Indiana Department of Health

CLINICIAN UPDATES

GUY CROWDER, M.D., MPHTM
CHIEF MEDICAL OFFICER

4/26/2024

OUR MISSION:

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

OUR VISION:

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

Conflict of interest

I have no conflicts of interest to disclose

CMEs

Exciting news!

CME credits are now available for participating in this webinar.

https://redcap.isdh.in.gov/surveys/?s=J7N9NNWAJMRPAE8D

Indiana Department of Health

Indiana Department of Health

LABORATORY COURIER SYSTEM

BRIAN POPE
DIRECTOR, VIROLOGY AND SEROLOGY DIVISION
INDIANA DEPARTMENT OF HEALTH LABORATORY

04/26/24

There and Back Again… A Courier Story

First attempt to establish IDOH Courier 2009

Market research initiated at APHL annual conference May 2022

Funding Identified and RFP Initiated November 2022

RFP Awarded to STAT Courier December 2023

RFC In Process (Current)

STAT Courier Site Visit March 18-22, 2024

Live Date April 22, 2024

Indiana Department of Health

Courier Vendor

STAT Courier was awarded the RFP

Public Health Labs Served:

- South Carolina Department of Health and Environmental Control
- Arkansas Department of Health
- Michigan Department of Health and Human Services
- Louisiana Department of Health
- Texas Health and Human Services
- Missouri Department of Health & Senior Services (DHSS) and Missouri Department of Natural Resources (DNR)
- Oklahoma State Department of Health
- Oregon Health Authority
- Colorado Department of Environmental Control
- North Carolina Department of Health
- Iowa State Hygienic Laboratory
- Georgia Department of Health

Who is involved at IDOH

Indiana Department of Health

Laboratory Services Commission

Indiana Department of Health

Division of **Emergency Preparedness**

Indiana Department of Health

Division of **Immunization**

Indiana Department of Health

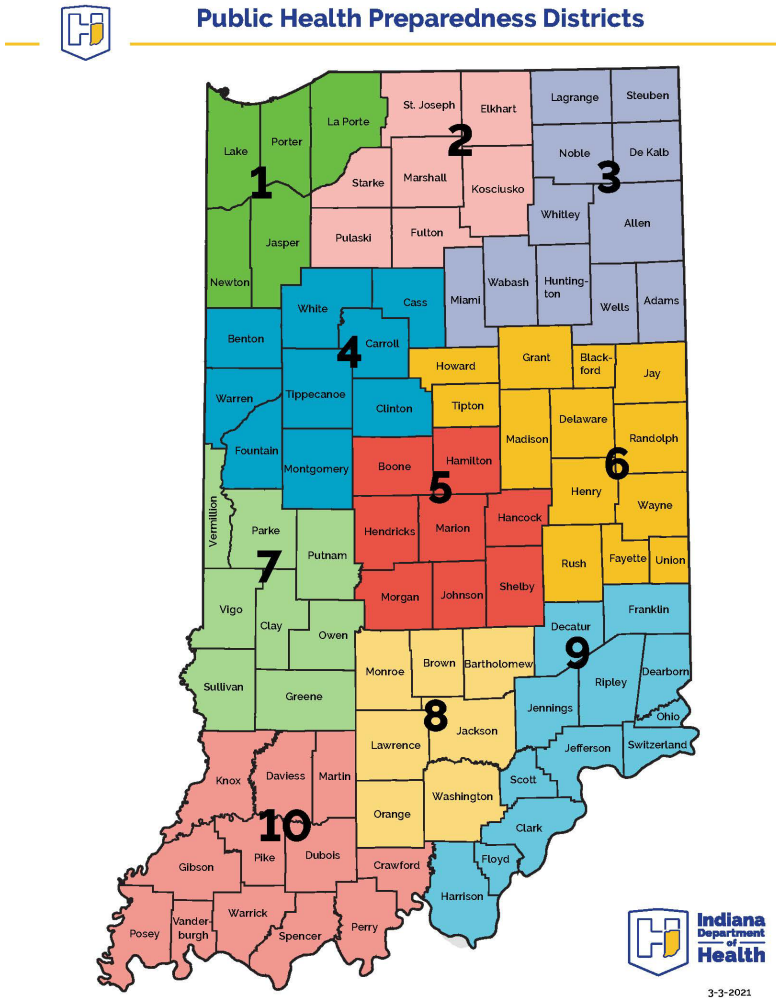
Infectious Disease Epidemiology & Prevention Division

Courier Services Provided - OVERVIEW

- The IDOHL will have 124 sites at launch where STAT courier will perform a pickup
- These pickup operations will operate from weekly to daily (Monday – Friday)
- Sites were identified in 2023 from IDOHL supervisors and division directors
- Specimens will be able to be transported at ambient and refrigerated temperatures on a routine basis. Frozen specimens can be transported if pick-up site provides dry ice

Additional Services Performed

- On Demand/Priority Pickup- STAT Courier will pickup priority specimens as requested by IDOHL 24/7/365.
  - These pickups ***must*** be pre-approved by the IDOH Laboratory.
- Each preparedness district is scheduled to have 1 regional county health department where they will accept specimens from other facilities/submitters.
  - These will start off for **small volume/occasional submitters.**
    - For example- a rural submitter with limited access to submit specimens



IDOHL Courier Dropoff Protocol

- Dropoff will occur daily at the IDOHL. Approximately 50% of specimens will arrive before COB.
- Specimens will be dropped off daily at the IDOH Lab as late as 10 p.m.
- STAT Courier will have badges for each courier driver, which will grant them access to the building, parking lot, and the after-hours drop-off room. Drivers will also have uniforms
- STAT will place specimens in the assigned storage conditions (Ambient, Refrigerated, Ultralow)

Courier Fun Facts

- STAT Courier will have consistent temperature logging for specimens. Drivers are required to continually monitor temperature via digital thermometers to ensure specimen integrity.
- STAT Courier will have direct communication with sites for closures/weather related events. IDOHL will be notified via email for any sites where a pickup does not occur.
- We will have a portal for us to access and track packages. We will not be tracking packages on a specimen-by-specimen level, instead we will be tracking the packages, just as we do today.
  - STAT Courier will use the Xcelerator platform for tracking purposes which will track barcodes and signatures.

Courier Fun Facts

- Drivers must pass background checks, drug screenings, hold valid licensure, and undergo annual training. They will have badges, STAT Courier uniforms, and a car placard, but will be driving personal vehicles (which must undergo inspection by STAT).
- STAT is compliant with the following: HIPAA, CAP (GEN.40515 + 40530 + 40535), USDOT + PHMSA (49 CFR, Parts 171-180), OSHA (29 CFR 1910.1030), CLIA, IATA, WHO/UN, CDC/DHHS (42 CFR Part 72 / 73).
- If large shipments are expected (think large animal head for rabies testing), we will need to communicate to our account manager prior to pickup.

Get started

- Active clinical sites are already receiving pickup from a daily to weekly basis
- Sites interested in being a regular submitter of the courier system: Please fill out the following survey: https://forms.office.com/g/nz4nfzPjmh
- Sites that periodically submit specimens
  - Documentation is being finalized identifying regional drop off facilities
  - Will be released in May

Questions?

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Communications Specialist
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Indiana Department of Health

