



# Spotlight on HIV/STD/Viral Hepatitis Indiana Semi-Annual Report

April 2022

## BULLETIN BOARD

### AT A GLANCE

(Semi-Annual & Cumulative HIV, AIDS, STD, and Hepatitis B & C Data)

- By Mode of Transmission
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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 HIV/STD Semi-Annual Report is available by email. Just call (800) 376-2501 to be added to the notification list.

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

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

- [MS PowerPoint presentation of instructions](#) for new areas of forms
- [Links to laws and rules regarding HIV/AIDS reporting; Communicable Disease Rule](#)

#### [Counseling & Testing Sites](#)

#### [Care Coordination Sites](#)

#### [STD Clinics](#)

#### [Guidelines for the Management of Hepatitis C](#)



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Office of Clinical Data and Research  
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Eric J. Holcomb  
Governor

Kristina Box, MD, FACOG  
State Health Commissioner



Indiana  
Department  
of  
Health

In cooperation with and funded by:

Centers for Disease  
Control and Prevention

# BULLETIN BOARD

## Indiana HIV/STD Advisory Council

Indiana Department of Health  
(Held virtually from 12:00a.m. to 4:00 p.m., please check for email updates)

Dates:  
02/17/2022  
04/21/2022  
06/16/2022  
08/18/2022  
10/20/2022

For information, call Calvin Knight-Nellis at (317) 232-7080 or e-mail  
[CKnight-Nellis@isdh.in.gov](mailto:CKnight-Nellis@isdh.in.gov)

### 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@isdh.in.gov](mailto:jturner3@isdh.in.gov) TBA

Please check the IDOH website for training dates.

<http://www.in.gov/isdh/17397.htm>

TBA

## Indiana Department of Health HIV/STD Supporting Programs

Division of HIV/STD/Viral Hepatitis information . . . . .	(317) 233-7499
Division Director. . . . .	(317) 233-9900 Jeremy Turner
Deputy Director . . . . .	(317) 233-7867 Larry Stribling Jr.
IDOH Medical Services Program . . . . .	(866) 588-4948 toll free
Prevention/Education Program . . . . .	(317) 232-3082 John Nichols
HIV/AIDS Clinical Data and Research Program for case reporting . . . . .	(317) 233-7406 or (800) 376-2501 toll free
Recalcitrant (ARC) Program . . . . .	(317) 233-7211 Public Health Investigator
Viral Hepatitis Program. . . . .	(317) 233-7499 Division Main Line
HIV/STD Training and Development . . . . .	(317) 232-7080 Calvin Knight-Nellis
Requests for HIV data . . . . .	(317) 233-7506 Daniel Hillman
Requests for STD data . . . . .	(317) 234-9707 Ariel Cheatham

## Centers for Disease Control and Prevention (CDC) National AIDS Hotline

### Hotline Telephone Numbers:

CDC-INFO 24 Hours/Day (Both English and Spanish) 1-800-CDC-INFO (800-232-4636)

1-888-232-6348 TTY Service for the Deaf

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov)

## Other HIV/AIDS or STD-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 – 5:00 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](mailto: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](http://www.nih.gov)

Education website: AIDSinfo “Live Help” <http://www.aidsinfo.nih.gov/> 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: [www.cdc.gov/men/index.htm](http://www.cdc.gov/men/index.htm)

**Midwest AIDS Training & Education Center (MATEC)**

For clinician consultations, call Malinda Boehler, Director, at (317) 630-7441 or email [mboehler@iupui.edu](mailto: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](mailto: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/>

## IDOH HIV/AIDS-related websites

**Division of HIV/STD/Viral Hepatitis** website: <http://www.in.gov/isdh/17397.htm>

**Communicable Disease Reporting Rule** <https://www.in.gov/isdh/17764.htm>

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

*Kristina Box, MD, FACOG*  
State Health Commissioner

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# AT A GLANCE

Semi-Annual HIV/AIDS, STD, and Hepatitis B & C Data;  
January 1, 2021 through December 31, 2021

