

Spotlight on HIV, STI, & Viral Hepatitis

Indiana Annual 2023 Surveillance Report



Indiana
Department
of
Health



BULLETIN BOARD

AT A GLANCE

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NOTE:

The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS.

The statistics reported in this document are compiled by the Office of Clinical Data and Research, the Sexually Transmitted Disease program, and the Viral Hepatitis Surveillance program.

Notice of the Spotlight Annual Report is available by email. Just call (800) 376-2501 to be added to the notification list.

The following are available on the website at <http://www.in.gov/isdh/17397.htm>:

[Confidential Adult or Pediatric Case Report Forms](#)

[Communicable Disease Rule](#)

[Counseling & Testing Sites](#)

[Care Coordination Sites](#)

[STI Clinics](#)

[Hepatitis C Guidelines](#)



Office of Clinical Data and Research
2 North Meridian Street, 8th floor
Indianapolis, IN 46204

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Indiana HIV/STI Advisory Council

Indiana Department of Health (Held virtually from 12-4 p.m., please check for email updates)
For information, call Calvin Knight-Nellis at (317) 232-7080 or e-mail CKnight-Nellis@health.in.gov

Feb 15, 2024
Apr 18, 2024
Jun 20, 2024
Aug 15, 2024
Oct 17, 2024
Dec 12, 2024

Community Co-Chairs:

John Nichols, Prevention Director, at (317) 232-3082
Mark Schwering, HIV Services Director, at (317) 233-7189
Joshua Dowell, Director of Clinical Quality Management and Community Impact, at (317) 233-7573
Daniel Hillman, Surveillance Director, at (317) 233-7506
Colin Stretch, Deputy Surveillance Program Director, at (317) 234-9584

HIV Education, Training and Development

Indiana Department of Health (*For IDOH-funded HIV Programs ONLY*)
For information, call Jeremy Turner at (317) 233-9900 or e-mail jturner3@health.in.gov

TBA

Please check the IDOH website for training dates.
<http://www.in.gov/isdh/17397.htm>

TBA

Indiana Department of Health HIV/STI Supporting Programs

Division of HIV/STI/Viral Hepatitis information	(317) 233-7499
Division Director.	(317) 233-9900 Jeremy Turner
Deputy Director	(317) 233-7867 Deborah Nichols
IDOH Medical Services Program	(866) 588-4948 toll free
Prevention/Education Program	(317) 232-3082 John Nichols
HIV/AIDS case reporting	(317) 233-7406 or (800) 376-2501
Viral Hepatitis Program.	(317) 233-7499 Division Main Line
HIV/STI Training and Development	(317) 232-7080 Calvin Knight-Nellis
Requests for HIV data	(317) 233-7506 Daniel Hillman
Requests for STI data	(317) 234-9707 Ariel Cheatham

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Other HIV/AIDS or STI-related programs

HIV/AIDS Treatment Information Service (ATIS) – Bilingual health information specialists are available to answer questions and provide information about federally approved treatment for HIV and AIDS. Call toll-free Monday-Friday, noon – 5 p.m. EST at 1-800-448-0440, TTY 1-888-480-3739 and international 1-301-519-0459, or e-mail atis@hivatis.org. All calls and e-mails are confidential.

American Red Cross Training - This training prepares future instructors to build the skills and knowledge they need to educate our community to prevent HIV infection. Call (317) 684-4340.

National Institutes of Health (NIH): www.nih.gov

Education website: AIDSinfo “Live Help” <https://aidsinfo.unaids.org/> This site provides individual, confidential assistance to visitors experiencing difficulty navigating the AIDSinfo Web site and/or locating federally approved HIV/AIDS information.

Centers for Disease Control and Prevention (CDC) website that provides information on the sexual health of men: <https://www.cdc.gov/sexualhealth/Default.html>

Midwest AIDS Training & Education Center (MATEC)

For clinician consultations, call Malinda Boehler, director, at (317) 630-7441 or email mboehler@iupui.edu. Available Monday through Friday, 9 a.m. to 5 p.m. EST. Answers will be given within 24-48 hours.

Community Advisory Group (CAG) Step-Up, Inc. Todd Lare, tlare@stepupin.org

National HIV Telephone Consultation Service

1-800-933-3413

National HIV/AIDS Telephone Consultation Service (Warmline)

The Warmline provides expert clinical advice on HIV/AIDS management for health care providers, for those with limited access to expert consultation to those with complex antiretroviral resistance dilemmas. The Warmline is available Monday through Friday, 8 a.m. to 8 p.m. EST.