TICK-BORNE DISEASES

LEE GREEN
SENIOR MEDICAL ENTOMOLOGIST
VECTOR-BORNE AND ZOONOTIC DISEASE PROGRAM

04/26/24

Tick-Borne Diseases

View the dashboard

Diseases in Indiana

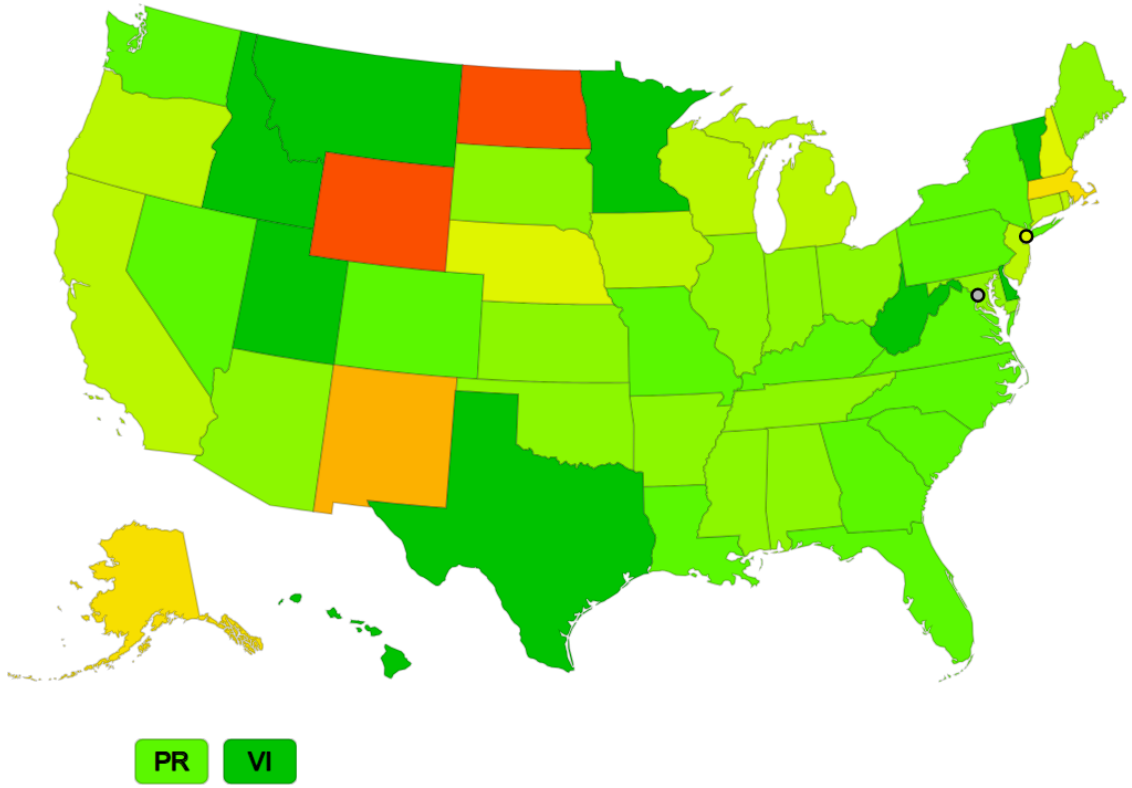
Emerging Diseases

Healthcare Providers

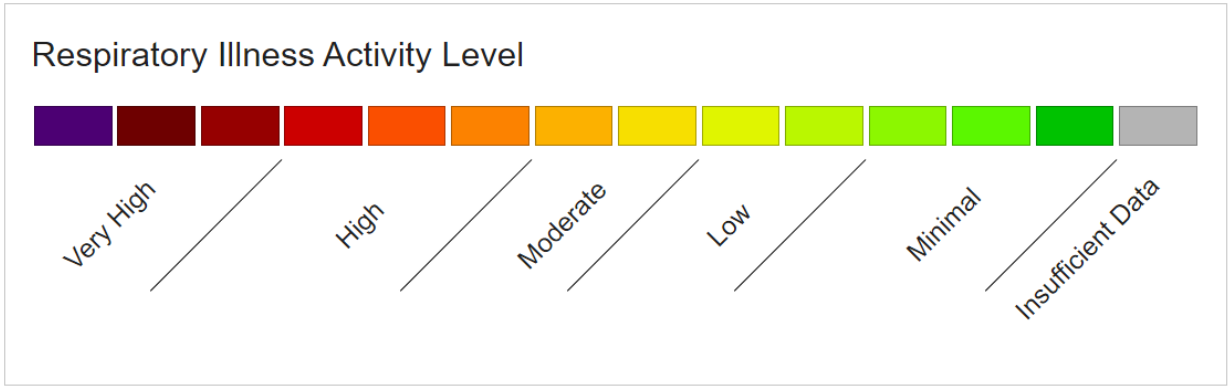
Respiratory infections

Indiana Department of Health

Level of Respiratory Illness Activity



[Respiratory Virus Activity Levels (cdc.gov)]



Data presented through: 04/13/2024; Data as of: 04/18/2024

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Emergency Department Visits for Viral Respiratory Illness

[Respiratory Virus Activity Levels (cdc.gov)]

Indiana Department of Health

Emergency Department Visits for Viral Respiratory Illness

Weekly percent of total emergency department visits associated with COVID-19, influenza, and RSV.

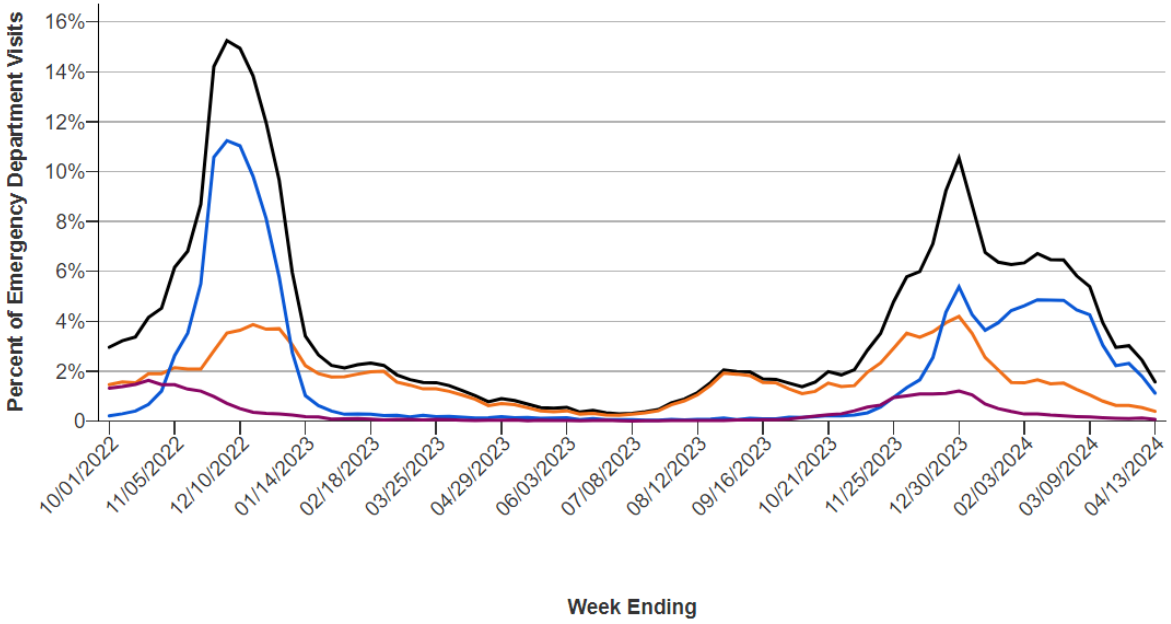
State: Indiana | County: All | Reset

Selection:

Indiana

Counties included in this area More Info

All



Select a virus to add or remove it from the graphic

Combined COVID-19 Influenza RSV

What's happening near you

Indiana | Marion County | Submit | Reset

Minimal overall respiratory illness activity in Indiana

Based on healthcare visits for fever and cough or sore throat:

Now is a good time to get your recommended vaccinations before respiratory illness is more widespread to reduce your risk of serious illness.

Find more respiratory illness data, including a national overview

Weekly Viral Respiratory Illness Snapshot >

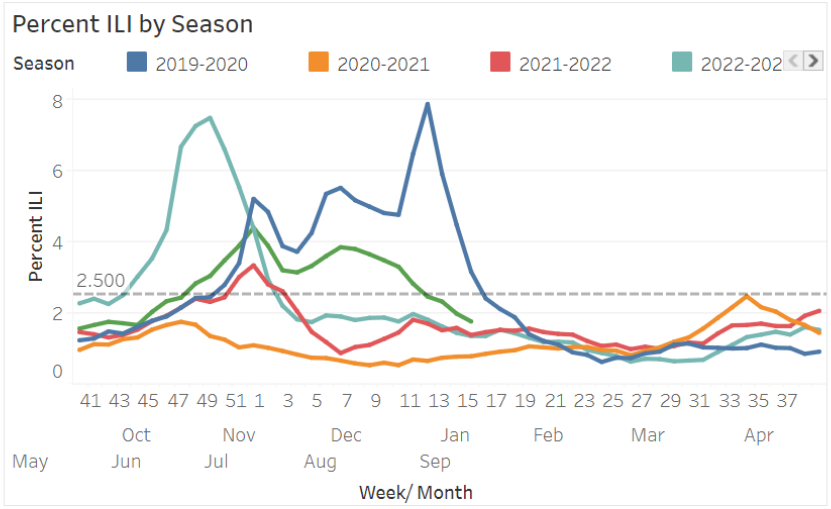
Illness trends in Marion County, Indiana

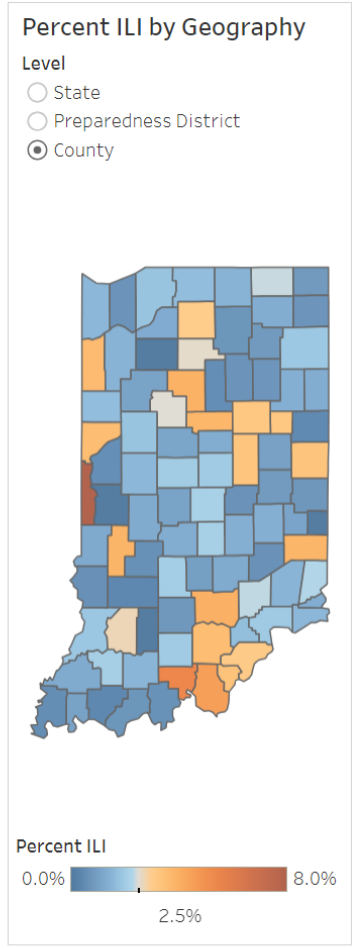
Based on visits to emergency departments:

Flu	RSV	COVID-19
DECREASING	NO CHANGE	NO CHANGE

Protect yourself from COVID-19, Flu, and RSV (cdc.gov)

