



2025

ANNUAL REPORT

ALLEN COUNTY DEPARTMENT OF HEALTH

Your Health is Our Mission



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Allen County Health Commissioner



Looking back at 2025 was like riding a roller coaster. There was a lot of exciting anticipation, head twisting turns, nauseating moments, exhilarating highs and sudden drops leading to a screeching ending.

It was a tough year for local health departments in Indiana, including the Allen County Department of Health, as state funding was cut significantly. Health First Indiana funding for local health departments started at \$75 million in 2024 and rose to \$150 million in 2025. Less than halfway through 2025, state lawmakers cut funding to Indiana local health departments to only \$40 million to provide all the services they were previously providing for \$150 million, minus any focus on tobacco cessation and adding new restrictions on services

to individuals who are not residents of Indiana or residing in the U.S legally.

Thinking through the changes took us from, “What more can we do to help improve the health of our community?” to “How are we going to maintain required services for our community?”. We faced things with an open mind, and we proceeded forward, working hard to meet the challenge.

Like everyone must do when they have fewer dollars to spend, we looked closely at our budget and considered where the remaining dollars would have the biggest impact on the most people in our community. After awarding nearly \$5 million in combined public health grant funding to trusted community partners 2024 and 2025, we will go forward with \$840,000 in Health First Allen County funding for special partnerships in 2026, focusing on seven Core Public Health Service areas: Maternal & Child Health, Trauma & Injury Prevention, Access & Referrals to Clinical Care, Chronic Disease Prevention, School & Student Health, Immunizations (child and adult) and Fatality Review & Prevention. *[For more information about Health First Indiana funding and activities, please refer to our Health First Allen County Annual Report: www.allencountyhealth.com/department/annual-reports]*

Looking over our other shoulder, we continue to see vaccines making headlines, with changes that will impact our local community for years to come. Health and Human Services Department leadership has refocused longstanding vaccine recommendations and will continue to challenge successful standard practices. To provide the best medical care available, we need to periodically review all medical practices because technology changes and the science behind decisions grows exponentially. We need to understand that our environment changes around us, so we need to actively review what we are doing. We must also consider the past and remember the days of hundreds of deaths and thousands of people harmed by vaccine preventable diseases we are now winning the battle against because of effective immunizations.

Nothing is perfect, and perfection is rarely achieved. But as your Allen County Health Commissioner, I always want to do what is best for our community. That means supporting vaccination programs and community partners providing those vaccines free of charge or at a reduced rate – just as we support programs locally to decrease the infant mortality rate, decrease community obesity and increase knowledge of how to eat healthier and live a healthier life.

One thing won't make or break us as a community, but as we try to be healthier every day, because we all want to live longer, healthier lives, we need to work together with all of our partners to focus on the best outcomes for the most people. Regardless of the headwinds, our ship will always sail with our partners to a healthier Allen County.

Mindy Waldron, BS, REHS, CP-FS

Deputy Health Commissioner/Department Administrator



Health First Indiana (HFI) kick-started two years of historic and promising investment in public health programming across the state, through local health department growth and expansion. The resulting preventive programming and stories of successfully creating partnerships with entities to aid in the delivery of new and needed services was extraordinary.

We had hoped this investment and trust in positive future change to public health outcomes would be sustained to normalize new and expanded preventive programming. Unfortunately, HFI funding was significantly reduced for 2026-2027 due to state budget shortfalls. This was devastating and unfortunate, and it will likely stagnate certain things that saw successful starts.

However, local health departments such as ours remain committed to being preventive and proactive public health partners in our communities.

Public health lacks support, despite ongoing educational efforts and demonstration of our important work through events where services are needed. A likely reason: By necessity, much of our work – investigating, assessing and addressing community health hazards, for example – occurs behind the scenes and is often unnoticed by decision-makers and the general public. Therefore, we as public health providers and professionals must make it our mission to be more outward and vocal about the services and protection we proudly provide to the community. As a safety net medical provider and in some cases a sole-source provider of certain health services in a community, a health department is not simply an enforcer – we are protectors, preventers AND providers.

In 2026 and 2027, we will work hard to maintain as many of the new and successful programs created in the last two years as possible, with the hope that they continue to better overall health outcomes and improve the health of our citizens. This is required and necessary. Allen County and Indiana have not fared well when it comes to many of the larger health outcomes (chronic disease, maternal & child health and more). That simply must change. To succeed in a way that truly matters and makes a difference, continued and steady funding must be provided.

