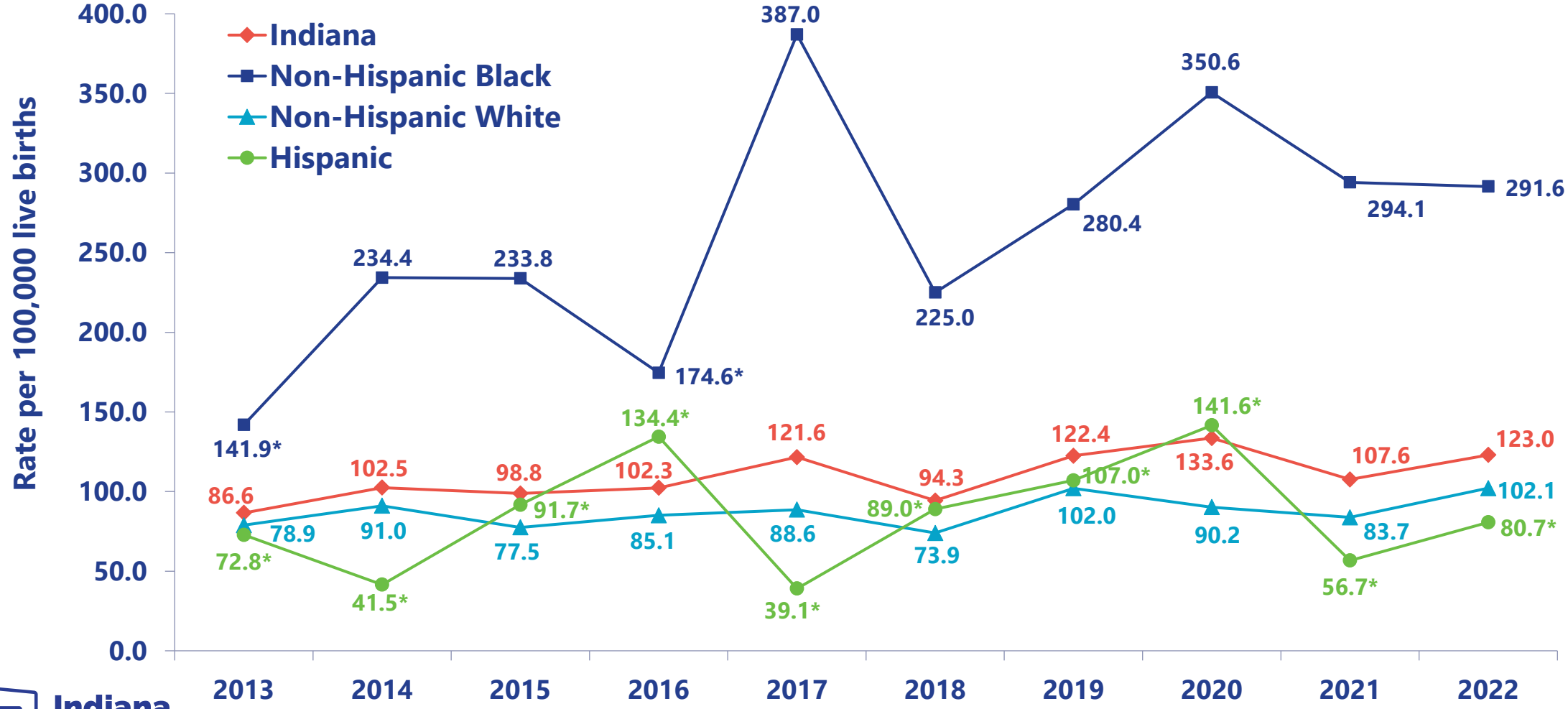
2017-2021

Indicates ZIP Code

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 6, 2023]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

SUIDs Rates by Race & Ethnicity

Indiana, 2013-2022



* Rates based on counts less than 20 are considered unstable and should be interpreted with caution.

Indiana Department of Health

SUIDS = W75 (Accidental Suffocation and Strangulation in Bed), R95 (Sudden Infant Death Syndrome/SIDS), R99 (Unknown)

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]

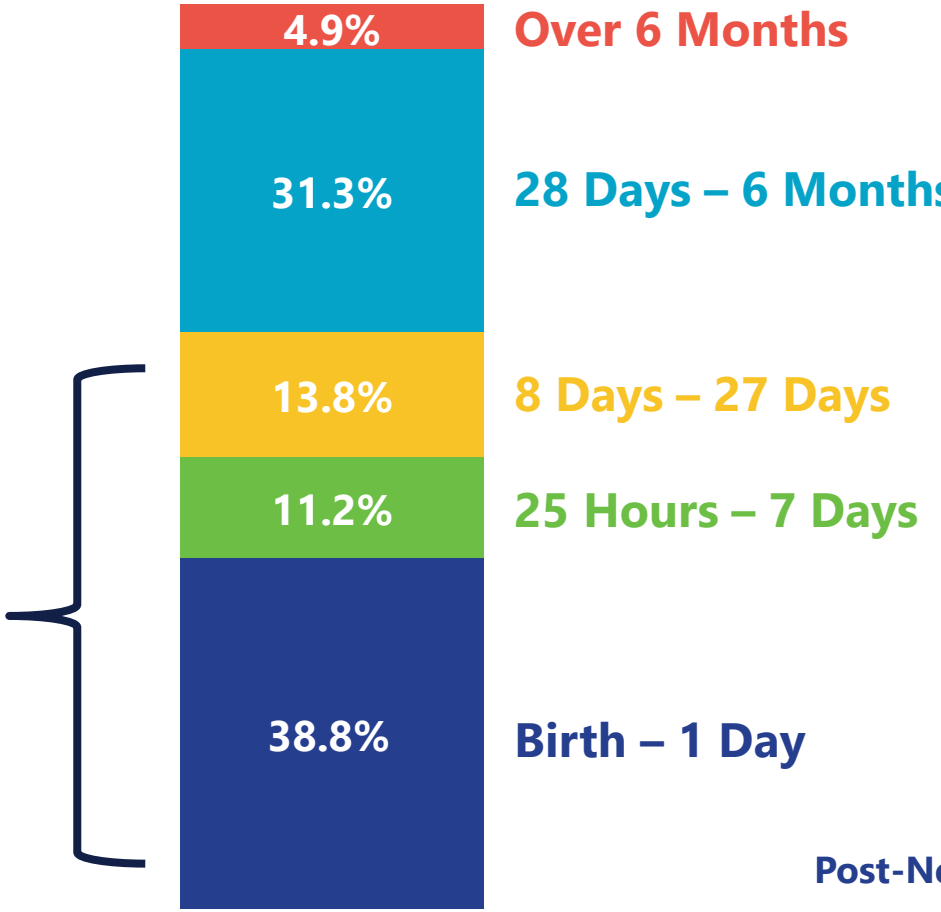
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

2022 Infant Deaths by Age of the Baby

N = 536
Total Neonatal = 342
Total Post-Neonatal = 194

63.8%

of Indiana infant deaths occurred during the neonatal (0-27 days) period



Neonatal = 0-27 days
Post-Neonatal = 28-364 days

Time-specific percentages may not add up to 100% overall due to rounding.