For more information about this consultation line, go to <http://nccc.ucsf.edu/clinician-consultation/hiv-aids-management/>

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The Spotlight on HIV/STI/Viral Hepatitis Annual Report is a publication of the Indiana Department of Health with funding assistance from the Centers for Disease Control and Prevention.

Lindsay M. Weaver, MD, FACEP

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Megan Lytle

Assistant Commissioner, Public Health
Protection Commission

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At a Glance

Annual HIV/AIDS, STI, and Hepatitis B & C Data; Jan. 1-Dec. 31, 2023

Indiana HIV/AIDS Cases	HIV at First Diagnosis	AIDS at First Diagnosis	
New Reports for 12/31/2023*	522	118	
	Total Persons Living with HIV (without an AIDS diagnosis)	Total Persons Living with AIDS	
Prevalence as of 12/31/2023**	7,710	6,520	
Indiana STI Cases	Primary/Secondary Syphilis	Gonorrhea	Chlamydia
1/1/2023 – 12/31/2023***	600	9,879	33,692
Indiana Hepatitis B & C Cases	Hepatitis B 1/01/23 – 12/31/23	Hepatitis C *** 1/01/23 – 12/31/23	
	77	3,498	

* New Reports are broken into 2 categories: HIV at First Diagnosis represents all new reports as being diagnosed first with HIV; AIDS at First Diagnosis represents all new reports as being diagnosed first with AIDS.

** Prevalence is the number of people who are 'Living' in Indiana with HIV/AIDS, including those diagnosed in other states but living in Indiana.

*** Suspected, probable, and confirmed cases based on case investigation submission.

IC-16-41-6-1 - HIV testing (revised July 1, 2012). Allows a physician or physician's authorized representative to test an individual for HIV if certain conditions are met unless the individual to be tested refuses the test (previous law prohibited a physician from performing the test without the oral or written consent of the individual). Requires a refusal by an individual to be documented in the individual's medical record. Requires the physician or authorized representative to: (1) discuss with the patient the availability of counseling concerning the test results; (2) notify the patient of the test results; and (3) inform a patient with a positive HIV test result of treatment and referral options available. Provides that under certain circumstances, a physician may order an HIV test for a patient without informing the patient or despite the individual's refusal of the test.

Perinatal Exposure Case Report Form for Babies Born to HIV Positive Mothers

The reporting of each HIV/AIDS case is required by Indiana law (IC 16-41-2-1). Patients who are diagnosed in another state and are residing in Indiana must also be reported in Indiana. All infants born to an HIV+ mother must be reported, even though their final HIV status is not known until later. It is also important to remember that when a patient progresses from HIV infection stage to a diagnosis of AIDS, this must be reported separately. As a result of the progression to AIDS, these individuals are no longer considered to be HIV cases but are now considered to be AIDS cases. To help more accurately define the impact of HIV and AIDS on Indiana, deaths of those with HIV should also be reported. For assistance, questions, or case report forms and information, please call 1-800-376-2501.

At a Glance

Newly Reported Indiana HIV Cases and AIDS Cases by Mode of Transmission, Reported Jan. 1, – Dec. 31, 2023

Mode of Transmission (Risk Factors)	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
Men who have sex with men (MSM)	201	39%	21	18%
Persons who Inject Drugs (PWID)	7	1%	1	1%
MSM & PWID	7	1%	3	2%
Heterosexual	147	28%	37	31%
Mother diagnosed HIV+ or AIDS	3	1%	1	1%
PWID/Hetero	22	4%	4	3%
Other (Pediatric Transfusion and Adult Transfusion/Hemophilia etc.)	12	2%	15	13%
Not Identified at This Time and/or No Reported Risk	123	23%	36	31%
Total	522	100%	118	100%

Newly Reported Indiana HIV Cases and AIDS Cases by Age at Diagnosis, Reported Jan. 1– Dec. 31, 2023

Age at Diagnosis	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
<5	2	0%	0	0%
5-12	2	0%	0	0%
13-19	25	5%	3	3%
20-29	180	34%	24	20%
30-39	174	33%	38	32%
40-49	77	15%	24	20%
50+	61	12%	29	25%
Unknown	0	0%	0	0%
Total	522	100%	118	100%

Newly Reported Indiana HIV Cases and AIDS Cases by Race/Ethnicity and Gender, Reported Jan.1–Dec. 31, 2023

Race/Ethnicity	HIV at First Diagnosis				AIDS at First Diagnosis			
	Male	%	Female	%	Male	%	Female	%
White	158	38%	26	24%	41	44%	7	29%
Black	165	40%	66	61%	31	33%	11	46%
Hispanic, all races	72	17%	10	9%	17	18%	3	13%
Other	19	5%	6	6%	5	5%	3	13%
Total	414	100%	108	100%	94	100%	24	100%
Gender	79%		21%		80%		20%	