Our team is a strong team. I could not be more proud of what we do and the people who do it every single day. Our team's passion and dedication, even in the face of adversity, is truly unmatched. This report outlines our major accomplishments in 2025 and shares a peek at the things we have created, expanded and provide for our community. We appreciate you reading this report and taking an interest in what public health is and does!

We will weather the next two years of lessened funding by prioritizing things that matter and being as innovative and efficient as we can in anything we do. All the while, we will continue to educate about and advocate for the importance of a strong public health system and infrastructure in a community – such as the nearly 14-to-1 return on any dollar spent toward public health. We will also continue our efforts toward positive change in many public health outcomes over which we have influence. It's what Allen County deserves from us!

Department of Health *By the Numbers*

Statistics of Interest	2024	2025
Total Deaths	4,757	5,000
Total Births	7,988	8,101
STI Appointments	3,413	3,249
Active TB Cases	11	13
Children's Vaccinations	1,685	1,185
Adult Vaccinations	3,255	3,688
Food Permits Issued	2,683	2,583
Animal Bites	826	717
Lead Screenings	6,272	5,455
Mosquito Samples Tested	212	169
Phase 1 Environmental Requests	209	231
Public Records Requests	393	342
Media Requests	72	97

Top Reportable Infectious Diseases in Allen County	2024	2025
COVID-19	7,051	3,752
Hepatitis C	186	173
Hepatitis B	58	50
Hepatitis A	<5	0
Campylobacteriosis	76	74
Salmonella	52	57
Giardiasis	27	10
Shiga-toxin Producing E. Coli	20	11
Influenza-associated Deaths	15	29
Legionellosis	36	22

For a full report on Health First Allen County (HFAC),
please consult our HFAC Annual Report, which is
accessible by scanning the QR code -



Communications Division

Director: Matt LeBlanc, BJ, MS

Engagement and interaction are keys to promoting and protecting public health, and the Communications Division continues efforts to broaden the reach of the Allen County Department of Health.

An eventful, impactful year featured close collaboration with department staff on internal and public-facing projects designed to meet goals of preventing disease, promoting health and protecting the environment. The Communications Division also assisted in providing the public with timely, accurate information about a measles outbreak, served as the primary point of contact for media representatives curious about other important topics and served as the public face of the Health Department at community events and health fairs.

Among the most serious messaging came toward the beginning of 2025, when measles made an appearance in Allen County. Eight connected cases of the highly contagious disease were confirmed in April, and the Communications Division crafted news releases, social media posts and responses to local, state and national news outlets outlining the seriousness of measles, the department's response and encouraging people to get vaccinated.

At the urging of the Department Administrator, the Communications Division undertook proactive measures prior to those actions and worked in March with immunizations provider Super Shot Inc. on messaging encouraging vaccination against measles before it arrived in Allen County and as cases mounted in other states.

Other news releases throughout the year also focused on disease prevention, including one in July focusing on mosquitoes, elimination of breeding sites and precautions to prevent transmission of illnesses such as West Nile virus. The Communications Division also spread the word in June about National HIV Testing Day, when staff offered free, confidential walk-up testing for HIV, hepatitis C and syphilis at a Fort Wayne pharmacy.

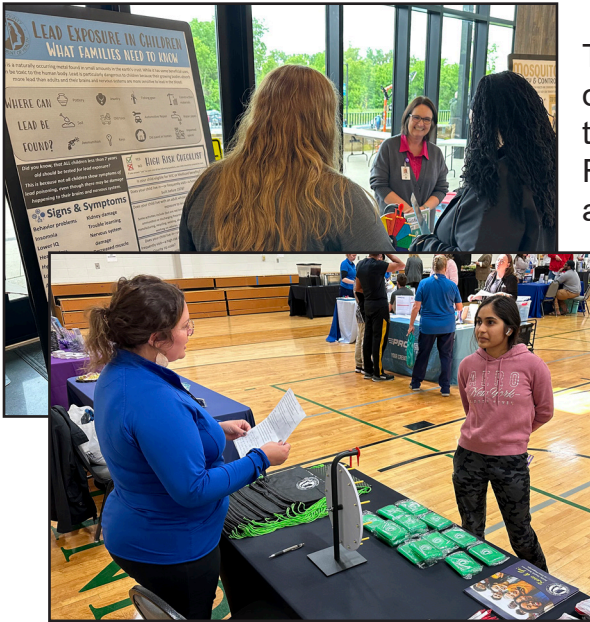
Inquiries fielded by the Communications Division from reporters on other topics throughout the year ranged from questions about radon testing and inspections of retail food establishments to substance abuse treatment and best practices for holiday food safety.