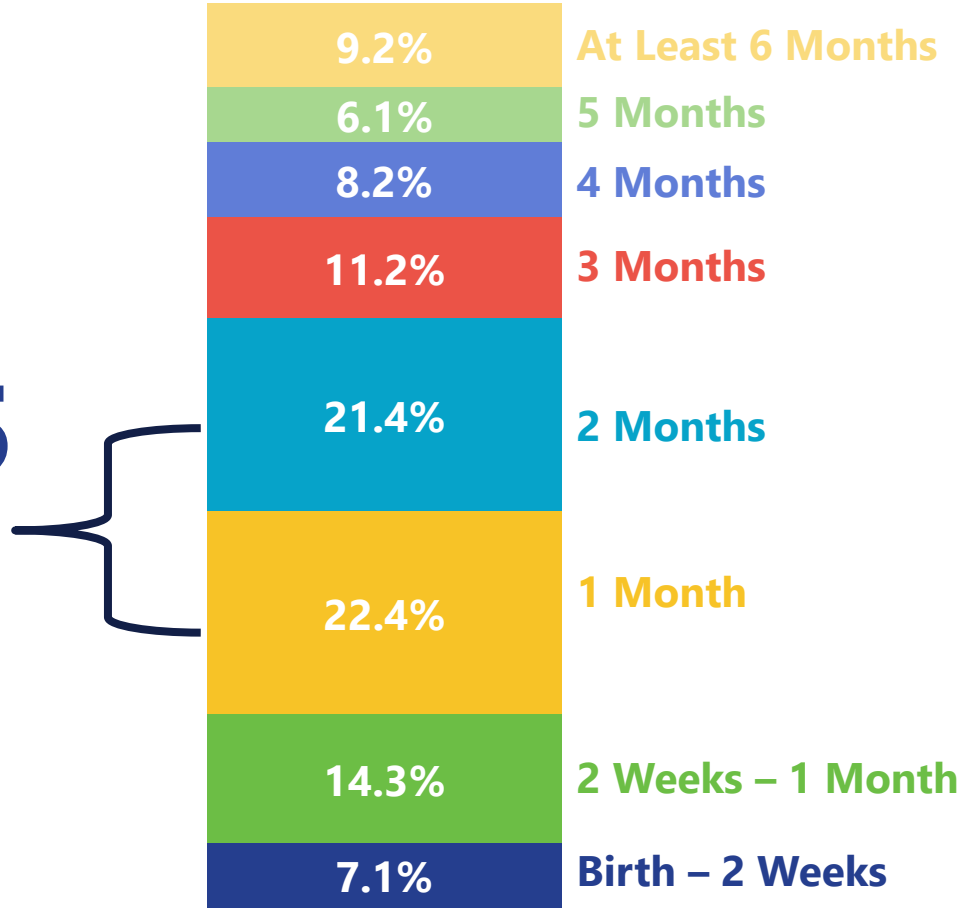
Indiana Department of Health

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Indiana Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

2022 SUIDs by Age of the Baby

Over 2/5

of Indiana SUIDs occurred between 1 and 3 months



Indiana Department of Health

Time-specific percentages may not add up to 100% overall due to rounding.

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

Factors Contributing to Infant Mortality, Indiana 2022

- **Obesity**
  - Indiana ranks 12th highest in the U.S. for percentage of adults who have obesity (36.3% of adults)
  - 35.6% of Indiana births in 2022 were to pregnant women who have obesity (additional 26.1% overweight)
  - Pregnant women who have obesity have an increased risk of preterm birth (13.0% of Indiana births to those who have obesity were preterm compared to 9.4% of births to those in the normal BMI range)
- **Smoking**
  - 6.6% of births exposed to smoking during pregnancy
  - 12.2% of births to individuals on Medicaid were exposed to smoking during pregnancy while 2.6% of births to individuals not on Medicaid were exposed to smoking
- **Limited Prenatal Care**
  - 29.1% of births were to women not receiving prenatal care during the 1st trimester (a statistically significant increase compared to 2021)
- **Unsafe Sleep Practices**
  - 17.0% of infant deaths in 2022 can be attributed to SUIDs

Source: Indiana Department of Health, Maternal & Child Health Epidemiology Division [March 5, 2024]
Original Source: Indiana Department of Health, Vital Records, ODA, Data Analysis Team