Indiana HIV/AIDS Cases	HIV at First Diagnosis	AIDS at First Diagnosis	
New Reports for 12/31/2021*	449	70	
	Total Persons Living with HIV (without an AIDS diagnosis)	Total Persons Living with AIDS	
Prevalence as of 12/31/2021**	6,846	6,190	
Indiana STD Cases	Primary/Secondary Syphilis	Gonorrhea	Chlamydia
1/1/2021 – 12/31/2021***	719	14,473	34,730
Indiana Hepatitis B & C Cases	Hepatitis B 1/01/21 – 12/31/21	Hepatitis C *** 1/01/21 – 12/31/21	
	86	5,219	

\* 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

(See the Perinatal HIV Transmission section of this report for further details.)

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.

## Technical Notes

Some adolescent AIDS cases have pediatric risk factors because they were less than 13 years old when infected. The Centers for Disease Control and Prevention Annual HIV/AIDS Surveillance Report can be found at: <https://www.cdc.gov/hiv/statistics/overview/index.html>

**Newly Reported Indiana HIV Cases and AIDS Cases by Mode of Transmission, Reported January 1, 2021 – December 31, 2021**

Mode of Transmission (Risk Factors)	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
Men who have sex with men (MSM)	179	40%	32	46%
Persons who Inject Drugs (PWID)	16	3%	1	1%
MSM & PWID	18	4%	3	4%
Heterosexual	48	11%	8	12%
Mother diagnosed HIV+ or AIDS	1	0%	0	0%
PWID/Hetero	13	3%	3	4%
Other (Pediatric Transfusion and Adult Transfusion/Hemophilia etc.)	6	1%	0	0%
Not Identified at This Time and/or No Reported Risk	168	38%	23	33%
<b>Total</b>	<b>449</b>	<b>100%</b>	<b>70</b>	<b>100%</b>

**Newly Reported Indiana HIV Cases and AIDS Cases by Age at Diagnosis, Reported January 1, 2021 – December 31, 2021**

Age at Diagnosis	HIV at First Diagnosis		AIDS at First Diagnosis	
	Count	%	Count	%
<5	1	0%	0	0%
5-12	0	0%	0	0%
13-19	18	4%	0	0%
20-29	184	41%	13	19%
30-39	131	29%	24	34%
40-49	66	15%	14	20%
50+	49	11%	19	27%
Unknown	0	0%	0	0%
<b>Total</b>	<b>449</b>	<b>100%</b>	<b>70</b>	<b>100%</b>

**Newly Reported Indiana HIV Cases and AIDS Cases by Race/Ethnicity and Gender, Reported January 1, 2021 – December 31, 2021**

Race/Ethnicity	HIV at First Diagnosis				AIDS at First Diagnosis			
	Male	%	Female	%	Male	%	Female	%
White	155	44%	34	34%	28	48%	1	8%
Black	123	35%	56	57%	17	29%	9	76%
Hispanic, all races	53	15%	8	8%	11	19%	1	8%
Other	19	6%	1	1%	2	4%	1	8%
<b>Total</b>	<b>350</b>	<b>100%</b>	<b>99</b>	<b>100%</b>	<b>58</b>	<b>100%</b>	<b>12</b>	<b>100%</b>
<b>Gender</b>	<b>78%</b>		<b>22%</b>		<b>83%</b>		<b>17%</b>	

# PERINATAL HIV TRANSMISSION

Children Born to HIV Infected Mothers who are current residents of Indiana,  
Cumulative 1982 through December 31, 2021

Race	2021 Exposures	2021 Exposures now with HIV Disease	Total Exposures	Child Exposures now with HIV Disease
White	6	0	358	29
Black	20	1	717	91
Hispanic – All Races	3	0	134	13
Multiracial – Non Hispanic	0	0	0	0
Other	1	0	124	21
Total	30	1	1,333	154

**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:** The 1 listed Pediatric case was not a refugee that moved to Indiana.