Perinatal HIV Transmission

Children Born to HIV Infected Mothers who are current residents of Indiana, Cumulative 1982 through Dec. 31, 2023

Race	2023 Exposures	2023 Exposures now with HIV Disease	Total Exposures	Child Exposures now with HIV Disease
White	10	0	385	26
Black	23	1	791	99
Hispanic – All Races	4	1	143	12
Multiracial – Non Hispanic	0	0	0	0
Other	2	0	133	21
Total	39	2	1,452	158

Exposure = Children born to HIV+ women. Laboratory testing has not yet determined their HIV status.

HIV Disease = Children born to HIV+ women. Laboratory testing has confirmed that the child is HIV+.

NOTE: Counts include foreign-born adoptees or children diagnosed in another state who currently reside in Indiana.

Special Note: Although 4 mothers were newly reported, only 2 pediatric cases were a result of perinatal exposure.

New Perinatal Exposure Case Report Form for Babies Born to HIV Positive Mothers*

Babies born to HIV-positive mothers must be reported by law (IC 16-41-2-1) to the Indiana Department of Health (IDOH) within 72 hours following birth. The current Pediatric Case Report form was to be completed for all Perinatal Exposures, Pediatric Seroreverters and/or Pediatric HIV/AIDS cases. A simpler form was requested by a number of providers and in response, the new Perinatal Exposure Case Report form was developed. It is important to note that this new Perinatal Exposure Case Report form does not take the place of the Pediatric Case Report entirely. However, this new form is shorter and more user-friendly when informing IDOH of perinatal exposures that will require further follow-up. This new form can be accessed at:

<https://www.in.gov/health/hiv-std-viral-hepatitis/hivaids-confidential-case-reporting-forms/>

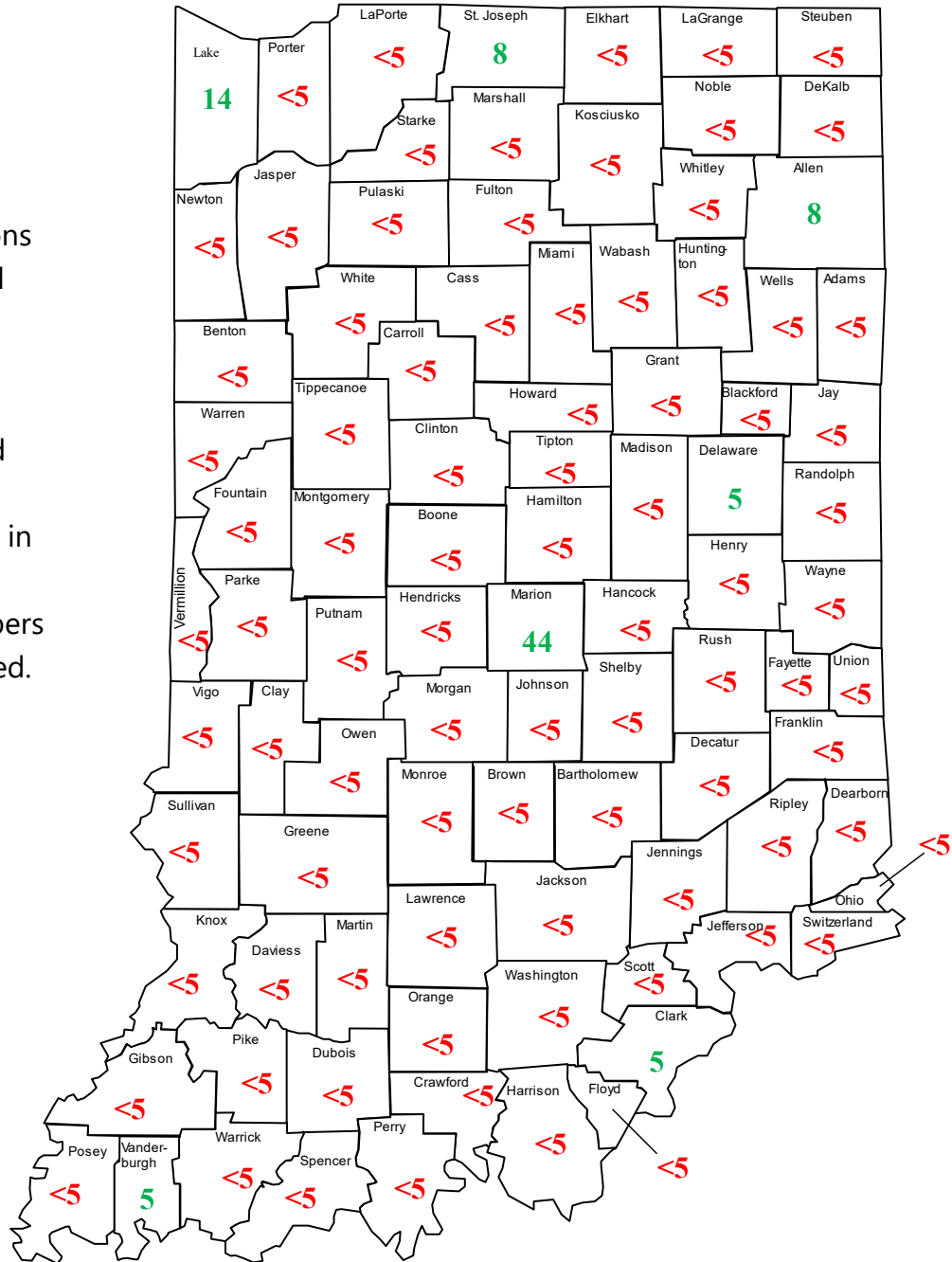
For information regarding the use of this form or any other HIV case report forms, please contact the Office of Clinical Data and Research at 800-376-2501.