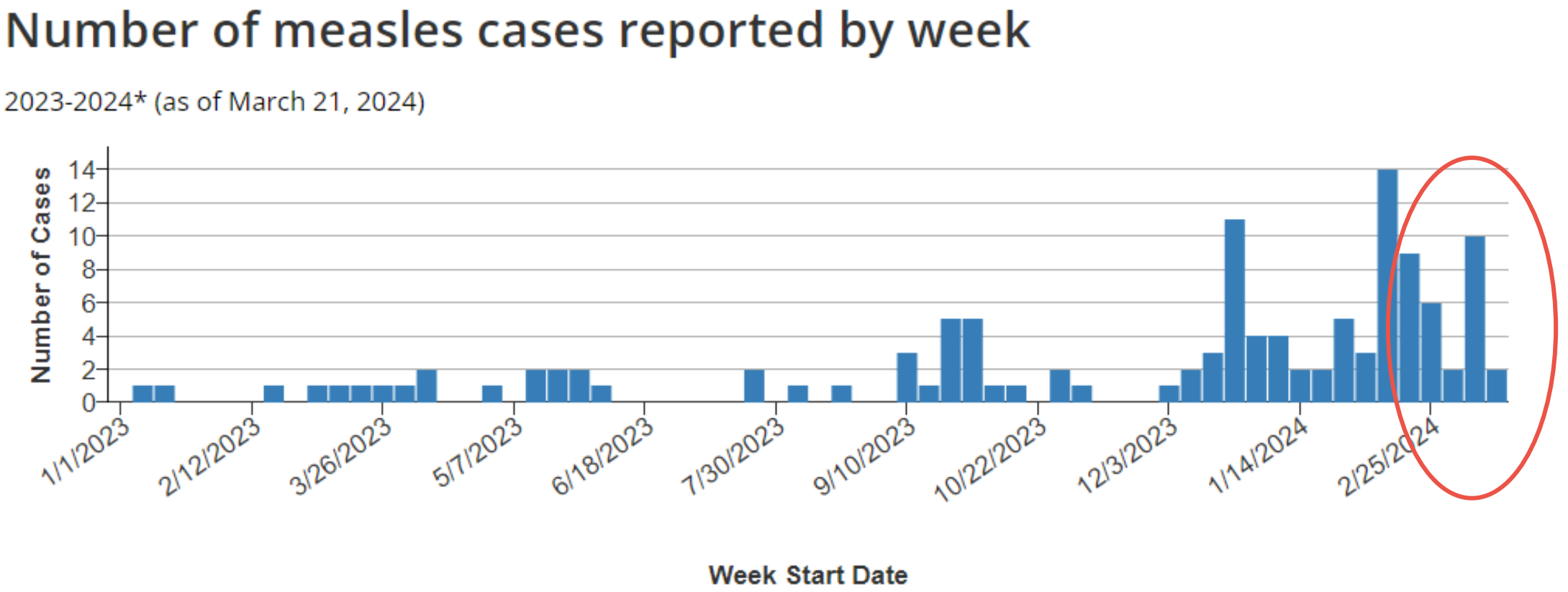
Public Health Threats

Indiana Department of Health

Measles Updates

- From Jan. 1 to April 18, a total of 125 measles cases in 18 states were reported the CDC
  - Among the 58 cases reported in 2023, 54 (93%) were linked to international travel
  - Most cases have been among children aged 12 months and older who had not received MMR vaccine
  - Many countries, including travel destinations such as Austria, the Philippines, Romania, and the United Kingdom are experiencing measles outbreaks
- Only 58 total cases were reported in the entire year of 2023

Measles Updates



Indiana Department of Health

https://www.cdc.gov/measles/cases-outbreaks.html

MARION COUNTY PUBLIC HEALTH DEPARTMENT

Prevent. Promote. Protect.

For Immediate Release

Health Department Reports Possible Measles Exposure to Visitors of The Children's Museum of Indianapolis on April 8

INDIANAPOLIS – The Marion County Public Health Department is advising individuals who attended the solar eclipse event on April 8, 2024, at The Children's Museum of Indianapolis of their possible exposure to a person with measles. This person is not an Indiana resident but traveled to the state while infectious.

No confirmed cases of measles have been reported in Marion County in 2024.

Anyone exposed and susceptible to measles would most likely see symptoms develop before April 22, though symptoms could be seen as late as April 29 based on the virus' incubation period.

Indiana Department of Health

Recommendations

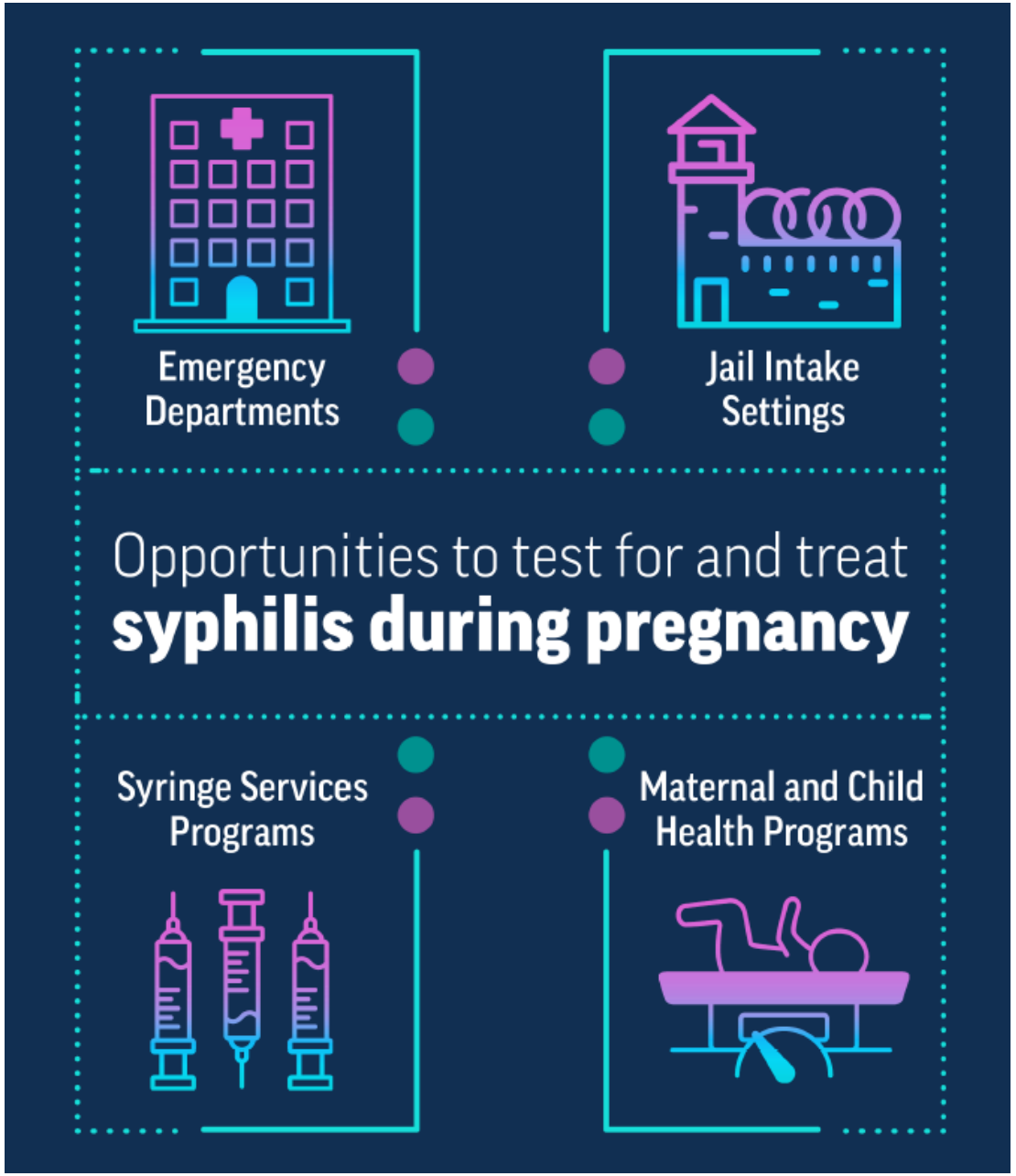
- Be vigilant for reports of measles
- Measles should be reported to IDOH **immediately upon suspicion**
- IDOH Laboratory can test for measles
- Authorization is **required** for measles testing at IDOHL:
  - Consultation with an epidemiologist available 24/7
    - Business hours: 317-233-7125
    - After Hours: 317-233-1325

Congenital Syphilis

- In Indiana, the number of congenital syphilis cases has increased by 2,300% from 2018 to 2023
- Nationally, there has been a 755% increase in congenital syphilis cases between 2012 and 2021
- CDC's recent analysis shows that almost nine in 10 cases of newborn syphilis in 2022 might have been prevented with timely testing and treatment during pregnancy
- More than half of cases were among mothers who tested positive for syphilis during pregnancy but did not receive adequate or timely treatment
- Nearly 40 percent of cases were among birthing mothers who were not receiving prenatal care