## \*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 at a later time. This new form can be accessed at:

<http://www.in.gov/isdh/17764.htm>

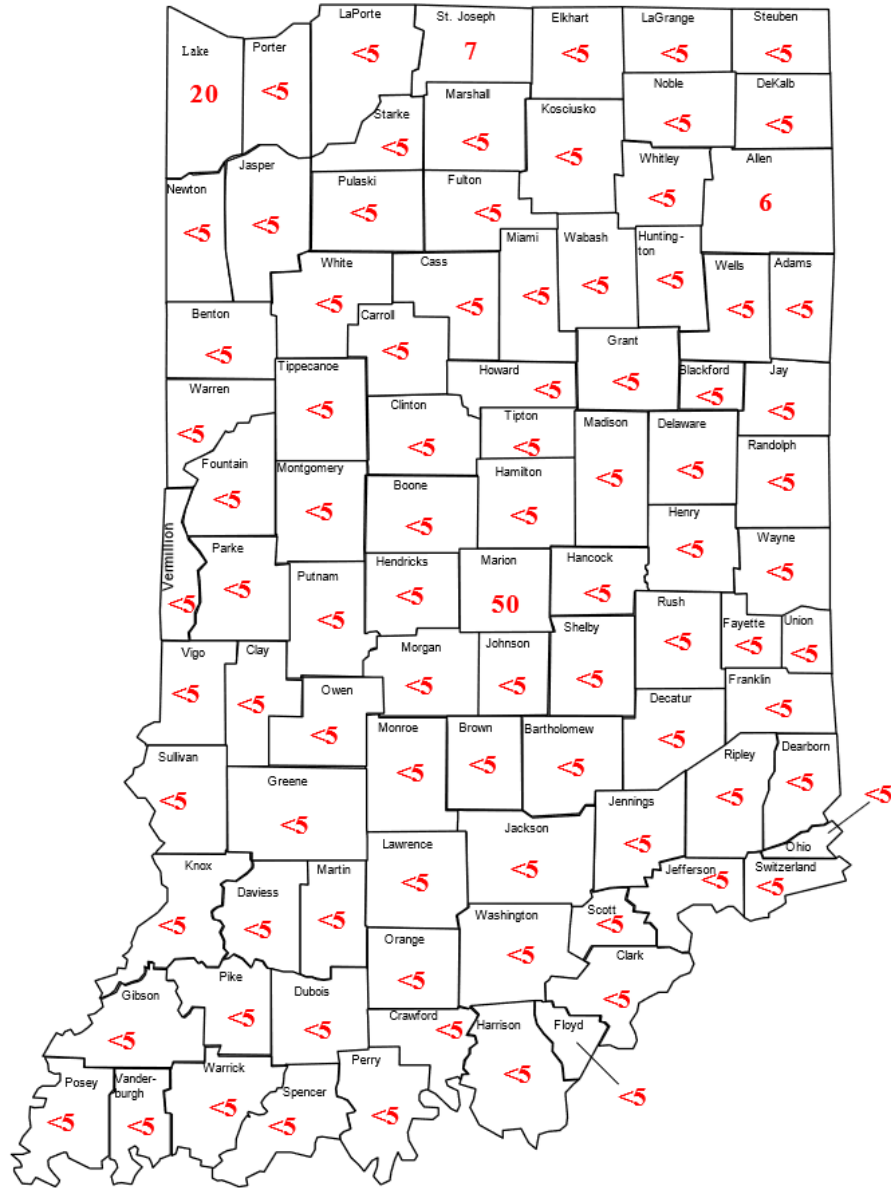
For questions with regards to the use of this form or any other HIV case report forms please contact:

**Office of Clinical Data and Research, 800-376-2501.**

# HIV DISEASE CASE DEATHS REPORTED IN 2021\*

Total Deaths among Persons with HIV Disease Reported Since 1981: 7,701

**NOTE:** A Vital Records and National Death match was performed, which resulted in unreported deaths from previous years.



\* 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.