To ensure public health messaging reaches more Allen County residents, the Communications Division continues to oversee translation of educational materials into Spanish and Burmese. Those efforts began in 2024 and continued into 2025, featuring translations of informational handouts about lead and food safety, handwashing and safe food storage. Similar work will continue in 2026.



The Communications Division organized and assisted reporters with interviews with Department of Health staff including Department Administrator Mindy Waldron, right, on a variety of topics in 2025.

Outreach is among the most essential – and enjoyable – duties of the Communications Division, and staff were present at various gatherings, beginning in the spring and stretching into the fall. At health fairs, safety fairs and community events, staff discussed services provided by the health department – childhood lead testing, immunizations, birth and death certificates, for example.



The Communications Division collaborated with staff from other divisions to attend more than a dozen events throughout the year. Some – such as the Allen County Safety Fair and a county employee health fair – were events we have attended in the past. Others – such as a safety fair organized in August for city of Fort Wayne employees – were new efforts for our department.

We attended the city’s Open Streets event in the summer, meeting with hundreds of Allen County residents. The largest event attended was HogWorks Takeover held in October on the Electric Works campus, where about 700 people visited us and received information about Department of Health services.

A unique effort this year was a partnership with Purdue University Fort Wayne for health advertising and public service announcements. The Health Department crafted messages about the dangers of vaping, for example, and those were read by high-profile PFW athletes in basketball, volleyball and golf. Health Department branded messages also were provided to crowds in game programs and on the PFW athletics website.

The Communications Division also is the department’s on-call representative, taking calls after-hours about food safety, communicable diseases and other topics. Dozens of those calls were received in 2025, and assistance was directed to businesses and emergency personnel via the Food & Consumer Protection, Environmental Services and Clinical Services and Case Management divisions.

In addition, the Communications Division continued its regular work to edit, amend and publish internal and external communications such as permit applications, letters and standard operating procedure guides. As the department’s public information officer, the Communications Director regularly received and responded to phone calls and emails from the public, directing assistance where needed.

The Communications Division looks forward to a similarly busy – and exciting – 2026.

2025 *At a glance*

342	97	9	56	40	231
Public Records Requests	Media Requests	News Releases/Alerts	Interviews	After-hours calls	Phase I Requests

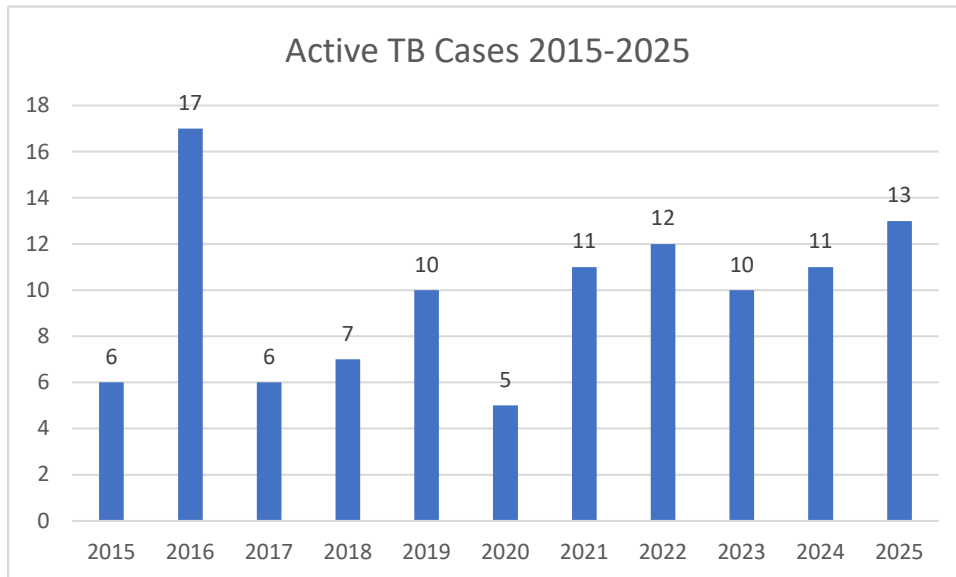
Clinical Services & Case Management Division

Director: Erika Pitcher, MPH

Infectious Disease Case Management:

The Infectious Disease Case Management team faced many challenges, including staff shortages, new disease threats and even a measles outbreak. As always, we rose to the occasion, responding to every need with appropriate resources to face any challenge.