HIV Disease Maps

HIV DISEASE CASE DEATHS REPORTED IN 2023*

Total Deaths among Persons with HIV Disease Reported Since 1981: **8,212**

NOTE: A Vital Records and National Death match was performed, which resulted in unreported deaths from previous years. Case numbers fewer than 5 are suppressed.



* The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS including those where progression to AIDS has occurred.

Note: Data are suppressed when counts are <5 or if determined identifiable.

HIV Disease Maps

INDIANA PERSONS LIVING WITH HIV DISEASE AS OF DEC. 31, 2023

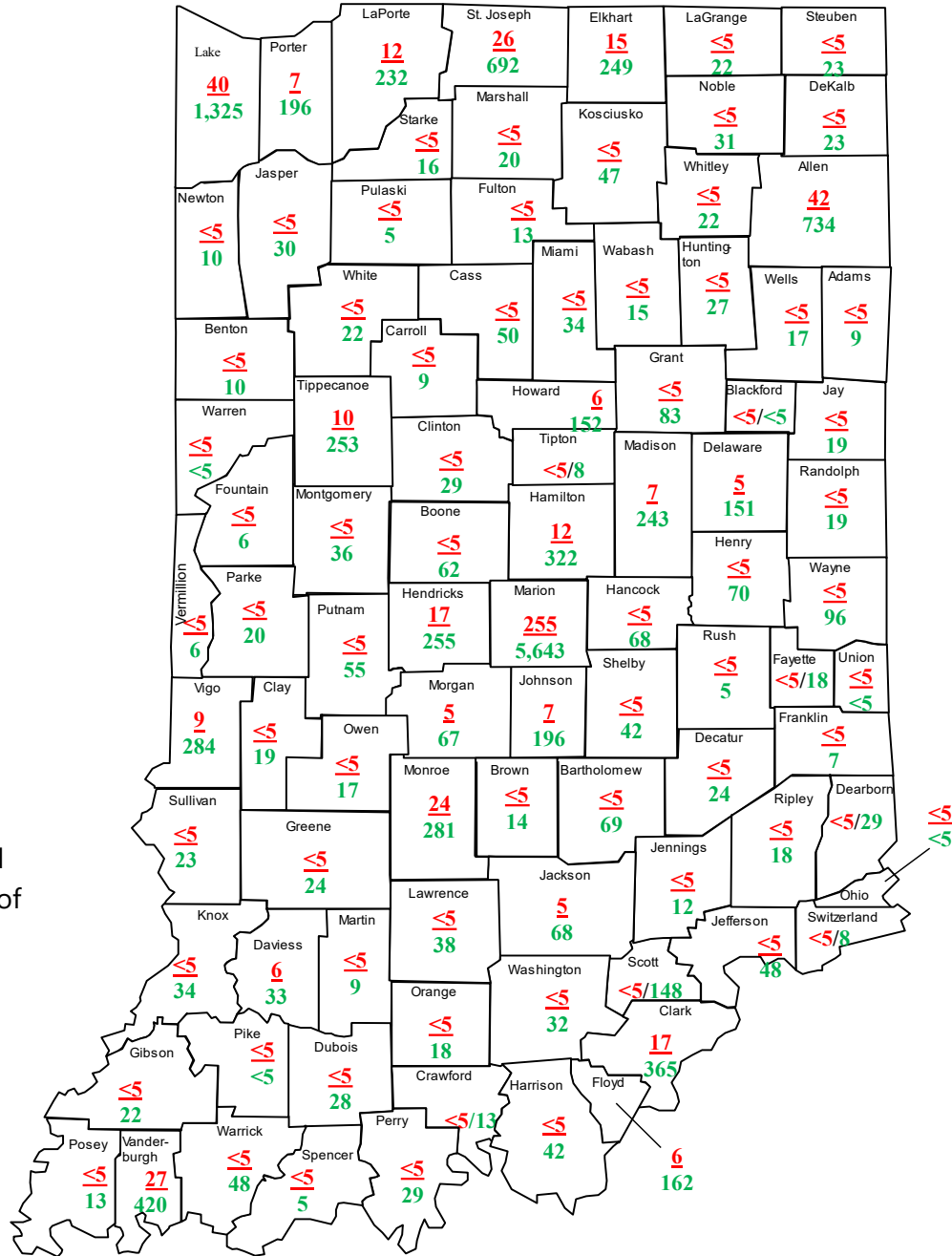
Top Number:

New HIV/AIDS Reports

Jan. 1, – Dec. 31, 2023

Bottom Number:

Total Persons Living with HIV/AIDS, including cases diagnosed in other states and currently living in Indiana, as of Dec. 31, 2023



* The subject heading 'HIV Disease' found within this document refers to a combined total of persons with HIV or AIDS, including those where progression to AIDS has occurred.

Note: Data are suppressed when counts are <5 or if determined identifiable.

STI Morbidity

Chlamydia, Gonorrhea and Syphilis Morbidity – Jan. 1 – Dec. 31, 2023

Gender	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
	Female	22,316	66.2%	4,468	45.2%	152
Male	11,335	33.6%	5,405	54.7%	448	74.6%
Unknown	41	0.1%%	6	<0.1%	0	0%
Total	33,692	100%	9,879	100%	600	100%
Race	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
	American Indian/Alaska Native	65	0.2%	22	0.2%	2
Asian	310	0.9%	49	0.5%	7	1.2%
Black	9,995	29.7%	4,228	42.8%	170	28.3%
Multi-Race	1,227	3.6%	343	3.5%	68	11.3%
Hawaiian/Other Pacific Islander	43	0.1%	11	0.1%	1	0.2%
Other Race	1,720	5.1%	375	3.8%	22	3.7%
White	12,805	38%	3,347	33.9%	315	52.5%
Unknown	7,527	22.3%	1,504	15.2%	15	2.5%
Total	33,692	100%	9,879	100%	600	100%
Ethnicity	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
	Hispanic	3,039	9.0%	553	5.6%	54
Non-Hispanic	18,025	53.5%	6,577	66.6%	462	77%
Unknown	12,628	37.5%	2,749	27.8%	84	14%
Total	33,692	100%	9,879	100%	600	100%
Age	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
	0-19	9,173	27.2%	1,836	18.6%	13
20-24	11,873	35.2%	2,607	26.4%	84	14%
25-29	5,774	17.1%	1,811	18.3%	96	16%
30-34	3,284	9.7%	1,428	14.5%	114	19%
35-39	1,676	5.0%	872	8.8%	83	13.8%
40-44	913	2.7%	533	5.4%	67	11.2%
45-54	712	2.1%	532	5.4%	86	14.3%
55+	287	0.9%	260	2.6%	57	9.5%
Unknown	0	0%	0	0%	0	0%
Total	33,692	100%	9,879	100%	600	100%

Source: IDOH STI Database as of May 9, 2024 (2023 data are preliminary until final data closeout)

NOTE: Not all percentages may add to 100 due to rounding

Indiana STI Counts and Rates by County

Indiana STI Counts and Rates Jan. 1 - Dec. 31, 2023

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Adams	43	119.2	5	S	<5	S
Allen	2,403	613.9	779	199.0	34	8.7
Bartholomew	259	310.0	39	46.7	<5	S
Benton	13	S	<5	S	0	0
Blackford	57	478.2	9	S	0	0
Boone	194	261.6	48	64.7	<5	S
Brown	14	S	7	S	0	0
Carroll	77	374.6	13	S	0	0
Cass	142	378.3	14	S	<5	S
Clark	513	412.9	193	155.3	15	S
Clay	106	401.8	61	231.2	<5	S
Clinton	99	301.4	15	S	0	0
Crawford	17	S	6	S	<5	S
Daviess	89	266.3	12	S	<5	S
Dearborn	75	146.7	9	S	<5	S
Decatur	104	393.7	7	S	<5	S
Dekalb	117	267.5	20	45.7	<5	S
Delaware	637	568.6	173	154.4	7	S
Dubois	118	270.4	13	S	<5	S
Elkhart	976	471.7	158	76.4	10	S
Fayette	71	304.1	8	S	<5	S
Floyd	314	389.0	130	161.1	10	S
Fountain	46	277.5	9	S	<5	S
Franklin	25	108.6	<5	S	0	0