IDOH flu dashboard:
Emergency Department Visits for Influenza-like Illness





ILI Count by Age Group for Current

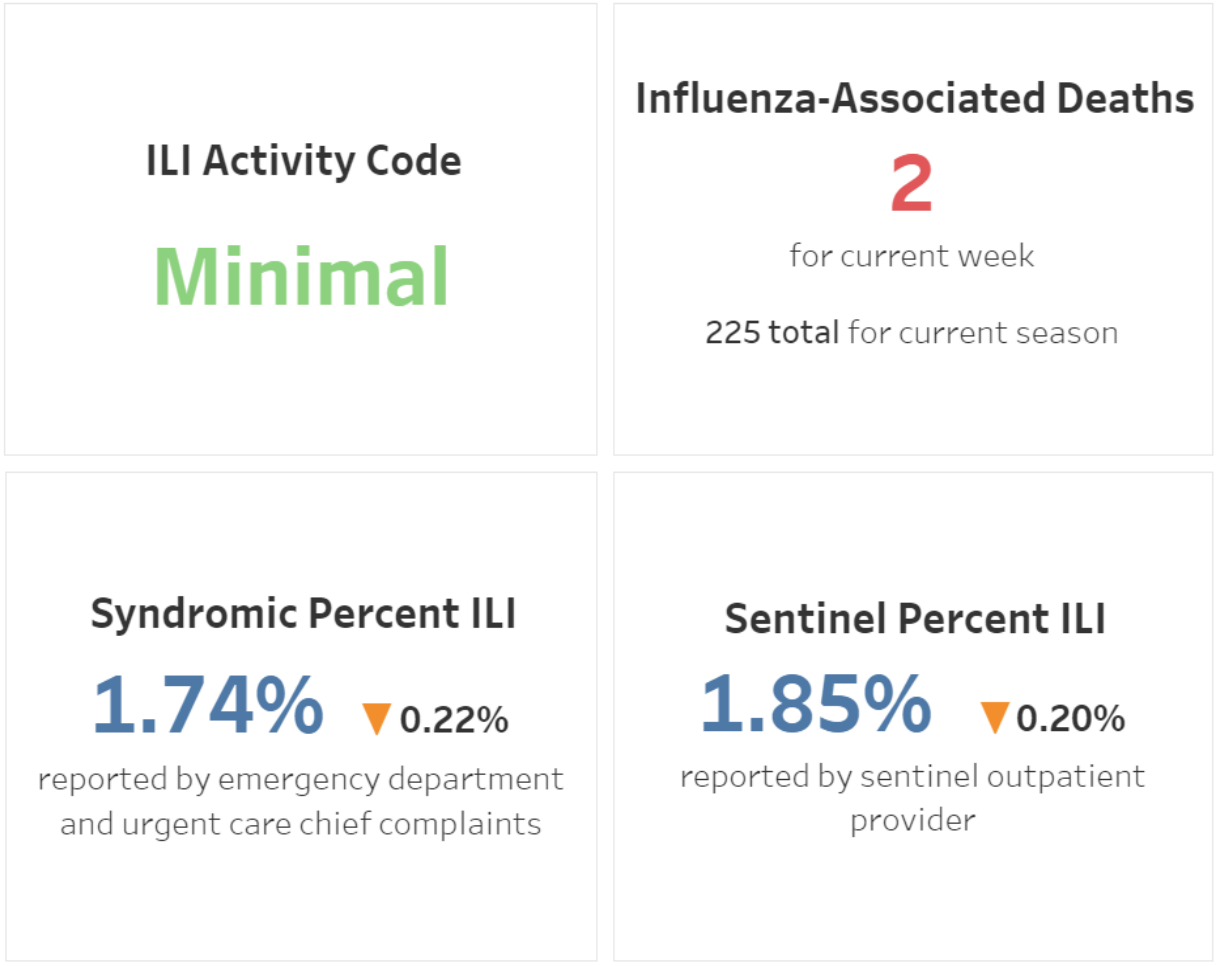
	Current Week	Previous Week
Age 0-4	345	315
Age 5-24	401	372
Age 25-49	387	320
Age 50-64	125	105
Age 65+	132	93
Total	1,390	1,205

	Current Week	Previous Week
Age 0-4	6.7%	6.3%
Age 5-24	2.8%	2.5%
Age 25-49	1.7%	1.5%
Age 50-64	1.0%	0.9%
Age 65+	0.9%	0.6%

Indiana Department of Health

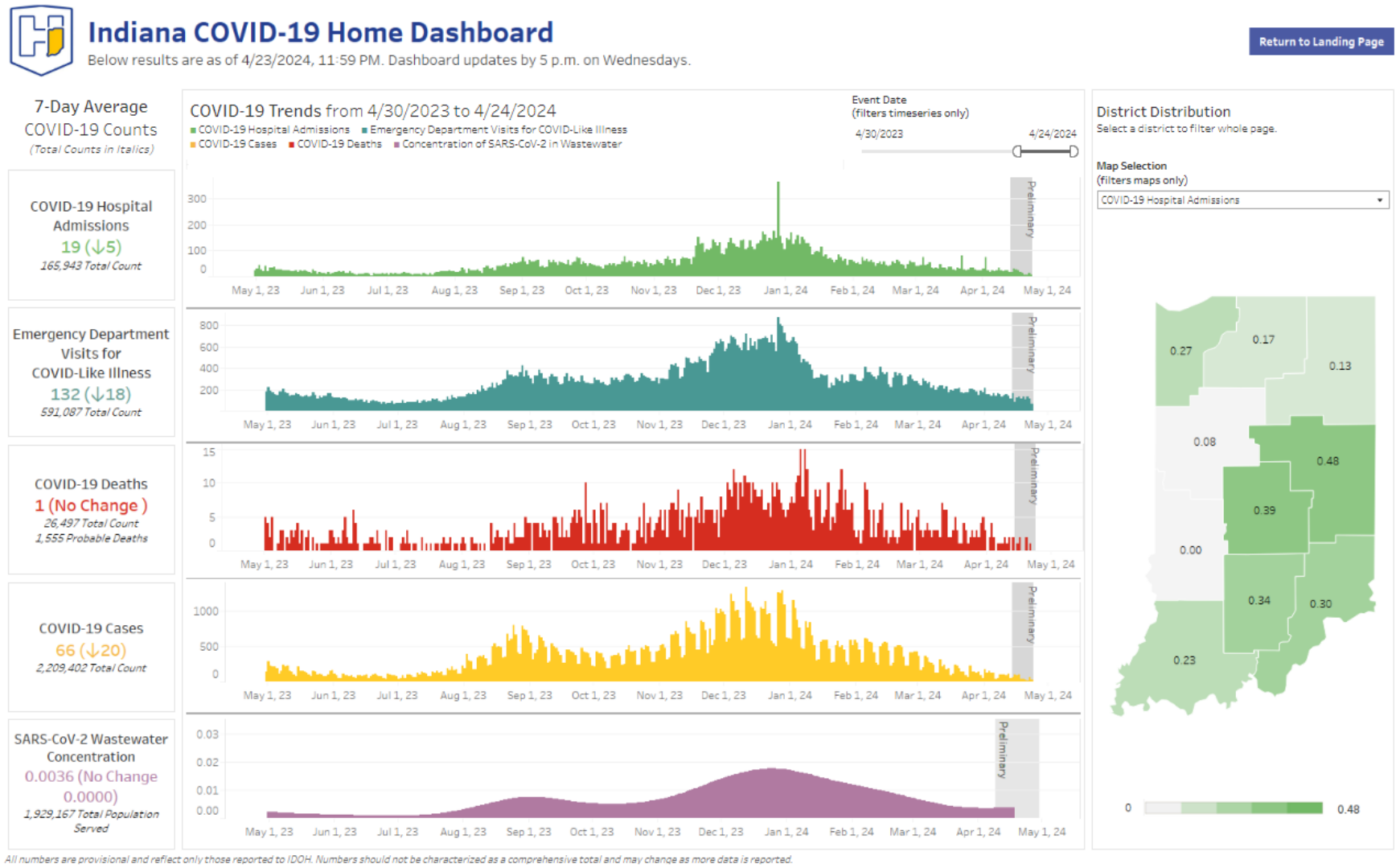
Health: Infectious Disease Epidemiology & Prevention Division: Influenza Dashboard

Influenza dashboard



Indiana Department of Health

Health: Infectious Disease Epidemiology & Prevention Division: Influenza Dashboard