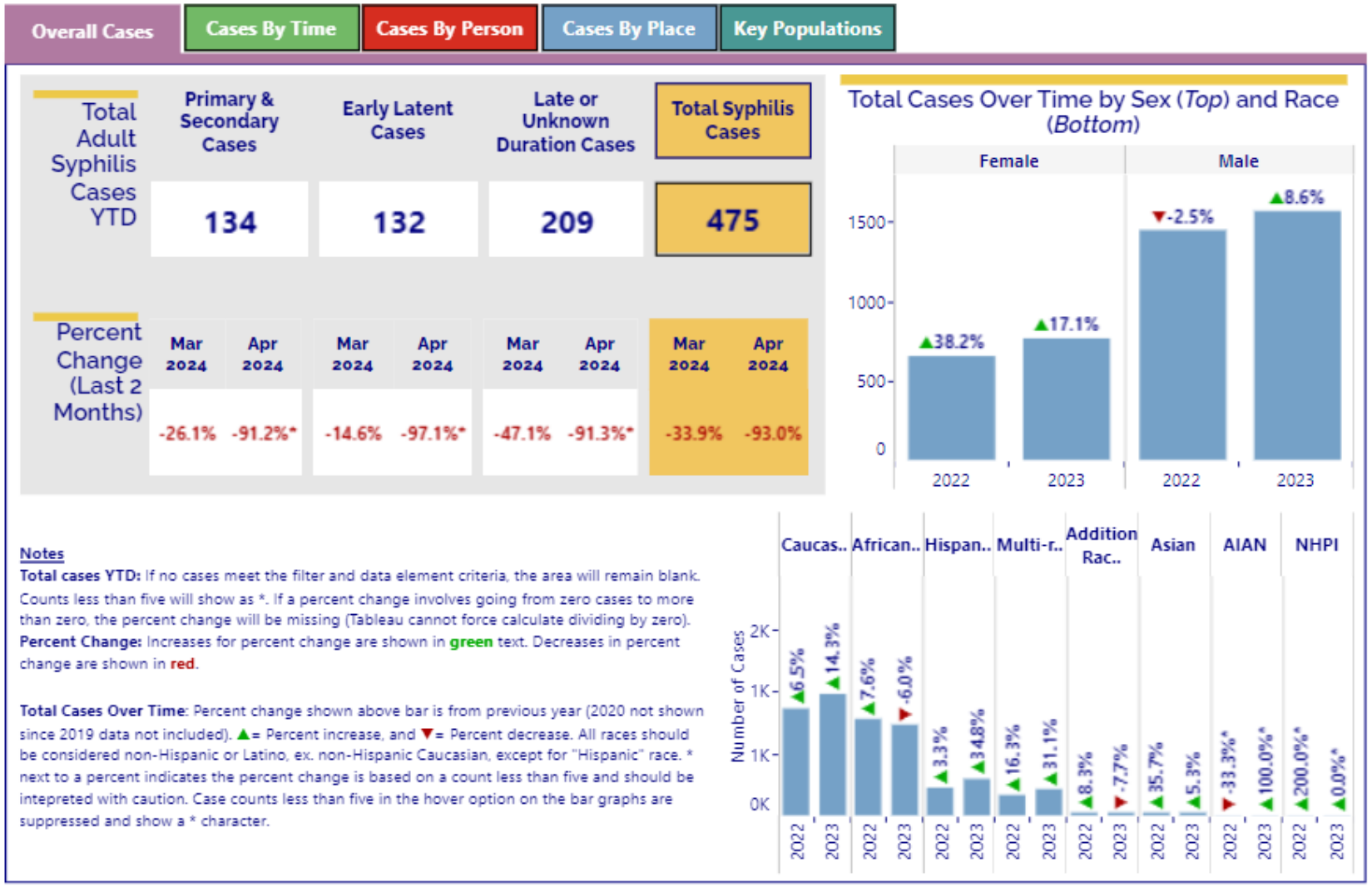
Congenital Syphilis

- Perform syphilis testing on all patients upon finding a positive pregnancy test
- Test all pregnant patients three times during pregnancy (at initial prenatal visit, again at 28-32 weeks of gestation, and then at delivery)
- Meet people where they are with syphilis testing and treatment outside of settings in which pregnant patients are typically encountered. This could include emergency departments, urgent cares, primary care visits, jail/prison intake, local health departments, community programs, and syringe service programs
- Perform screening and treatment of all sexually active women and their partners for syphilis in counties with high syphilis rates
- Perform screening and appropriate treatment for those with other risk factors for syphilis (have unprotected sex and do not use condoms or do not use them correctly, have multiple sex partners, have a sex partner who has syphilis and have sex with a partner who has multiple sex partners)
- Treat all pregnant women who are infected with syphilis immediately upon diagnosis, according to their clinical stage of infection. Treatment must be with penicillin G benzathine (Bicillin LA)