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Fulton	31	152.5	<5	S	<5	S
Gibson	106	321.3	17	S	<5	S
Grant	334	505.9	102	154.5	<5	S
Greene	55	177.4	11	S	<5	S
Hamilton	858	235.1	177	48.5	14	S
Hancock	306	368.4	56	67.4	<5	S
Harrison	62	155.6	10	S	<5	S
Hendricks	586	321.0	133	72.9	11	S
Henry	153	312.8	11	S	<5	S
Howard	346	414.0	65	77.8	<5	S
Huntington	72	195.5	18	S	<5	S
Jackson	168	362.9	13	S	<5	S
Jasper	67	201.3	5	S	0	0
Jay	40	198.0	7	S	0	0
Jefferson	116	352.1	13	S	0	0
Jennings	74	268.7	9	S	<5	S
Johnson	519	313.1	104	62.7	8	S
Knox	112	312.9	32	89.4	<5	S
Kosciusko	209	258.6	23	28.5	0	0
LaGrange	53	129.7	11	S	0	0
Lake	2,842	568.8	817	163.5	40	8.0
LaPorte	449	402.1	90	80.6	9	S
Lawrence	99	218.9	19	S	0	0
Madison	691	524.5	225	170.8	31	23.5
Marion	10,869	1,121.1	4,062	419.0	203	20.9

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Marshall	97	209.4	5	S	<5	S
Martin	6	S	<5	S	0	0
Miami	73	204.6	21	58.9	<5	S
Monroe	664	475.2	165	118.1	8	S
Montgomery	105	274.3	22	57.5	0	0
Morgan	180	249.2	45	62.3	5	S
Newton	14	S	<5	S	0	0
Noble	127	268.1	16	S	<5	S
Ohio	7	S	<5	S	0	0
Orange	51	259.9	<5	S	0	0
Owen	30	139.7	10	S	0	0
Parke	75	458.2	19	S	<5	S
Perry	39	203.3	14	S	<5	S
Pike	12	S	<5	S	0	0
Porter	432	247.2	77	44.1	<5	S
Posey	50	199.5	8	S	<5	S
Pulaski	19	S	<5	S	0	0
Putnam	123	329.7	35	93.8	0	0
Randolph	83	339.6	19	S	<5	S
Ripley	31	106.6	7	S	0	0
Rush	25	149.9	<5	S	0	0
Scott	58	235.0	6	S	<5	S
Shelby	109	242.3	24	53.3	<5	S
Spencer	34	170.3	10	S	<5	S
St Joseph	1,666	612.0	370	135.9	21	7.7

Indiana STI Counts and Rates by County

No counts fewer than 5 are shown in order to protect confidentiality	Chlamydia		Gonorrhea		Syphilis	
Last Known County of Residence	Count	Rate	Count	Rate	Count	Rate
Starke	43	184.9	7	S	0	0
Steuben	67	192.9	12	S	<5	S
Sullivan	51	246.7	14	S	0	0
Switzerland	19	S	<5	S	0	0
Tippecanoe	1,039	550.6	248	131.4	7	S
Tipton	30	195.3	5	S	<5	S
Union	9	S	0	0	0	0
Vanderburgh	1,161	645.9	469	260.9	57	31.7
Vermillion	41	265.4	8	S	<5	S
Vigo	606	571.7	271	255.6	18	S
Wabash	90	291.9	14	S	<5	S
Warren	12	S	<5	S	0	0
Warrick	171	262.3	41	62.9	8	S
Washington	55	194.9	7	S	<5	S
Wayne	294	443.6	96	144.9	12	S
Wells	43	151.8	<5	S	<5	S
White	54	219.5	12	S	0	0
Whitley	71	205.0	14	S	0	0
Unknown	0	0	0	0	0	0
Total	33,692	493.1	9,879	144.6	600	8.8