The case count for newly diagnosed tuberculosis (TB) cases was 13 for the year, which is slightly higher than previous years. Of those, eight were pulmonary tuberculosis (TB of the lungs) and five were extra-pulmonary tuberculosis (TB outside of the lungs). Only 7% of cases were drug-resistant,



compared to 25% in 2024. While the drug susceptibility of cases improved over 2024, the complexity of cases did not. Many patients this year were very ill at the time of diagnosis, and we are grateful for the assistance of our partners at the Indiana Department of Health (IDOH) and Global Tuberculosis Institute to ensure we were providing state-of-the-art care.

The United States is experiencing a nationwide measles outbreak. According to

the Centers for Disease Control & Prevention (CDC), 2,255 people were confirmed to have measles in 2025. Allen County was not spared. In April, we confirmed eight cases of measles in Allen County residents. Of those, five were in unvaccinated children younger than 18, and three cases were confirmed in adults with unknown vaccination status.

The eight measles cases resulted in more than 400 individual notifications that needed to be made to contacts throughout the county and neighboring counties. We also partnered with Super Shot to offer vaccination clinics for those in need of a Measles-Mumps-Rubella (MMR) vaccine. Efforts paid off, as the local outbreak did not expand beyond the initial eight connected cases.

As shown in the Infectious Disease Data chart beginning on page 11, there was an update in 2025 for the reporting of *Candida auris* (*C. auris*) cases. They are now grouped as either a clinical case or a colonization/screening case. *C. auris* is a fungus that can cause various infections throughout the body. It is concerning because it is often resistant to many first-line medications used to treat these infections. *C. auris* cases can be found in wounds, the respiratory tract, urine and blood. A positive test result from one of these sites is classified as a clinical case on the chart. People can also carry *C. auris* on their body. This does not typically cause symptoms, but the fungus can still be spread to other people and surfaces. A swab of the skin, groin or axilla is often done to detect colonization. These cases are identified as a colonization/screening case in the infectious disease chart.

Clinical Services:

Infectious Disease Clinic –

There were a lot of changes in the infectious disease clinic in 2025. Historically, the clinic participated in 300 to 400 refugee health screenings per year. In January, President Trump signed an order suspending the U.S. Refugee Admissions Program (USRAP) indefinitely. This order had a dramatic impact on our refugee health clinic, and we have not conducted any primary refugee health screenings since February.

To offset refugee health appointments, staff increased the number of Civil Surgeon Exams offered. A Civil Surgeon Exam is a required medical examination by the U.S. Citizenship and Immigration Services to change a person's status to obtain a green card. We restarted this program in 2024 and completed 291 exams in the first year. In 2025, we completed 663 exams.

Infectious Disease Clinic	2024	2025
ID Physician/NP Appointments Completed	473	592
ID Physician/NP No Show Appointments	29	30
No Show Appointment Rate	6%	8%
ID Nurse/MA Completed Appointments	319	370
ID Nurse/MA No Show Appointments	46	65
No Show Appointment Rate	13%	10%
ID Phlebotomy Draws	81	257
Directly Observed Prophylactic Therapy Appointments in Clinic	87	222
Tuberculosis Skin Tests in Clinic	3	6
Civil Surgeon Appointments	291	663

Sexually Transmitted Infection (STI) Clinic –

Our team continued partnering with the Allen County Jail and offered on-site sexually transmitted infection (STI) testing and treatment one half day each week. The partnership helped us see 503 patients to offer expedited testing and treatment while people are incarcerated to limit the spread of infectious disease.

We continued to treat very high numbers of syphilis cases as well, which is in line with increases at both the state and national level. This dramatic increase in syphilis cases resulted in a shortage of bicillin, which is the preferred treatment for the disease. Our team was grateful to have access to doxycycline as a back-up treatment, but we are hopeful the drug supply issue will resolve in 2026.