Indiana Department of Health

Coronavirus: Indiana COVID-19 Home Dashboard

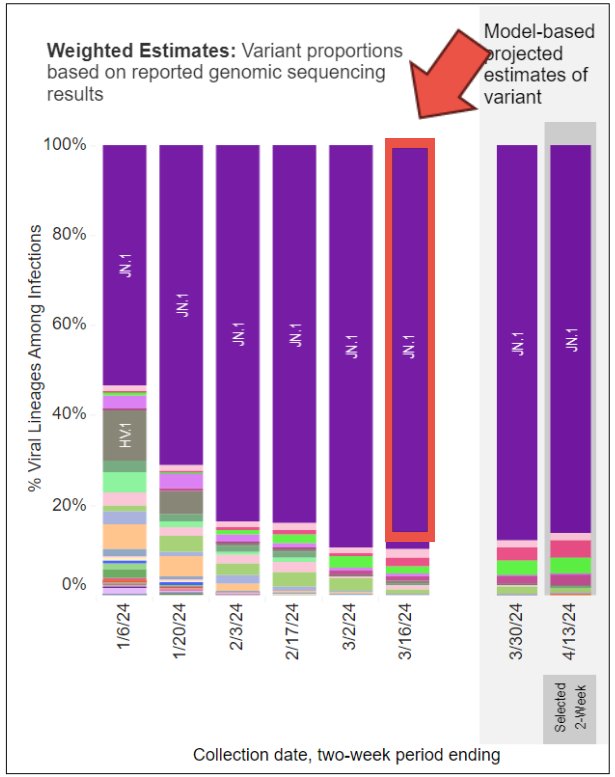
HHS Region: Region 5 - Illinois, Indiana, Michigan, Minne…

Data for the 2-Week Period Ending on: 4/13/2024(Nowcast)

This shows weighted and Nowcast estimates for the United States. The table and map show estimates for the 2-week period ending on 4/13/2024(Nowcast) if available.

Weighted Estimates in HHS Region 5 for 2-Week Periods in 12/24/2023 – 4/13/2024

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



Nowcast Estimates in HHS Region 5 for 3/31/2024 – 4/13/2024

Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	86.3%	81.8-89.9%
	JN.1.13	3.8%	1.7-8.0%
	JN.1.18	3.4%	2.0-5.7%
	JN.1.16	2.7%	1.3-5.3%
	BA.2	1.1%	0.1-7.0%
	B.1.1.529	0.7%	0.0-9.3%
	GE.1	0.2%	0.1-0.5%
	BA.2.86	0.1%	0.1-0.2%
	XBB	0.0%	0.0-0.0%
	HV.1	0.0%	0.0-0.0%
	JG.3	0.0%	0.0-0.0%
	JD.1.1	0.0%	0.0-0.0%
	XBB.1.16.17	0.0%	0.0-0.0%
	EG.5	0.0%	0.0-0.0%
	HK.3	0.0%	0.0-0.0%
	XBB.1.9.1	0.0%	0.0-0.0%
	JF.1	0.0%	0.0-0.0%
	XBB.2.3	0.0%	0.0-0.0%
	XBB.1.16.6	0.0%	0.0-0.0%
	FL.1.5.1	0.0%	0.0-0.0%
	EG.5.1.8	0.0%	0.0-0.0%
	XBB.1.16	0.0%	0.0-0.0%
	BA.1.1	0.0%	0.0-0.0%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one 2-week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all 2-week periods displayed.
** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates
# While all lineages are tracked by CDC, those named lineages not enumerated in this graphic are aggregated with their parent lineages, based on Pango lineage definitions, described in m

Nowcast Estimates for 3/31/2024 – 4/13/2024 by HHS Region

Indiana Department of Health

https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Emergency Use Authorization (EUA) of PEMGARDA (pemivibart) for Pre-exposure Prophylaxis of COVID-19

EUA was granted for PEMGARDA (**monoclonal antibodies**) **for pre-exposure prophylaxis** of COVID-19 in adults and adolescents (12 years of age and older weighing at least 40 kg):

- Who are not currently infected with SARS-CoV-2 and who have **not** had a known recent exposure to an individual infected with SARS-CoV-2 **and**
- Who have moderate to severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments **and** are unlikely to mount an adequate immune response to COVID-19 vaccination.

It is not intended for treatment or post exposure prophylaxis.

EUA 122 Invivyd Pemgarda LOA (fda.gov)

https://www.fda.gov/media/177069/download

https://www.fda.gov/media/177066/download

PEMGARDA (pemivibart)

- Commercially available
- Comes in PEMGARDA 500 mg/4 mL (125 mg/mL) in a single-dose vial.
- The dosage is 4500 mg administered as a single intravenous (IV) infusion q3 months
- No dosage adjustment is recommended in pregnant or lactating individuals, in geriatrics, or in individuals with renal or hepatic impairment.
- Anaphylaxis has been observed with PEMGARDA in 4 of 623 (0.6%) participants in a clinical trial.
  - Administer PEMGARDA only in settings in which healthcare providers have immediate access to medications to treat anaphylaxis and the ability to activate the emergency medical system(EMS), as necessary.

EUA 122 Invivyd Pemgarda LOA (fda.gov)
https://www.fda.gov/media/177069/download

Indiana Department of Health

HIGHLY PATHOGENIC AVIAN INFLUENZA (HPAI)

ERIC HAWKINS, MS
STATE EPIDEMIOLOGIST

4/26/24

Highly Pathogenic Avian Influenza (HPAI)

Indiana Department of Health

Situation Update: HPAI in Dairy Cattle

- Since 2022, highly pathogenic influenza A(H5N1) viruses have been circulating globally in wild birds.
- As of April 25, influenza A(H5N1) has been detected in dairy cattle in 8 states (ID, KS, NM, TX, MI, OH, SD, NC) in 2024.
- A human case has been reported in a Texas dairy farmer who developed conjunctivitis after exposure to dairy cattle presumed to be infected with HPAI A (H5N1) – no other symptoms. Was treated with oseltamivir and contacts were given post exposure prophylaxis and did not get sick.
- Only one other human case of H5N1 has been reported in the US, in April 2022 in Colorado. This person had contact with infected HPAI H5N1 poultry.
- No evidence of person-to-person transmission; No identified mutations to virus that would suggest easier spread from animals-to-humans or humans-to-humans.
- **No cases of HPAI in cattle or people have been reported in Indiana.**
- The current situation remains primarily an animal health issue. USDA has issued a federal order mandating actions to protect livestock health. More information can be found here.
- IN Board of Animal Health coordinates testing for virus in Indiana cattle.

Key Points

- **Currently, the risk of variant influenza to the general public is low**
- Variant influenza infections can occur after contact with sick/dead animals and/or contaminated environments
- People with job-related or recreational exposures to infected birds, cattle, or other animals are at higher risk of infection
- **There is no concern for contamination of the food/milk supply**
  - Food products from sick animals are prevented from entering the food supply
  - Pasteurization is required for any milk entering interstate commerce for human consumption
  - Pasteurization is proven to inactivate bacteria and viruses, like influenza, in milk
- CDC has a new webpage: https://www.cdc.gov/flu/avianflu/mammals.htm

Summary Recommendations

Recommended actions for patients considered to have recent exposure to avian influenza A viruses:

If signs/symptoms compatible with avian influenza A virus infection are present:

1. Isolate patient and follow infection control recommendations
2. Notify IDOH – (Normal business hours: 317-233-7125; After Hours/Weekends: 317-233-1325)
3. Collect respiratory specimens from patient and send to IDOH Laboratory for variant influenza testing.
4. Initiate empiric antiviral treatment as soon as possible.

Compatible symptoms include: measured or subjective fever, rhinorrhea, congestion, fatigue, cough, myalgias, conjunctivitis, sore throat, headaches, shortness of breath

Infection Control in Healthcare Settings

- Standard Precautions, plus
- Contact Precautions, and
  - Including use of eye protection
- Airborne Precautions
  - If airborne infection isolation room (AIIR) is not available, isolate patient in private room

To find more information, please visit:

Infection Control Within Healthcare Settings for Patients with Novel Influenza A Viruses

Testing for HPAI A (H5N1) virus

- **Testing should be done in consultation with IDOH**
- Respiratory specimens should be collected for molecular testing (RT-PCR) for influenza viruses, including variant influenza A viruses like H5.
  - Respiratory specimens include a nasopharyngeal (NP) swab
- If conjunctivitis is present, a conjunctival swab should be collected.

Specimens collected for variant influenza, MUST be sent to IDOH Laboratory for variant influenza testing.

Testing for other potential causes of acute respiratory illness should also be considered depending upon the local epidemiology of circulating respiratory viruses, including SARS-CoV-2.

To find more information, please visit:

Specimen Collection and Testing for Patients with Novel Influenza A Viruses

Antiviral Treatment for Suspect Infections

- Initiation of antiviral treatment with a neuraminidase inhibitor as soon as possible for any patient with suspected or confirmed variant influenza infection.
  - Should be initiated even if more than 48 hours have elapsed since illness onset and regardless of illness severity (outpatients or hospitalized patients)
  - *Antiviral treatment should NOT be delayed while waiting for laboratory test results.*
- Current studies show that antivirals used for seasonal influenza are effective for the current strain of HPAI H5N1 circulating.