# Indiana Persons Living with HIV Disease as of December 31, 2021

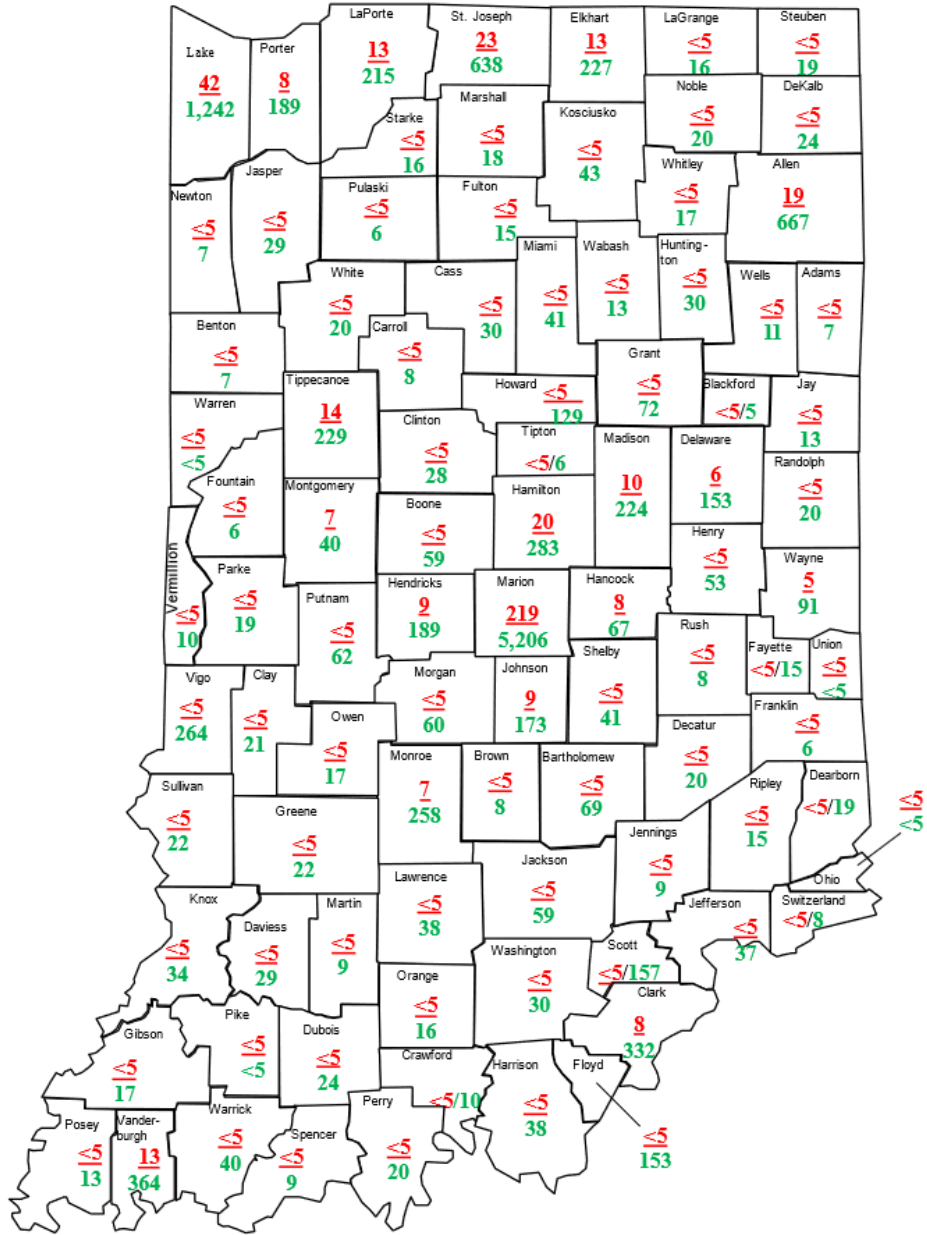
**Top Number:**

New HIV/AIDS Reports

January 1, 2021 – December 31, 2021

**Bottom Number:**

Total Persons Living with HIV/AIDS, including cases diagnosed in other states and currently living in Indiana as of December 31, 2021



\* 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.