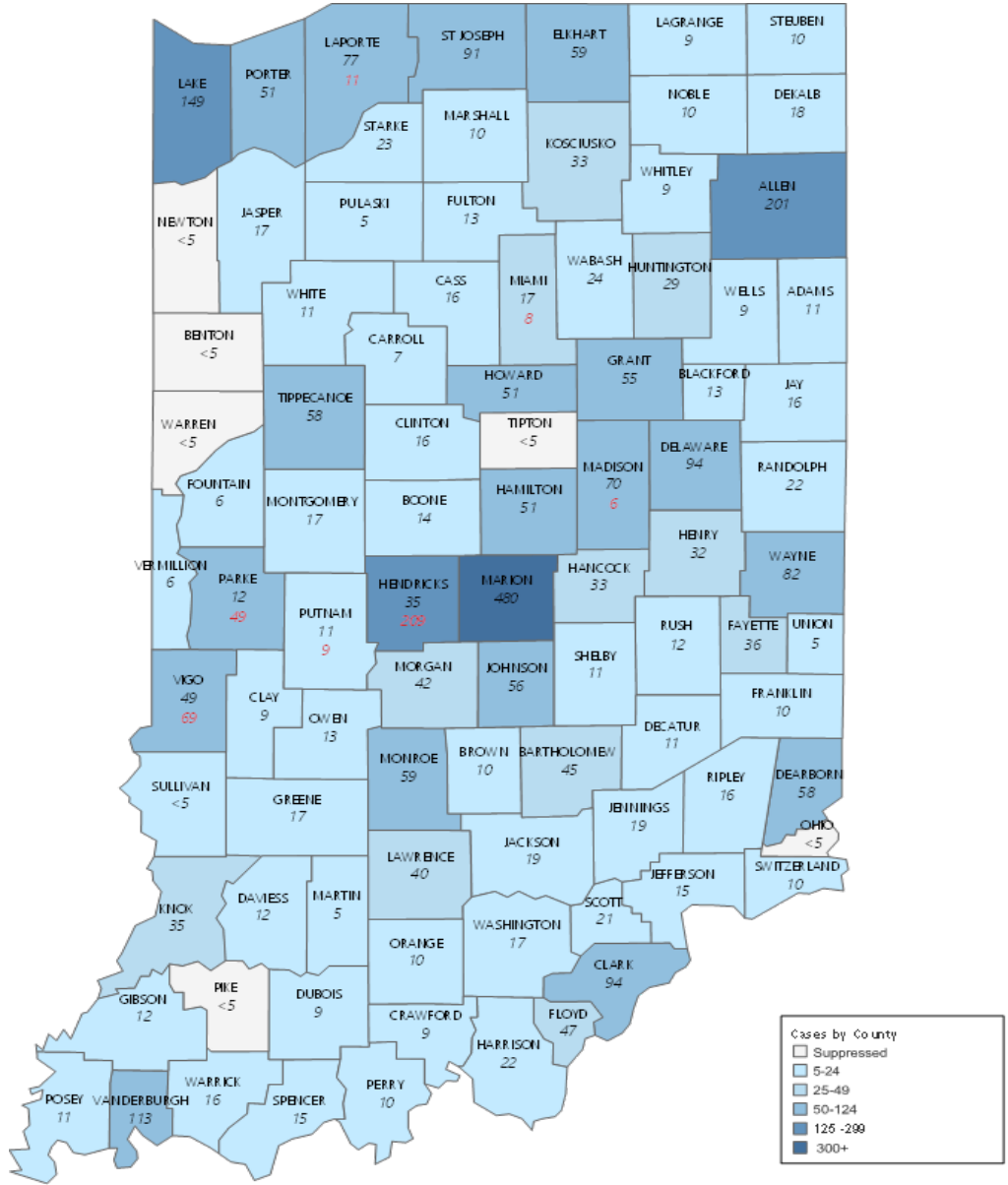
Note: Data are suppressed(s) "S" when counts are <5 or if determined identifiable

Note: Rates are based on 2022 Census Data

Hepatitis C

JAN. 1 – DEC. 31, 2023

TOTAL CHRONIC AND ACUTE HEPATITIS C CASES



Case counts may reflect county of medical provider and not residence of individual due to reporting limitation. Indiana Department of Corrections (IDOC) includes State Department of Corrections and Federal Facilities. Counties with less than 5 IDOC cases are not labeled. Data represents investigations reported through the Indiana National Electronic Disease Surveillance System based on county of investigation. Year is determined based on the MMWR year for the case created date.