To find more information, please visit:

Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses

Resource Links

- Health Alert Network (HAN) - 00506 | Highly Pathogenic Avian Influenza A(H5N1) Virus: Identification of Human Infection and Recommendations for Investigations and Response (cdc.gov)
- Highly Pathogenic Avian Influenza A (H5N1) Virus Infection Reported in a Person in the U.S.- https://www.cdc.gov/media/releases/2024/p0401-avian-flu.html
- Interim Recommendations for Prevention, Monitoring, and Public Health Investigations- https://www.cdc.gov/flu/avianflu/hpai/hpai-interim-recommendations.html
- Infection Control within Healthcare Settings for Patients - https://www.cdc.gov/flu/avianflu/novel-flu-infection-control.htm
- Interim Guidance on Testing, Specimen Collection, and Processing for Patients with Suspected Novel Influenza Infection - https://www.cdc.gov/flu/avianflu/severe-potential.htm
- Use of Antiviral Medications for Treatment of Human Infections with Novel Influenza A Viruses - https://www.cdc.gov/flu/avianflu/novel-av-treatment-guidance.htm

Other Infections

Indiana Department of Health

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.

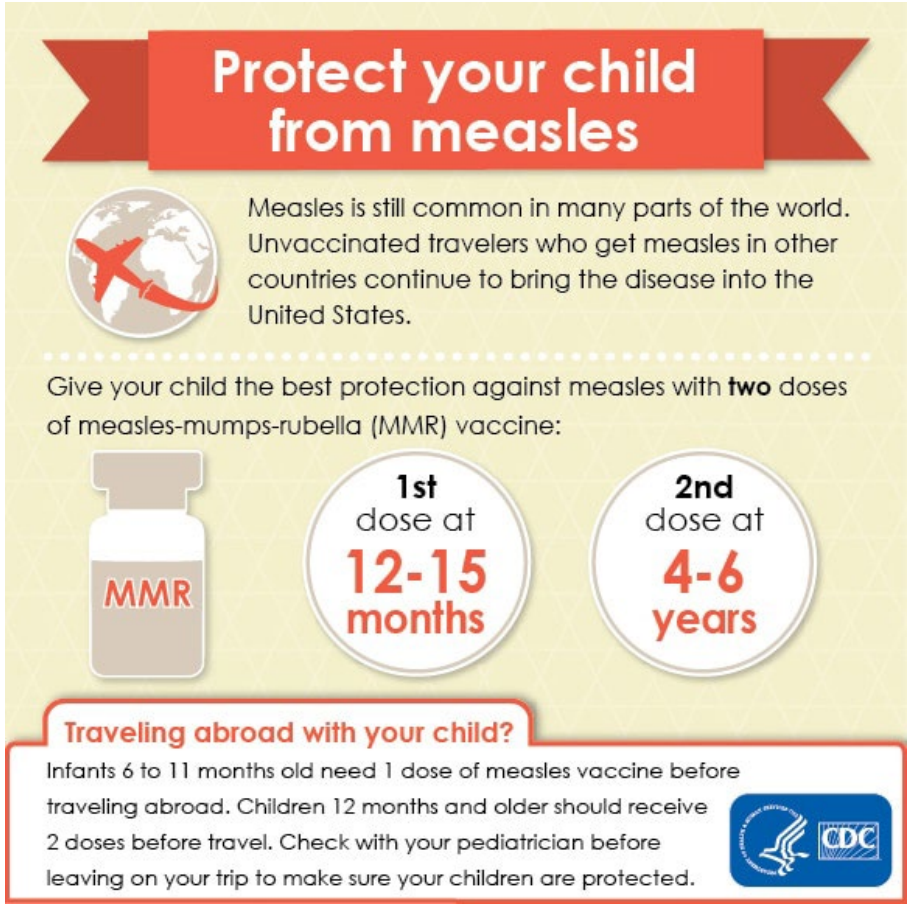
Indiana Department of Health

Measles Testing and Reporting Recommendations

- Clinicians should consult public health authorities regarding testing if:
  - Measles is strongly suspected based on clinical presentation in patients with no known increased risk of measles exposure, particularly if the patient has no evidence of immunity to measles.
  - Patients have had a known measles exposure and present with atypical signs or symptoms.
  - Reporting Cases of Measles
- Per Indiana's Communicable Disease Rule, providers, hospitals, and laboratories must report measles **immediately upon suspicion**. Reports of measles can be made to the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125 during business hours (Monday – Friday, 8:15 a.m. – 4:45 p.m.) or 317-233-1325 after hours.
- Testing for measles is available through the IDOH Laboratories with prior authorization. To request testing authorization, clinicians and laboratories should contact the IDOH Infectious Disease Epidemiology and Prevention Division at 317-233-7125 during business hours (Monday – Friday, 8:15 a.m. – 4:45 p.m.) or 317-233-1325 after hours.

Measles

- Although endemic U.S. measles was declared eliminated in 2000, measles importations continue to occur.
- As of April 19, the United States has had 125 cases this year, with a 54% hospitalization rate (for isolation and/or management of complications) in 18 states
- 58 cases last year



Indiana Department of Health

Measles — United States, January 1, 2020–March 28, 2024 | MMWR (cdc.gov)
https://www.cdc.gov/measles/cases-outbreaks.html

Mpox

- Pride month is in June which offers an opportunity to encourage vaccination.
- Low number of cases in Indiana this year (4 cases since 1/24/24).
- Global update: According to the European CDC:
  - From 2023 to end of March 2024, Democratic Republic of the Congo has had >18,000 suspected mpox cases with >1,000 deaths
    - Clade I (compared to Clade II which caused global outbreak)
    - Zoonotic, close contact, sexual contact transmission
  - Despite this increase in cases, **the current risk for Indiana & USA is low.** Fortunately, no Clade I cases have been detected in USA. Not seeing spread outside of central Africa.

Mpox CDC vaccine recommendations

The CDC recommends routine JYNNEOS vaccination for those 18 years and older at risk for mpox, including:

- Gay, bisexual, and other men who have sex with men, and transgender or nonbinary people who, in the past 6 months, have had:
  - A new diagnosis of one or more sexually transmitted diseases (e.g., chlamydia, gonorrhea, syphilis); or
  - More than one sex partner;
  - Sex at a commercial sex venue; or,
  - Sex in association with a large public event in a geographic area where mpox transmission is occurring.
  - Sex in exchange for money or other items
- People who are sexual partners of people with the above risks
- People who anticipate experiencing any of the above scenarios
- People who had known or suspected exposure to someone with mpox
- People who had a sex partner in the past 2 weeks who was diagnosed with mpox
- People who work with mpox virus in the lab

Mpox vaccine

- Bavarian Nordic is transitioning JYNNEOS to commercial market this month.
- Federal supply of Jynneos is available through the Strategic National Stockpile (SNS) when commercial supplies are not available.
  - On 4/30/24 HHS will close the current mechanism of ordering. Additional supply can be ordered through a different mechanism in areas where there is no commercially available vaccine. HHS anticipates full closure Aug. 1

https://aspr.hhs.gov/Mpox/OperationalGuidance/Pages/Ordering.aspx

Increase in Invasive Serogroup Y Meningococcal Disease in the United States

The CDC issued a health alert regarding a national increase in invasive meningococcal disease caused by Neisseria meningitides serogroup Y. Since 2023, IN has had 4 patients with serogroup Y infections.

Notes of clinical importance:

- Cases are disproportionately occurring in people ages 30–60 years (65%), Black or African American people (63%), and people with HIV (15%).
- Patients may present with bacteremia or septic arthritis and without classic symptoms of meningitis
- Case-fatality rate was 18%, higher than the historical case fatality rate of 11% reported for serogroup Y cases in 2017–2021.
- **The isolates tested to date have been susceptible to all first-line antibiotics recommended for treatment and prophylaxis.**
- **This strain is distinct from ciprofloxacin-resistant serogroup Y strains that are also circulating in the United States and that are disproportionately affecting Hispanic individuals.**