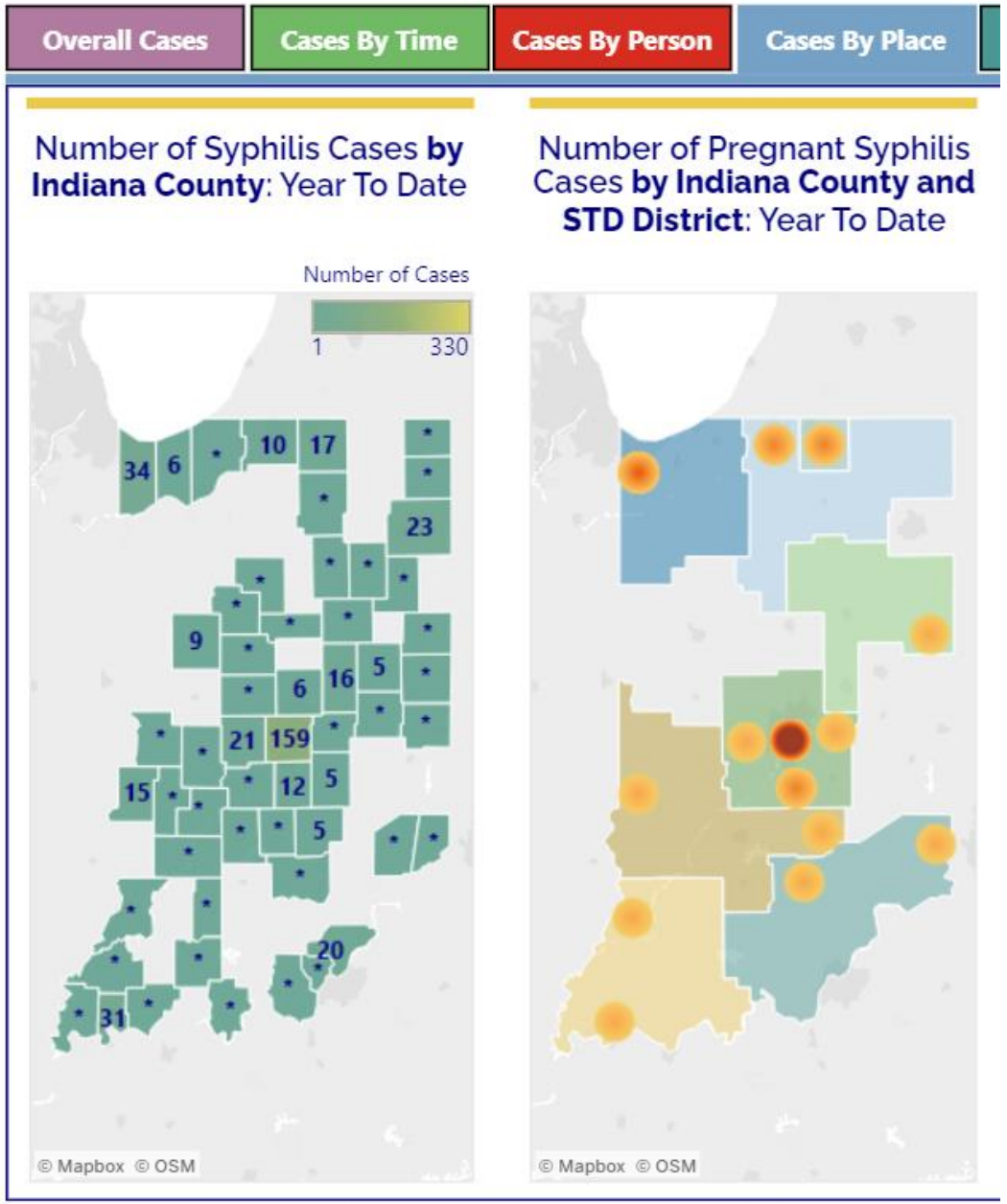
Indiana Department of Health

Syphilis Dashboard



Indiana Department of Health

https://www.in.gov/health/hiv-std-viral-hepatitis/std-surveillance/syphilis-dashboard/



Indiana Department of Health

https://www.in.gov/health/hiv-std-viral-hepatitis/std-surveillance/syphilis-dashboard/

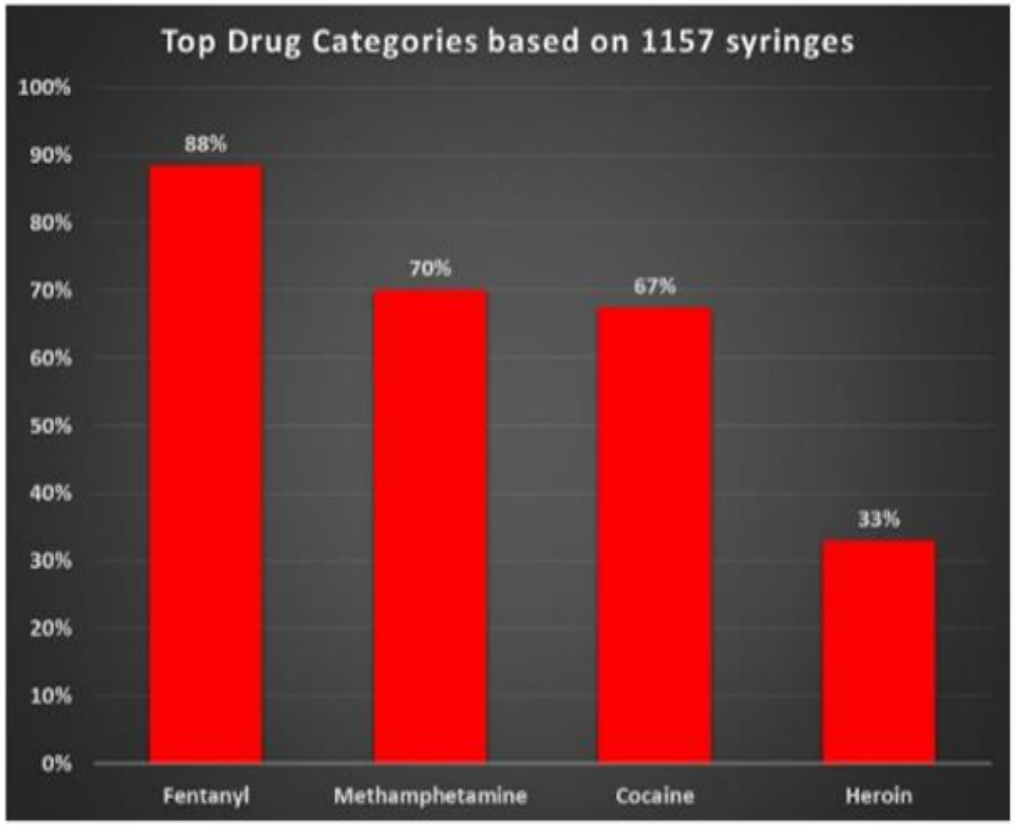
Rabies detected in skunk for the first time in 20 year Clark County health officials say

Jan 19, 2024 Updated Jan 19, 2024

Drugs of Abuse Testing

Syringe analysis for drugs of abuse in Indiana:

- From August 2021 to August 2022, Indiana analyzed over 1,200 syringes from Marion County Health Department's Safe Syringe Access and Support Program using a simple preparation and LC-QTOF.
- 1,157 syringes were found to have at least one drug of abuse. Most syringes contained several compounds yielding more than 12,000 data points.
- Most common drug found was fentanyl, present in 88% of syringes tested.
- Methamphetamine and cocaine were found in 70% and 67% of syringes tested, respectively.