Data Source: Indiana Department of Health, HIV, STI, Viral Hepatitis

Hepatitis B

JAN. 1 – DEC. 31, 2023

AGE_RANGE	Acute*
01-04	<5
05-09	<5
10-19	<5
20-29	5
30-39	17
40-49	32
50-59	12
60-69	8
70-79	<5
80-89	<5
Total	77

ZIP COALITION	Acute*
1	<5
2	<5
3	5
4	<5
5	19
6	6
7	27
8	<5
9	<5
10	5
Total	77

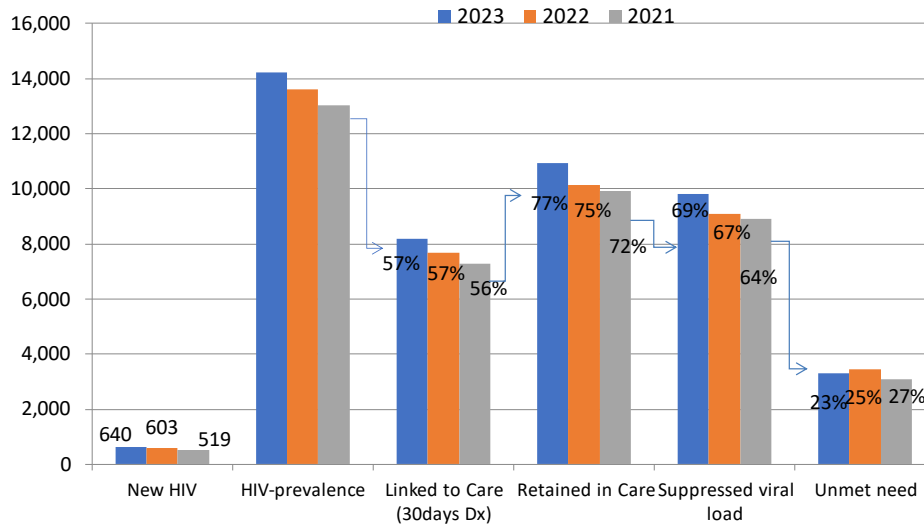
RACE	Acute
White	61
Other/Multiracial	<5
American Indian or Alaska Native	<5
Asian	<5
Unknown	<5
Native Hawaiian or Other Pacific Islander	<5
Black or African American	13
Total	77

SEX	Acute*
Male	50
Female	27
Unknown	0
Total	77

Note: Data from 2023 are preliminary and subject to change. Cases identified through IDOC and FCI are also included in these case counts. **Technical Notes:** Reported cases of acute hepatitis B must meet the following clinical and laboratory criteria*: **Clinical:** An acute illness with a discrete onset of any sign or symptom consistent with acute viral hepatitis and either a) jaundice, or b) elevated serum alanine aminotransferase levels > 100 IU/L. **Laboratory:** Hepatitis B surface antigen (HbsAg) positive AND Immunoglobulin M (IgM) antibody to hepatitis B core antigen (IgM anti-HBc) positive (if done). *A documented negative hepatitis B surface antigen (HBsAg) laboratory test result within 6 months prior to a positive test (either HBsAg, hepatitis B "e" antigen (HBeAg), or hepatitis B virus nucleic acid testing (HBV NAT) including genotype) result does not require an acute clinical presentation to meet the surveillance case definition. **Reference:** <https://ndc.services.cdc.gov/case-definitions/hepatitis-b-acute-2012/>

Surveillance Trends

Continuum of HIV Care, Indiana, Years 2021-2023



Source: Indiana HIV/AIDS Surveillance Database Rates based on U.S. Census, 2020

- Of those living with HIV, 77% (2023) vs 75% (2021) are retained in care (past 12 months)
- Of those living with HIV, 69% (2023) vs 64% (2021) have a suppressed VL

Indiana HIV/AIDS Surveillance

Table1. Newly Reported Indiana HIV and AIDS Cases, Reported 2010-2023

Year	HIV		AIDS		HIV/AIDS
	Count	%	Count	%	Total
2010	370	75%	123	25%	493
2011	372	74%	129	26%	501
2012	405	80%	104	20%	509
2013	364	80%	90	20%	454
2014	421	82%	94	18%	515
2015*	543	87%	78	13%	621
2016	413	78%	94	22%	507
2017	444	81%	103	19%	547
2018	419	80%	103	20%	522
2019	455	83%	94	17%	549
2020	369	82%	79	18%	448
2021	449	86%	70	14%	519
2022*	503	83%	100	17%	603
2023*	522	82%	118	18%	640
Avg.	432		99		531
Std. Dev.	58		17		57
Range	(374-490)		(82-116)		(474-588)

*Significant Differences

Figure1. Newly Reported Indiana HIV and AIDS Cases, Reported 2010-2023