Invasive Serogroup Y Meningococcal Disease-Recommendations

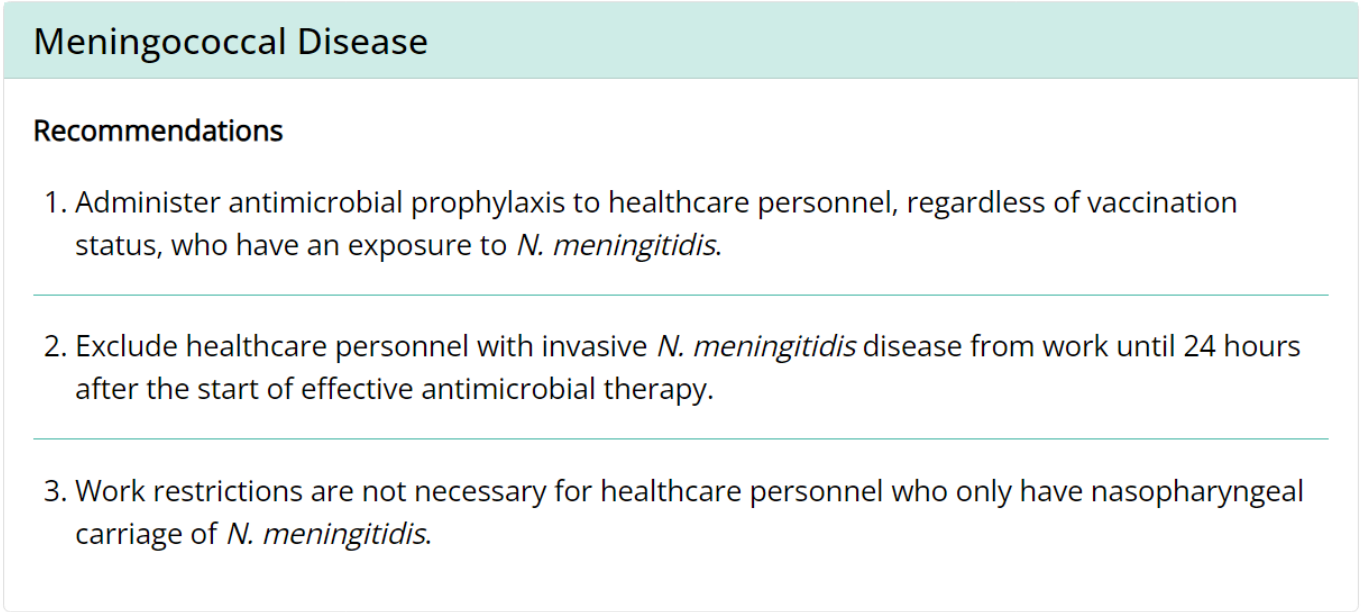
- The CDC recommends:
  - All 11–12-year-olds should receive a MenACWY vaccine and a booster dose at age 16 years.
  - For people at increased risk due to medical conditions (e.g., with HIV), recommended vaccination includes a 2-dose primary MenACWY series with booster doses every 3–5 years, depending on age.
- Maintain a high index of suspicion in the groups mentioned in last slide and institute appropriate infection prevention measures and treatment promptly.
- Case reporting – according to the Indiana Communicable Disease Rule (410 IAC 1-2.5), clinicians, hospitals and laboratories are required to report cases of invasive meningococcal disease **immediately upon suspicion**. Cases may be reported to the Indiana Department of Health at 37-233-7125 during business hours (Monday-Friday, 8:15 a.m. - 4:45 p.m.) or 317-233-1325 after hours.

Increase in Invasive Serogroup Y Meningococcal Disease in the United States (cdc.gov)

Infection Control in Healthcare Personnel

The CDC released updated guidance for:

- Diphtheria
- Group A Streptococcus
- Measles
- Meningococcal Disease
- Mumps
- Pertussis
- Rabies
- Rubella
- Varicella-Zoster Virus
- Special Populations: Pregnant Healthcare Personnel



Meningococcal Disease

Recommendations

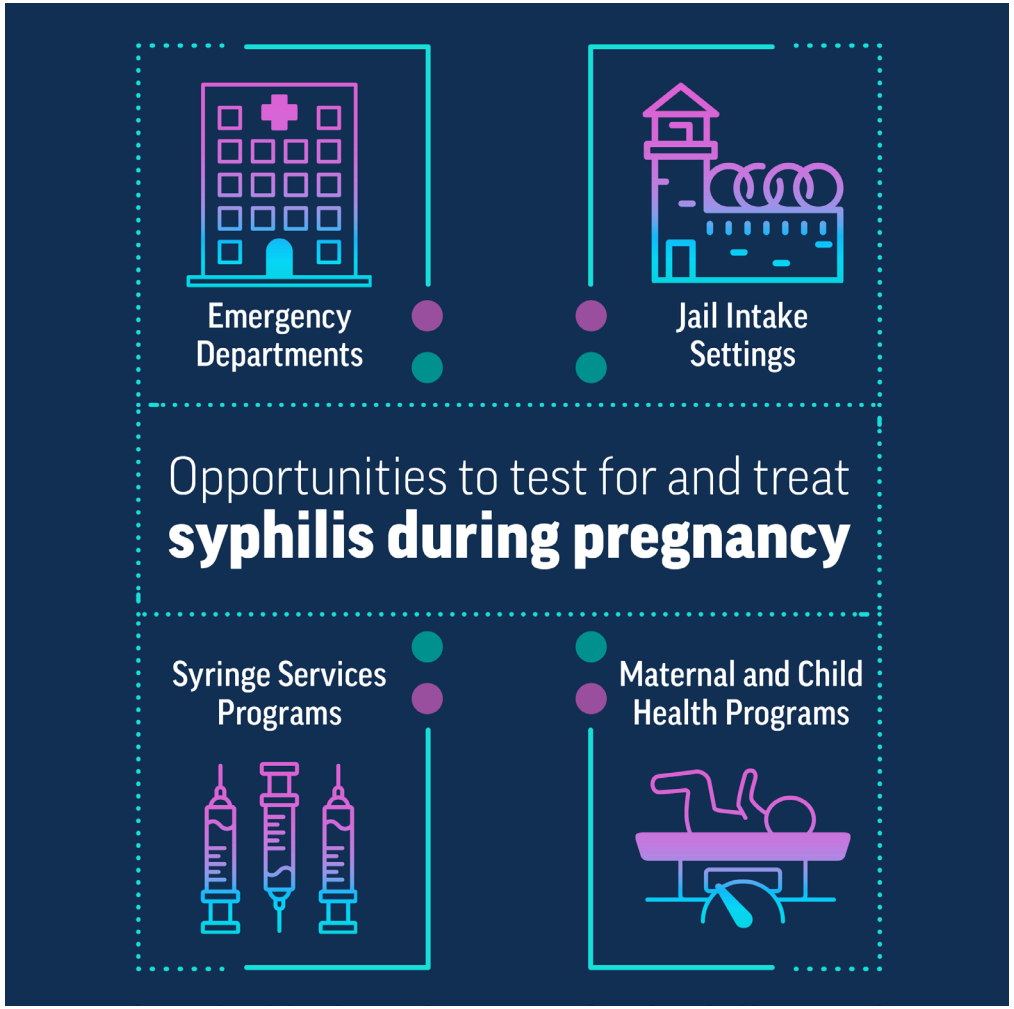
1. Administer antimicrobial prophylaxis to healthcare personnel, regardless of vaccination status, who have an exposure to *N. meningitidis*.
2. Exclude healthcare personnel with invasive *N. meningitidis* disease from work until 24 hours after the start of effective antimicrobial therapy.
3. Work restrictions are not necessary for healthcare personnel who only have nasopharyngeal carriage of *N. meningitidis*.

Epidemiology and Control of Selected Infections | Infection Control | CDC

Syphilis CALL TO ACTION!

ACOG released updated guidance last week for OB-GYNs

- Recommended to test all pregnant women 3 times during pregnancy



Indiana Department of Health

https://www.acog.org/news/news-releases/2024/04/acog-recommends-obstetrician-gynecologists-increase-syphilis-screening-for-pregnant-individuals

Syphilis CALL TO ACTION!

COMING SOON: IDOH Congenital Syphilis Task Force toolkit

- 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).

https://on.in.gov/CongenitalSyphilisToolkit

A cluster of HIV infections

- Investigation of multiple HIV infections among persons with no known HIV risk factors who received platelet-rich plasma with microneedling (vampire facials) at an unlicensed New Mexico spa revealed likely HIV transmission associated with these cosmetic injection services.
- A cluster of five cases total diagnosed between 2018 and 2023: four received services at the spa, one was a sexual partner of a patient who received diagnosis of testing HIV positive after the service at the spa. The source of contaminants remains unknown.
- **In the absence of known HIV risk factors, might consider cosmetic injection services as a possible route of transmission**

https://www.cdc.gov/mmwr/volumes/73/wr/mm7316a3.htm?s_cid=mm7316a3_e&ACSTrackingID=USCDC_921-DM125915&ACSTrackingLabel=This%20Week%20in%20MMWR%3A%20Vol.%2073%2C%20April%2025%2C%202024&deliveryName=USCDC_921-DM125915

GAS Bacteremia

- Injection of illicit drugs and homelessness are risk factors for invasive group A streptococcal infections.
- ***Xylazine*** has been associated with necrosis, which could facilitate entry of bacteria into the bloodstream.
- During 2022–2023, the University of Vermont Medical Center experienced a substantial increase in the number of community-acquired group A streptococcal bloodstream infections, predominantly in persons who inject drugs.
  - The increase coincided with the introduction of xylazine into the drug supply.
  - Many patients sought care for wounds before being diagnosed with a bloodstream infection.

Indiana Department of Health

https://www.cdc.gov/mmwr/volumes/73/wr/mm7316a5.htm?s_cid=mm7316a5_w

Salmonella Infections in Association with Fresh Organic Basil

CDC has received reports of 12 Salmonella infections in seven states. One person has been hospitalized and no deaths have been reported.

- The illnesses have been linked to Infinite Herbs organic basil.
- The basil was sold at Trader Joe's in 29 states (including IN) and Washington, D.C., in 2.5 oz clamshell-style containers.
- Trader Joe's ceased shipments of Infinite Herbs organic basil on April 12, 2024, and no product remains in stores.
- Previously sold product is past shelf life and should not be consumed. If it was frozen from previous purchase of this recalled product, it should be discarded.