# STD MORBIDITY

## Chlamydia, Gonorrhea and Syphilis Morbidity – January – December 2021

Gender	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Female	23,271	67%	6,901	47.7%	145	20.2%
Male	11,420	32.8%	7,557	52.2%	574	79.8%
Unknown	39	<1%	15	<1%	0	0%
Total	34,730	100.0%	14,473	100.0%	719	100.0%
Race	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
White	12,629	36.4%	5,034	34.8%	352	49%
Black	8,954	25.8%	6,020	41.6%	271	37.7%
All Others	2,791	8%	897	6.2%	89	12.4%
Unknown	10,356	29.8%	2,522	17.4%	7	<1%
Total	34,730	100.0%	14,473	100.0%	719	100.0%
Ethnicity	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
Hispanic	2,400	6.9%	711	4.9%	55	7.6%
Non-Hispanic	19,563	65.3%	10,387	78%	631	91.8%
Unknown	12,767	27.8%	3,375	17.1%	33	<1%
Total	34,730	100.0%	14,473	100.0%	719	100.0%
Age	Chlamydia		Gonorrhea		Syphilis (Primary and Secondary)	
0-19	9,331	26.9%	2,496	17.2%	35	4.9%
20-24	13,284	38.2%	4,092	28.3%	118	16.4%
25-29	6,077	17.5%	2,981	20.6%	150	20.9%
30-34	2,975	8.6%	2,008	13.9%	109	15.1%
35-39	1,488	4.3%	1,213	8.4%	88	12.2%
40-44	748	2.2%	745	5.1%	64	8.9%
45-54	612	1.8%	668	4.6%	87	12.1%
55+	198	<1%	259	1.7%	68	9.5%
Unknown	17	<1%	11	<1%	0	0
Total	34,730	100%	14,473	100.1%	719	100%

Source: IDOH STD Database as of January 18, 2022

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

# Indiana STD Counts and Rates by County

Indiana STD Counts and Rates January - December 31, 2021

No cell less than 5 is shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Adams	64	178.7	19	53.1	0	0
Allen	2,271	589.2	880	228.3	9	2.3
Bartholomew	300	364.9	105	127.7	<5	S
Benton	27	309.7	<5	S	0	0
Blackford	24	198.2	8	66.1	0	0
Boone	132	186.4	46	65.0	0	0
Brown	26	168.0	8	51.7	0	0
Carroll	47	231.5	18	88.6	<5	S
Cass	174	459.5	51	134.7	<5	S
Clark	538	444.3	220	181.7	21	17.3
Clay	82	309.8	53	200.3	0	0
Clinton	139	418.8	51	153.7	<5	S
Crawford	17	161.5	8	76.0	0	0
Daviess	95	284.6	23	68.9	<5	S
Dearborn	70	138.1	21	41.4	<5	S
Decatur	82	309.8	21	79.3	<5	S
Dekalb	150	346.7	41	94.8	0	0
Delaware	647	578.2	279	249.3	8	7.1
Dubois	98	224.6	21	48.1	<5	S
Elkhart	1,045	504.7	386	186.4	13	6.3
Fayette	66	282.1	18	76.9	<5	S
Fishers Health Department	253	255.6	52	52.5	6	6.1

No cell less than 5 is shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Floyd	286	355.4	134	166.5	10	12.4
Fountain	82	497.6	14	85.0	<5	S
Franklin	19	83.4	6	26.3	<5	S
Fulton	39	190.4	12	58.6	0	0
Gibson	109	330.2	46	139.3	<5	S
Grant	376	563.9	170	255.0	<5	S
Greene	92	298.7	43	139.6	0	0
Hamilton	499	143.6	148	42.6	8	2.3
Hancock	214	268.0	68	85.2	8	10.0
Harrison	86	216.9	25	63.0	<5	S
Hendricks	469	268.3	162	92.7	10	5.7
Henry	129	263.7	67	137.0	<5	S
Howard	513	613.2	220	263.0	<5	S
Huntington	99	270.0	27	73.6	<5	S
Jackson	140	301.5	33	71.1	<5	S
Jasper	101	306.8	14	42.5	<5	S
Jay	61	297.9	14	68.4	<5	S
Jefferson	98	295.7	20	60.3	0	0
Jennings	76	275.2	16	57.9	0	0
Johnson	550	340.0	159	98.3	13	8.0
Knox	149	410.7	43	118.5	<5	S
Kosciusko	267	332.8	89	110.9	<5	S
LaGrange	44	108.8	11	27.2	<5	S