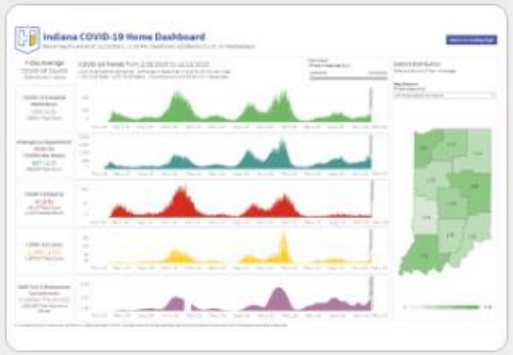
Indiana Department of Health

Seven reasons we're at more risk than ever of a global pandemic

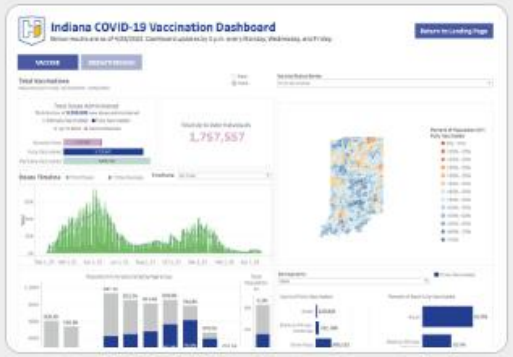
Updated 2:21 PM EDT, Mon April 10, 2017

COVID-19 Dashboards

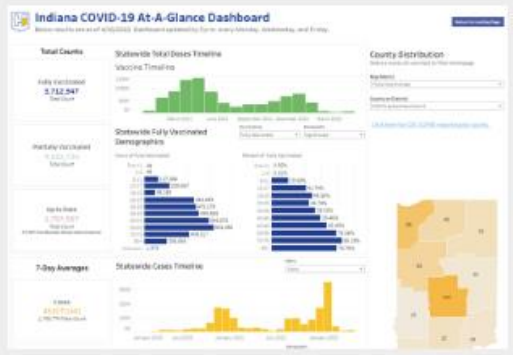
Home Dashboard



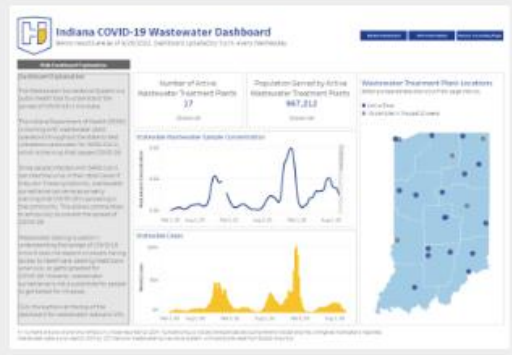
Vaccine Dashboard



County At-a-Glance



Wastewater



Indiana COVID-19 Home Dashboard

Below results are as of 1/16/2024, 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.

Return to Landing Page

7-Day Average COVID-19 Counts
(Total Counts in Italics)

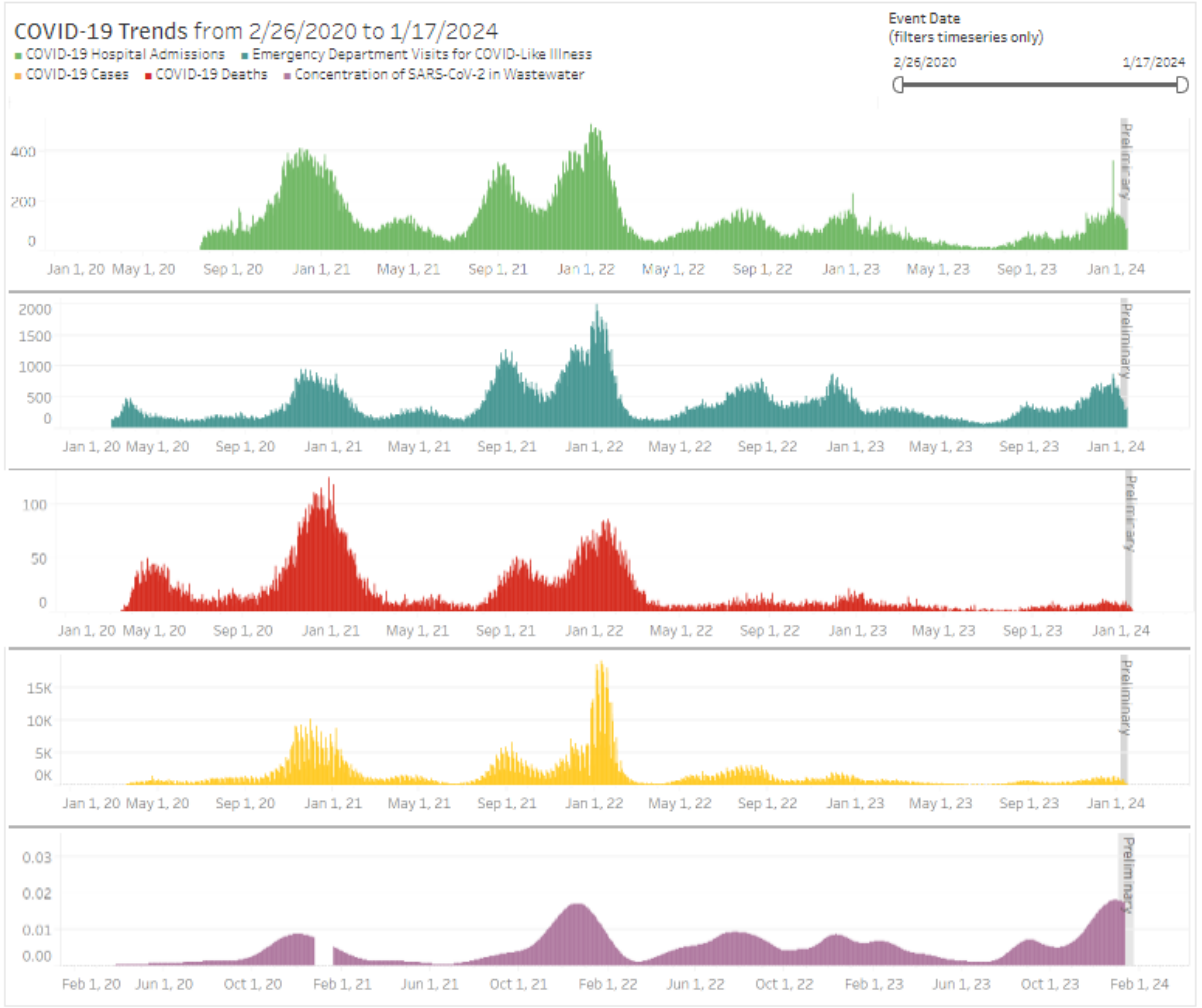
COVID-19 Hospital Admissions
116 (↓16)
161,557 Total Count

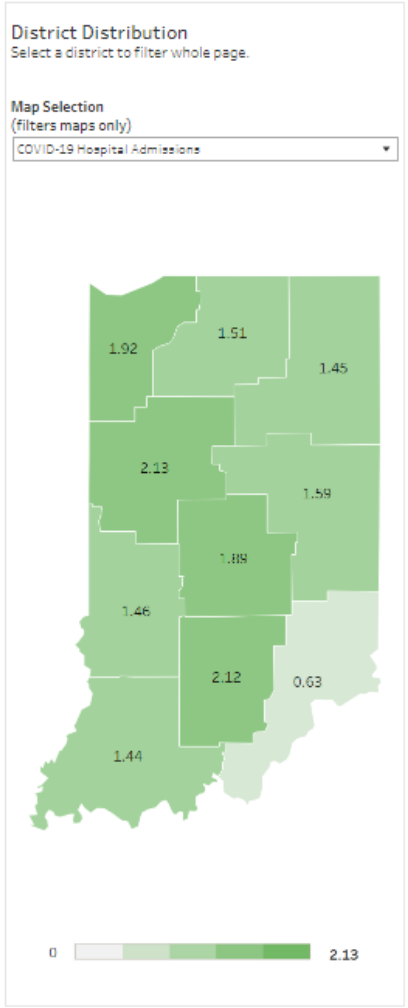
Emergency Department Visits for COVID-Like Illness
520 (↓189)
567,632 Total Count

COVID-19 Deaths
5 (↓2)
26,104 Total Count
1,421 Probable Deaths

COVID-19 Cases
597 (↓224)
2,182,123 Total Count

SARS-CoV-2 Wastewater Concentration
0.0180 (↑0.0002)
1,928,417 Total Population Served





Indiana COVID-19 Wastewater Dashboard

Below results are as of 1/16/2024. Dashboard updated by 5 p.m. every Wednesday.