Indiana Department of Health

[Salmonella Outbreak Linked to Fresh Basil | CDC]

[Outbreak Investigation of Salmonella: Organic Basil (April 2024) | FDA]

Miscellaneous

Indiana Department of Health

Mammography utilization and SDOH

- Mammography use decreased with increasing adverse Social Determinants of Health (SDOH) and health-related social needs (HRSNs) experienced.
- Social isolation, life dissatisfaction, and cost as a barrier to health care access were strongly associated with decreased mammography use.

Indiana Department of Health

[CDC Vital Signs: Mammography Use and Association with SDOH]

Heat related ED Visits in 2023

- During the 2023 warm-season months (May–September), rates of emergency department visits for heat-related illness substantially increased across several U.S. regions compared with previous years, especially among males and adults aged 18–64 years.
- Populations at highest risk typically include older persons, children and adolescents, persons with preexisting health conditions, pregnant women, outdoor workers, persons with limited access to cooling resources, and persons living in low-income communities

Characteristic	Year					
	2023			2018–2022		
	Mean HRI ED visit rate (95% CI)	Mean RR (95% CI)	p-value	Mean HRI ED visit rate (95% CI)	Mean RR (95% CI)	p-value
Total	180 (155–208)	NA	NA	151 (128–177)	NA	NA
Peak heat season						
Jul and Aug	303 (270–339)	3.07 (2.85–3.30)	<0.001	208 (181–238)	1.84 (1.72–1.97)	<0.001

[Heat-Related Emergency Department Visits — United States, May–September 2023 | MMWR (cdc.gov)]

Indiana Department of Health

Climate and Health Outlook Portal

- This portal has interactive maps that show county-level forecasts for heat, wildfire, and drought in the U.S. this month, as well as county-level individual risk factors that may increase vulnerability to the impacts of these climate-related hazards.
- County-level information on these risk factors only shows up for counties that are both in the top quartile of U.S. counties (i.e., have "a high number of people") for these risk factors and are experiencing one or more relevant hazard(s) in the current month.

Indiana Department of Health

Climate and Health Outlook Portal (arcgis.com)

CDC Heat & Health Tracker

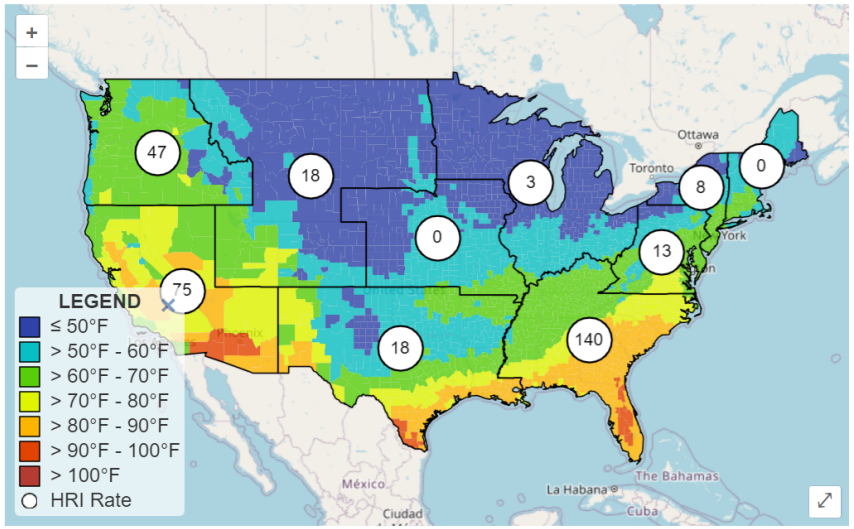
Home

Extreme heat events have long threatened public health in the United States. The CDC Heat & Health Tracker provides local heat and health information so communities can better prepare for and respond to extreme heat events. Use the search on the right to explore how extreme heat affects your county, populations who are at risk, and response resources.

Search for location here

Enter zip or county here

Daily Heat-Related Illness | Weekly Heat-Related Illness | Heat and Worker Health



Choose a date
4/20/2024

About the Data

The Heat-Related Illness and Temperature map shows the rate of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits by region (as defined by the U.S. Department of Health and Human Services) for the selected day using data available through the National Syndromic Surveillance Program. The colors on the map show the average maximum temperature by county for the same day and year, using data from the National Center for Environmental Information. Note, the HRI data is updated daily and may adjust to become more accurate as more data comes in.

(more info)

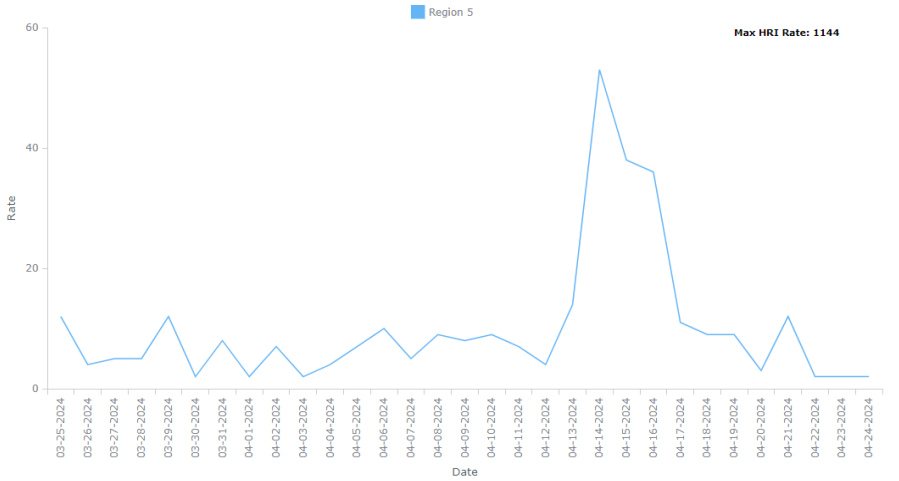
Rate of Emergency Department Visits for Heat-Related Illness

The Heat-Related Illness chart shows daily rates for each U.S. Department of Health and Human Services (HHS) region of emergency department (ED) visits associated with heat-related illness (HRI) per 100,000 ED visits using data available through the National Syndromic Surveillance Program (NSSP) at the Centers for Disease Control and Prevention. Use the drop-downs to select specific regions and time ranges. (more info). The max HRI rate refers to the highest region-specific ED visitation rate observed between 2018-2023.