No cell less than 5 is shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Lake	2,859	573.3	1,183	237.2	58	11.6
LaPorte	529	470.6	185	164.6	<5	S
Lawrence	115	255.5	24	53.3	<5	S
Madison	691	531	275	211.3	17	13.1
Marion	10,704	1,095.4	5,242	536.4	335	34.3
Marshall	95	206.1	20	43.4	<5	S
Martin	21	214.0	<5	S	<5	S
Miami	104	289.2	42	116.8	0	0
Monroe	834	596.9	264	189.0	<5	S
Montgomery	178	469.2	35	92.3	<5	S
Morgan	156	217.3	37	51.5	<5	S
Newton	19	137.4	<5	S	0	0
Noble	173	364.5	65	137.0	<5	S
Ohio	8	134.7	0	0	0	0
Orange	54	271.8	10	50.3	<5	S
Owen	59	276.7	29	136.0	0	0
Parke	82	507.6	19	117.6	0	0
Perry	25	130.4	9	46.9	<5	S
Pike	22	179.6	5	40.8	<5	S
Porter	482	278.3	105	60.6	9	5.2
Posey	55	218.1	18	71.4	0	0
Pulaski	27	215.8	9	71.9	0	0
Putnam	125	340.4	45	122.5	<5	S

No cell less than 5 is shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
Randolph	78	318.3	25	102.0	<5	S
Ripley	46	158.6	<5	S	<5	S
Rush	43	256.7	11	65.7	0	0
Scott	73	299.4	31	127.1	<5	S
Shelby	136	301.9	31	68.8	<5	S
Spencer	49	247.3	14	70.7	<5	S
St Joseph	1,972	722.6	961	352.1	15	5.5
Starke	44	188.3	10	42.8	0	0
Steuben	84	243.9	37	107.4	<5	S
Sullivan	59	283.4	32	153.7	<5	S
Switzerland	15	154.1	<5	S	0	0
Tippecanoe	1,008	541.2	371	199.2	30	16.1
Tipton	31	201.8	5	32.6	<5	S
Union	10	141.1	<5	S	<5	S
Vanderburgh	1,291	716.7	778	431.9	46	25.5
Vermillion	43	278.5	18	116.6	<5	S
Vigo	614	578.4	333	313.7	<5	S
Wabash	69	222.7	14	45.2	0	0
Warren	21	248.8	5	59.2	0	0
Warrick	188	294.2	66	103.3	5	7.8
Washington	63	223.5	17	60.3	0	0
Wayne	307	461.3	156	234.4	5	7.5
Wells	54	191.6	15	53.2	<5	S

No cell less than 5 is shown in order to protect confidentiality Last Known County of Residence	Chlamydia		Gonorrhea		Syphilis	
	Count	Rate	Count	Rate	Count	Rate
White	92	372.7	17	68.6	<5	S
Whitley	78	228.1	18	52.6	0	0
Unknown	0	0	0	0	0	0
<b>Total</b>	<b>34,730</b>	<b>511.8</b>	<b>14,473</b>	<b>213.3</b>	<b>719</b>	<b>10.6</b>