Biobot Dashboard | CDC Information | Return to Landing Page

Hide Dashboard Explanation

Dashboard Explanation

The Wastewater Surveillance System is a public health tool to understand the spread of COVID-19 in the state.

The Indiana Department of Health (IDOH) is working with wastewater plant operators throughout the state to test untreated wastewater for SARS-CoV-2, which is the virus that causes COVID-19.

Since people infected with SARS-CoV-2 can shed the virus in their stool (even if they don't have symptoms), wastewater surveillance can serve as an early warning that COVID-19 is spreading in the community. This allows communities to act quickly to prevent the spread of COVID-19.

Wastewater testing is useful in understanding the spread of COVID-19 since it does not depend on people having access to healthcare, seeking healthcare when sick, or getting tested for COVID-19. However, wastewater surveillance is not a substitute for people to get tested for illnesses.

Click the buttons at the top of the dashboard for wastewater data and information from additional sources.

Number of Active Wastewater Treatment Plants

21

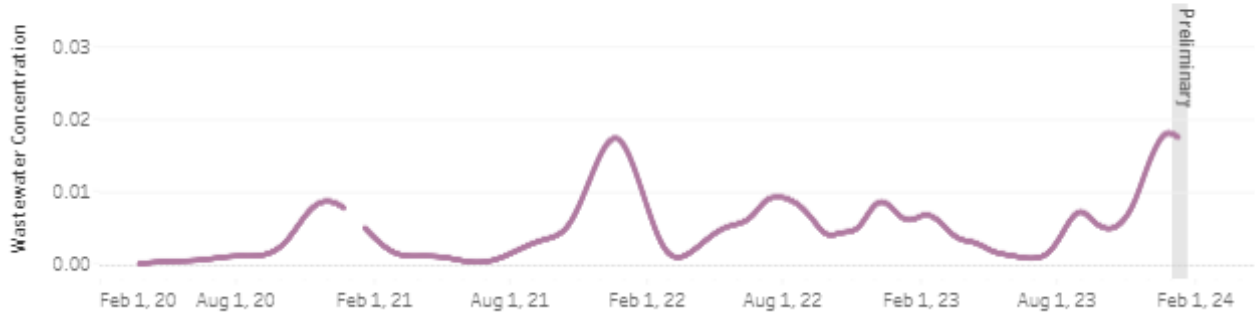
Statewide

Population Served by Active Wastewater Treatment Plants

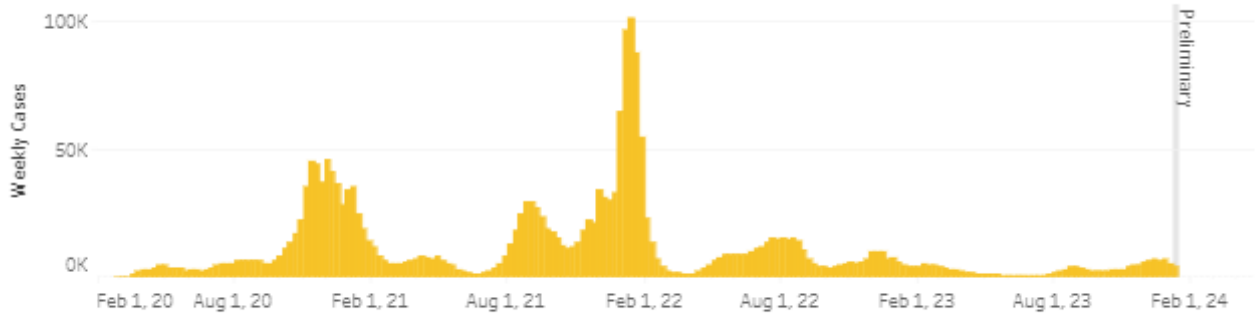
1,928,417

Statewide

Statewide Wastewater Sample Concentration



Statewide Cases

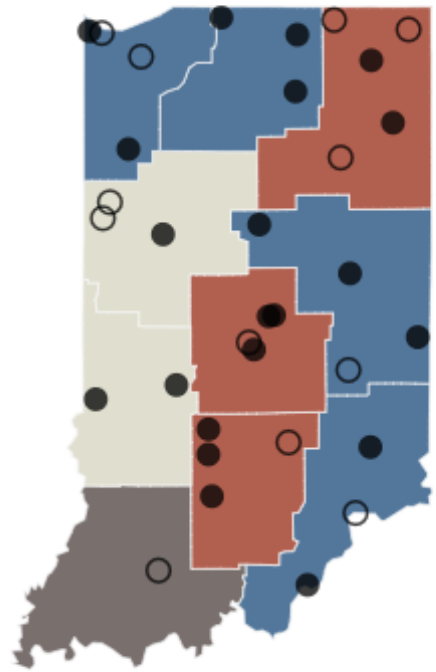


Wastewater Treatment Plant Locations

Select a preparedness district to filter page metrics.
Current statewide wastewater trend: **Decreasing**

- Active Sites
- No samples in the past 2 weeks or Withdrawn from program

- Decreasing
- Transitioning
- Increasing
- No Trend Available



All numbers are provisional and reflect only those reported to IDOH. Numbers should not be characterized as a comprehensive total and may change as more data is reported.
Wastewater data is provided to IDOH by CDC National Wastewater Surveillance System, with additional data from Biobot Analytics.