Region

Region 5 - IL, IN, MI, MN, OH, WI

Choose a date range
3/25/2024 – 4/24/2024

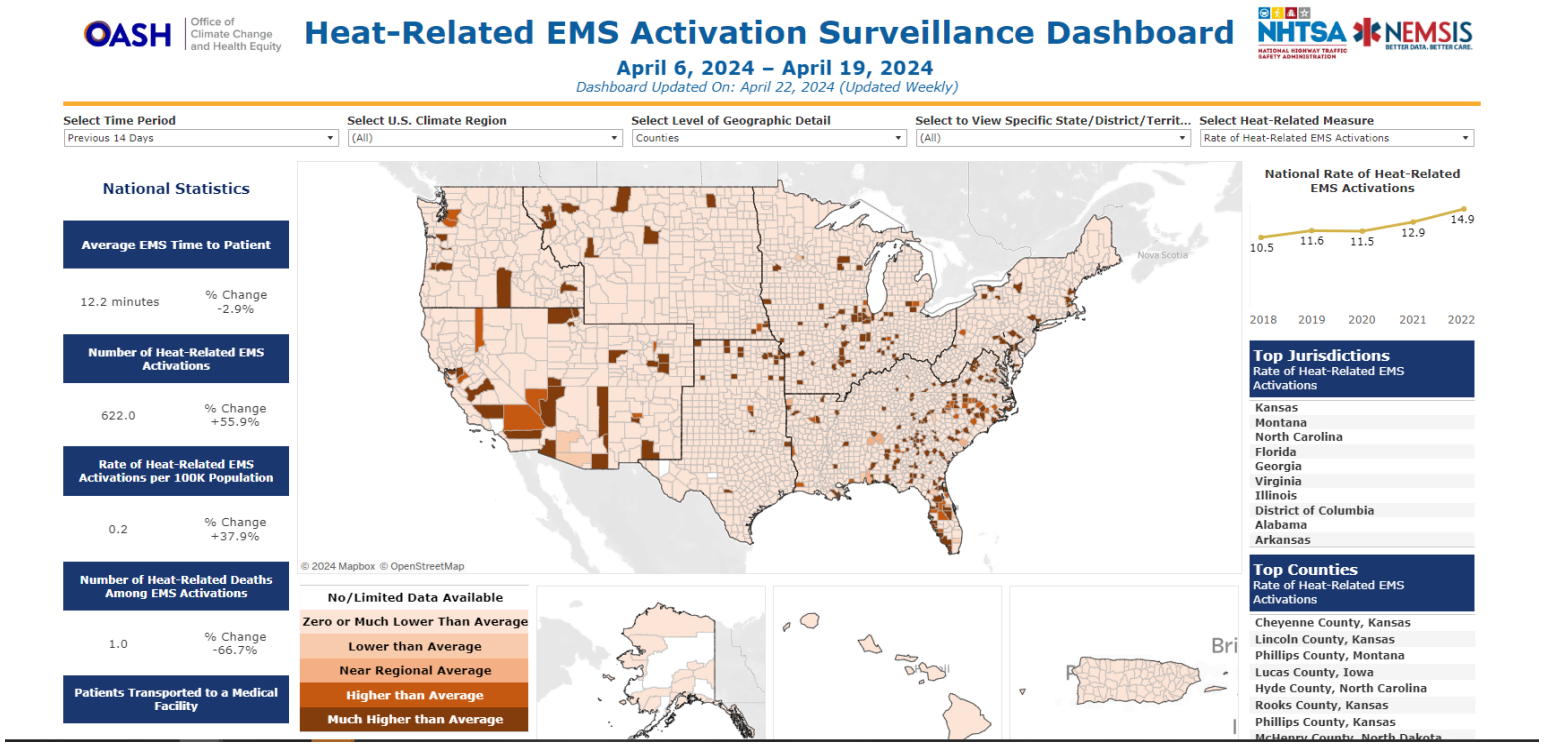


Indiana Department of Health

Heat & Health Tracker | Tracking | NCEH | CDC

Heat-related EMS Activation Surveillance Dashboard

The Heat-Related EMS Activation Surveillance Dashboard, created in partnership between the HHS Office of Climate Change and Health Equity and the DOT National Highway Traffic Safety Administration, uses nationally submitted Emergency Medical Services (EMS) data to track EMS responses to people experiencing heat-related emergencies in the pre-hospital setting.



Indiana Department of Health

[Heat-Related EMS Activation Surveillance Dashboard - NEMSIS]

FDA Alert - Counterfeit Botox

- FDA is alerting health care professionals and consumers that unsafe counterfeit versions of Botox (botulinum toxin) have been found in multiple states and administered to consumers for cosmetic purposes.
- Clusters of 22 people in 11 U.S. states are being investigated. These are cases with adverse effects after receiving injections with counterfeit botulinum toxin or injections administered by unlicensed or untrained individuals or in non-healthcare settings, such as homes or spas.
- FDA is aware of adverse events, including hospitalizations, linked to the counterfeit Botox. Symptoms included blurred or double vision, difficulty swallowing, dry mouth, constipation, incontinence, shortness of breath, weakness and difficulty lifting one's head following injection of these products. These symptoms are similar to those seen when botulinum toxin spreads to other parts of the body.

Counterfeit Version of Botox Found in Multiple States | FDA

Adverse Effects Linked to Counterfeit or Mishandled Botulinum Toxin Injections (cdc.gov)

FDA Alert:
Lidocaine Patches with Higher Dose Than Permitted

- The U.S. Food and Drug Administration is warning consumers not to use certain over-the-counter analgesic (pain relief) products that are marketed for topical use to relieve pain. The agency issued warning letters to six companies for marketing these products in violation of federal law.
- Some of these products are labeled to contain ingredients, such as lidocaine, at concentrations that are higher than what is permitted for over-the-counter, topical pain relief products.
- When these products that contain high concentrations of lidocaine intended to be used before or during certain cosmetic procedures are applied in ways that could lead to increased absorption of the drug product through the skin, it may lead to serious injury such as irregular heartbeat, seizures and breathing difficulties. These products may also interact with medications or dietary supplements a consumer is taking.
- The FDA recommends consumers:
    - not use OTC pain relief products with more than 4% lidocaine on their skin
    - not apply OTC pain relief products heavily over large areas of skin or to irritated or broken skin.
    - not wrap skin treated with OTC pain relief products with plastic wrap or other dressings. Wrapping or covering treated skin with any type of material can increase the chance of serious side effects.

FDA Warns Consumers to Avoid Certain Topical Pain Relief Products Due to Potential for Dangerous Health Effects | FDA

Products Affected

The products in the warning letters are:

- TKTX Company: TKTX Numb Maximum Strength Pain Reliever, Mithra+ 10% Lidocaine, TKTX During Procedure Numbing Gel 40% and J-CAIN cream [LIDOCAINE] 29.9%
- See Next Venture, Ltd.: NumbSkin 5% Lidocaine Numbing Cream (15 grams), NumbSkin 5% Lidocaine Numbing Cream (30 grams) and NumbSkin 10.56% Lidocaine Numbing Cream
- Tattoo Numbing Cream Co.: Signature Tattoo Numbing Cream and Miracle Numb Spray
- Sky Bank Media, LLC, doing business as Painless Tattoo Co.: Painless Tattoo Numbing Cream and Painless Tattoo Numbing Spray
- Dermal Source, Inc.: New & Improved Blue Gel, Superior Super Juice, Premium Pro Plus, Five-Star Vasocaine and Maximum Zone 1
- Indelicare, doing business as INKEEZE: Ink Eeze Original B Numb Numbing Gel, Ink Eeze B Numb Numbing Spray Black Label and Ink Eeze B Numb Numbing Foam Soap

FDA Warns Consumers to Avoid Certain Topical Pain Relief Products Due to Potential for Dangerous Health Effects | FDA

Ways to connect with us

- Access our webpage with resources for clinicians:
- IDOH Clinician Update Feedback Survey – Please let us know what topics you'd like us to cover: Email svuppalanchi@health.in.gov or Gcrowder@health.in.gov
- Sign up for IHAN– Indiana Health Alert Network https://ihan-in.org
- Health: Long Term Care/Nursing Homes: Newsletters
- MARK YOUR CALENDARS - Clinician webinars for 2024: May 24, June 28, July 26, Aug. 23, Sept. 27, Oct. 25, Nov. 22, Dec. 27

For more information

The supplemental information section covers other topics to refer to on your own:

- Latest MMWRs on COVID-19 Vaccines
- Acute Cardiac Events in Patients Hospitalized with RSV
- Impella Recall

Questions?

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Next call: Noon, May 24

Supplemental information

Indiana Department of Health

MMWRs on COVID-19 Vaccine

Each week during October 16, 2023–February 11, 2024, 14.9%–26.1% of nursing homes reported one or more SARS-CoV-2 infections. Weekly rates of COVID-19–associated hospitalization ranged from 3.8 to 7.1 per 10,000 nursing home residents. By February 11, 2024, only 40.5% of residents had received an updated 2023–2024 COVID-19 vaccine. COVID-19 Vaccination Coverage, and Rates of SARS-CoV-2 Infection and COVID-19–Associated Hospitalization Among Residents in Nursing Homes — National Healthcare Safety Network, United States, October 2023–February 2024 | MMWR (cdc.gov)

During Dec. 19, 2021–October 29, 2023, receipt of ≥2 doses of an original monovalent mRNA COVID-19 vaccine was 52% effective against pediatric COVID-19 hospitalization and 57% effective against critical illness related to COVID-19, when the last dose was received within the 4 months preceding hospitalization, but protection decreased over time. Durability of Original Monovalent mRNA Vaccine Effectiveness Against COVID-19 Omicron–Associated Hospitalization in Children and Adolescents — United States, 2021–2023 | MMWR (cdc.gov)

MMWR on COVID-19 Vaccine

Interim Effectiveness of Updated 2023–2024 (Monovalent XBB.1.5) COVID-19 Vaccines Against COVID-19–Associated Hospitalization Among Adults Aged ≥18 Years with Immunocompromising Conditions — VISION Network, September 2023–February 2024 | MMWR (cdc.gov) Among adults aged ≥18 years with immunocompromising conditions, receipt of an updated COVID-19 vaccine provided increased protection against COVID-19–associated hospitalizations compared with not receiving an updated COVID-19 vaccine. Few persons (18%) in this high-risk study population had received updated COVID-19 vaccine.

VE against COVID-19–associated hospitalization was 38% in the first 7–59 days after receipt of an updated COVID-19 vaccine dose and 34% in the 60–119 days after receipt of an updated dose

Acute Cardiac Events in Patients Hospitalized with RSV

In this cross-sectional study of 6248 hospitalized adults with RSV infection, 22% of patients experienced an acute cardiac event, most often acute heart failure (16%). Acute cardiac events occurred more often among those with (33%) vs without (9%) underlying cardiovascular disease and were associated with nearly twice the risk of severe outcomes.

Acute Cardiac Events in Hospitalized Older Adults With Respiratory Syncytial Virus Infection | Cardiology | JAMA Internal Medicine | JAMA Network

Impella Recall

- Abiomed is recalling its Impella Left Sided Blood Pumps because the pump catheter may perforate the wall of the left ventricle. The use of the affected Impella pumps may cause serious adverse health consequences, including left ventricle perforation or free wall rupture, hypertension, lack of blood flow, and death.
- There have been 129 reported serious injuries, including 49 reports of death.
- Impella Left Sided Blood Pumps are used to support ventricles short term during percutaneous coronary interventions, ongoing cardiogenic shock that occurs less than 48 hours after acute MI, open heart surgery, or cardiomyopathy.

Abiomed Recalls the Instructions for Use for Impella Left Sided Blood Pumps due to Perforation Risks | FDA