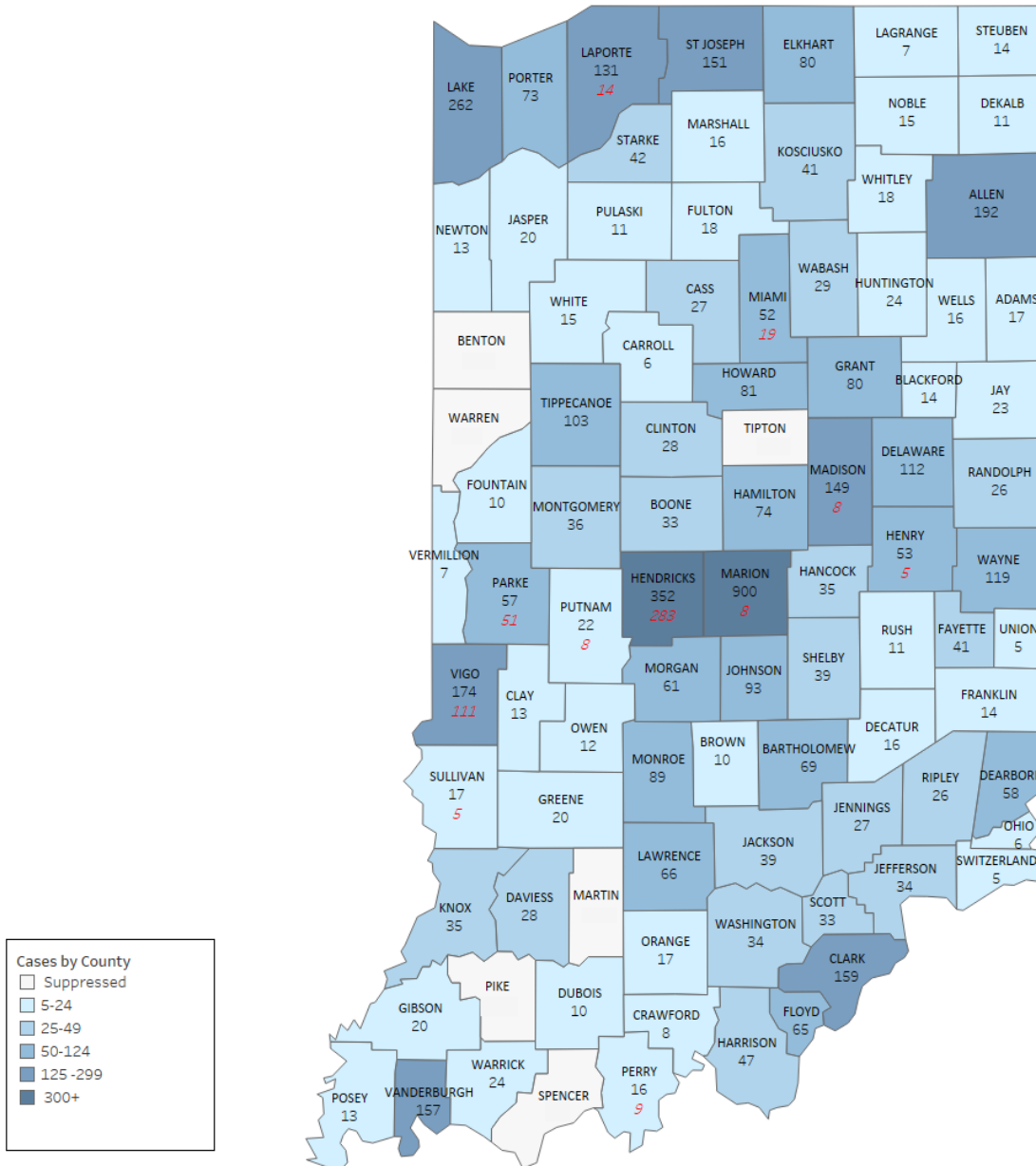
Note: Data are suppressed(s) when counts are <5 or if determined identifiable

Note: Rates are based on 2020 Census Data

# HEPATITIS C

January – December 31, 2021

Total Chronic and Acute 2021 Hepatitis C Cases



Case counts may reflect county of medical provider and not residence of individual due to reporting limitation.