Highly Pathogenic Avian Flu (H5N1) in Dairy Cattle

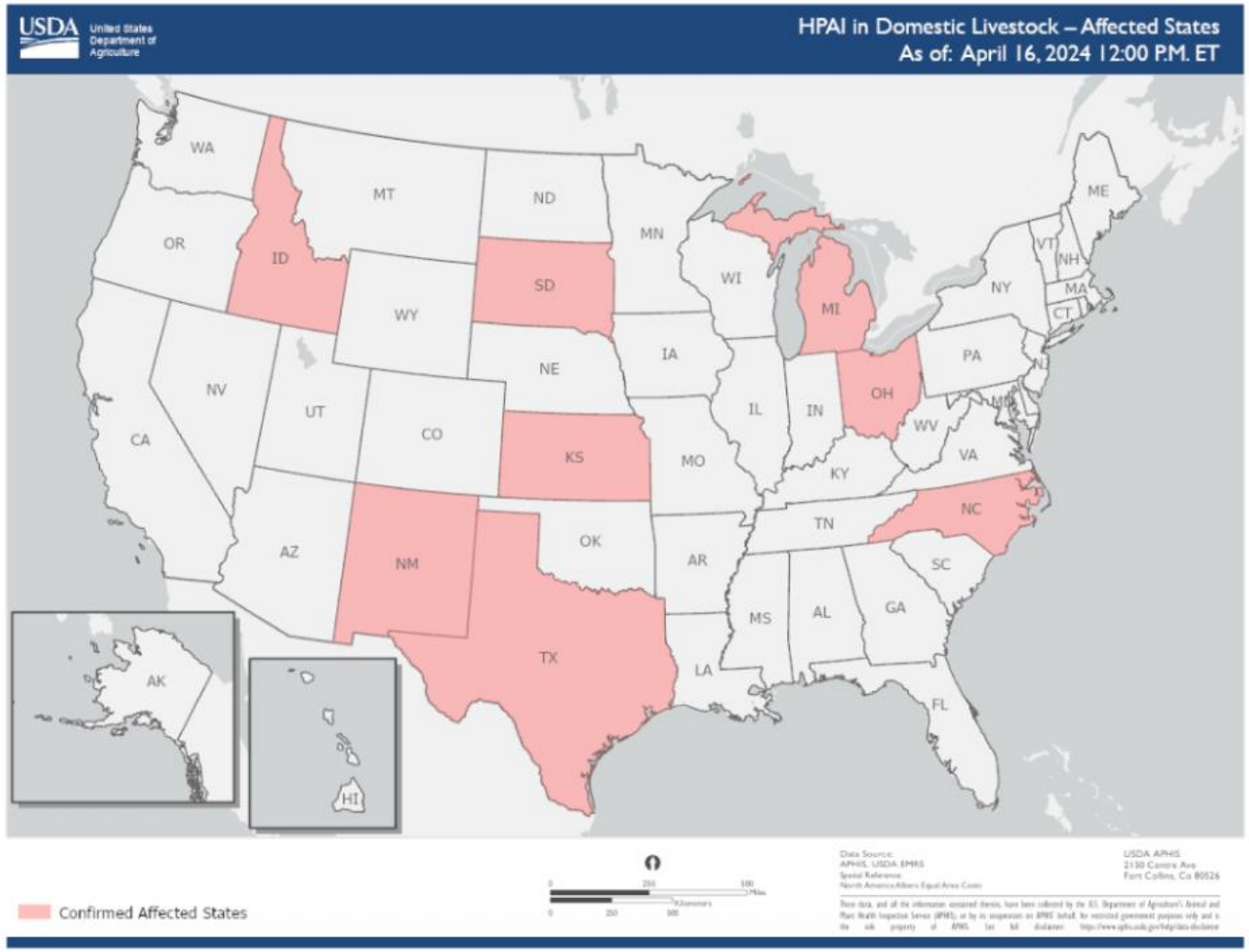
Indiana Department of Health

Avian flu from cattle

- Avian influenza A(H5N1) is a type of flu virus that usually infects wild birds and can spread to domestic birds and other animals. It occasionally infects people, though it is extremely rare for it to be transmitted from one person to another.
- A person in the United States has tested positive for highly pathogenic avian influenza (HPAI) A(H5N1) virus ("H5N1 bird flu"), as reported by Texas and confirmed by CDC. This person had exposure to dairy cattle in Texas presumed to be infected with HPAI A(H5N1) viruses.
- The case does not change the risk of illness for the general public, which remains low
- No cause for concern about the commercial milk supply. Dairies are required to destroy or divert milk from any sick cows, and pasteurization kills avian flu viruses. Pasteurization is required for any milk entering interstate commerce.

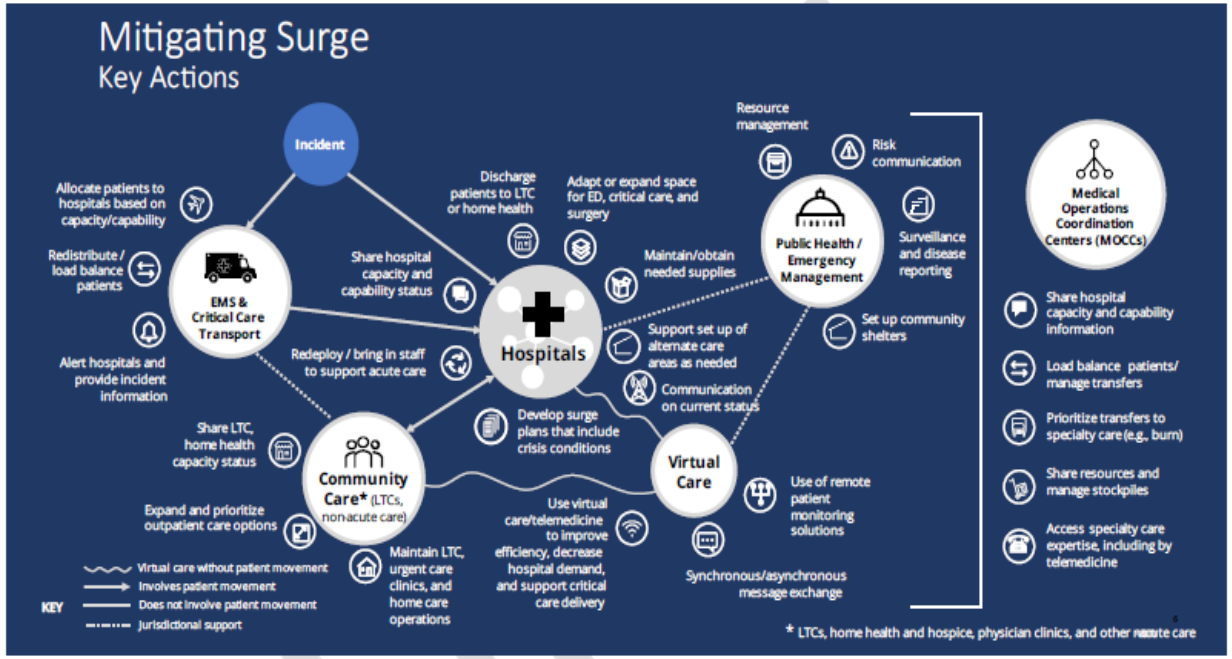
Confirmed Cases of HPAI in Domestic Livestock

*Data updated weekdays by 4 pm ET.



Preparedness vs Readiness

- A being **prepared** with a plan is a document which should organize and brings people together in an organized fashion to accomplish a goal
- Being **ready**, is having the relationship with the people in the plan.
- The level of relationships you have within your community directly ties to your readiness level to handle emergencies



Pledge to Act

- The Indiana Hospital Association (IHA) and Indiana Chamber of Commerce have committed to supporting public health efforts throughout Indiana, calling on healthcare systems and employers across the state to pledge their support for this initiative
- The pledge is a collaboration between healthcare organizations and businesses to help Hoosiers reach their optimal health and communities thrive
- So far more than 60+ hospitals and businesses have pledged to support public health in Indiana

Questions?