Department of Corrections (*DOC*) includes State Department of Corrections and Federal Facilities. Counties with less than 5 DOC 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, STD, Viral Hepatitis



# HEPATITIS B

## Acute Hepatitis B January - December 31, 2021

AGE_RANGE	Acute
01-04	0
05-09	0
10-19	<5
20-29	<5
30-39	28
40-49	26
50-59	13
60-69	11
70-79	<5
80-89	0
<b>Total</b>	<b>86</b>

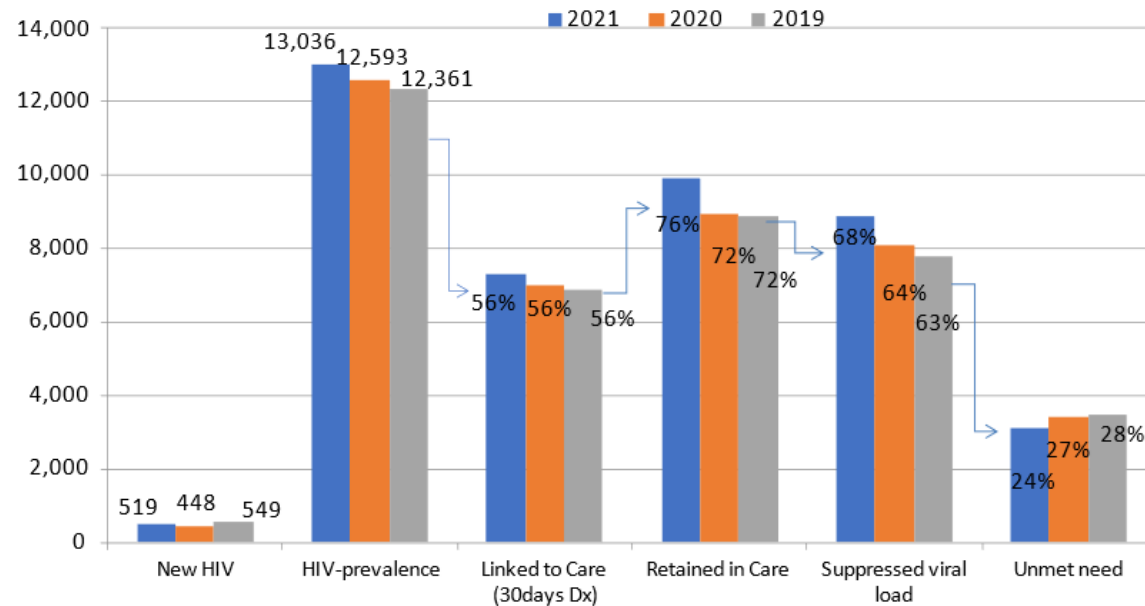
RACE	Acute
White	75
Other/Multiracial	<5
American Indian or Alaska Native	<5
Asian	<5
Unknown	0
Native Hawaiian or Other Pacific Islander	0
Black or African American	6
<b>Total</b>	<b>86</b>

SEX	Acute
Male	50
Female	36
Unknown	0
<b>Total</b>	<b>86</b>

Note: data from 2021 are preliminary and subject to change. 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.

# Continuum of HIV Care, Indiana, Years 2019-2021



- Of those living with HIV, 72% (2019) vs 76% (2020) are retained in care (past 12mths)
- Of those living with HIV, 63% (2019) vs 68% (2020) have a suppressed VL
- CDC. Prevalence of Diagnosed and Undiagnosed HIV Infection — United States, 2008–2012. MMWR 2015; 64:657-662



# Indiana HIV/AIDS Surveillance

**Table1. Newly Reported Indiana HIV and AIDS Cases, Reported 2008-2021**

Year	HIV		AIDS		HIV/AIDS
	Count	%	Count	%	Total
2008	329	70%	141	30%	470
2009	371	73%	138	27%	509
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
<b>Avg.</b>	409		103		512
<b>Std. Dev.</b>	54		22		43
<b>Range</b>	(355-463)		(81-125)		(469-555)

\*Significant Differences

**Figure1. Newly Reported Indiana HIV and AIDS Cases, Reported 2008-2021**