Immunization Clinic –

Similar to the Infectious Disease Clinic, the Immunization Clinic was greatly affected by the presidential order that halted USRAP. With the increase in Civil Surgeon Exams in 2025, this team was very busy completing the pre-screening required for each exam, including vaccinations and laboratory testing. Staff also continued outreach partnerships with The Fort Wayne Rescue Mission, Charis House and St. Joseph Women's Mission. Through these partnerships, our team vaccinated 168 people in 2025. We also rolled out a new outreach program called the "Allen County Kid Care Program," which brings lead testing and immunizations to child care locations across Allen County. In 2025, we visited two day cares and provided two immunizations and three lead tests.

Syringe Services Program –

The Allen County Syringe Services Program continued its weekly operations every Tuesday from 1 to 3:30 p.m. We saw 103 first-time clients and a total of 924 visits. We safely disposed of more than 65,000 needles and provided 941 life-saving Narcan kits to clients. Staff also continued to offer onsite hepatitis C and HIV testing, vaccinations and STI testing.

We continued partnerships with the Fort Wayne Police Department Hope and Recovery Team (HART), Northeast Indiana Positive Resource Connection, Avenues Recovery Center, Clean Slate and added project.Me as a new partner. These partnerships allow us to offer hepatitis C case management, mental health and substance use treatment options.

Public Health School Liaison/Health Educator:

We combined the Public Health School Liaison and Health Educator positions into one role, which focuses on community outreach as well as educational programs within schools.

The Health Educator continued trainings in schools covering topics such as Vape Education, Personal Hygiene, Dental Health, Healthy Choices, Food Safety and Handwashing. We also offered trainings for both students and school staff members in CPR and Stop the Bleed.

In March, we hosted a School Health Screening Day event for virtual- and home-schooled children in Allen County. At this event we partnered with Super Shot, School Smiles, Lions Club and the Indiana Department of Health to offer vaccinations, dental screenings, hearing screenings and vision screenings for students without access to those services through their school district.

The Health Educator attended many community events, health fairs and festivals to promote various public health topics throughout our community.

2025 School Liaison Programming		
Name of Class	# of Schools	# of Students
Vape Education	2	197
Personal Hygiene	1	19
Handwashing	2	83
Healthy Choices	2	78
Dental Health	3	130
Food Safety	1	7
American Heart Association CPR/AED/First Aid		
<i>Certification</i>	3	18
<i>Non-Certification</i>	3	208
Stop the Bleed		
<i>Certification</i>	1	19
<i>Non-Certification</i>	2	53
Catch My Breath	2	17

**Additional
Clinical Services Data**

Sexually Transmitted Infection (STI) Clinic	2024	2025
STI Appointments Completed	3,413	3,249
No Show Appointments	722	747
No Show Appointment Rate	17%	18.7%
STI Appointment at Allen County Jail (ACJ)	443	503
Immunizations Administered (for STI patients)	361	181
COVID-19 Vaccines Administered	18	6
Genital Wart Treatments	42	21

Immunization Services	2024	2025
Immunization Appointments	3,208	2,717
Immunization No Shows	300	243
Immunization No Show Rate	9%	8%
Foreign Travel Appointments (consultations, vaccinations)	68	69
Civil Surgeon Appointments (Vaccines/Testing)	487	768
Anti-Malarial Appointments for Foreign Travel	0	0
Child Appointments	510	398
Child Immunizations Administered (Not including COVID-19)	1,685	1,185
Adult Appointments	961	1,066
Adult Immunizations Administered (Not including COVID-19)	3,255	3,688
Outreach Immunization Appointments	300	277
Outreach Immunizations Administered	381	393
Total Refugees/Asylees/Parolees Screened	289	55
Primary Refugees Screened	213	55
Secondary Refugees Screened	38	85
Asylees Screened	0	0
Parolees Screened	14	0
Others Screened	24	0
COVID-19 Vaccines Administered	598	452

Demographics for All Clinics (ID/STI/IMM)		
Client Age Range	2024	2025
<15 years	12%	10%
15-19 years	8%	8%
20-24 years	13%	13%
25-29 years	15%	15%
30-34 years	14%	13%
35-44 years	18%	19%
> 45 years	20%	22%
Client Sex	2024	2025
Male	51%	48%
Female	49%	52%
Unknown/Not Reported	0%	0%

Infectious Disease Data

Infectious Diseases Reported	2024	2025
COVID-19	7,051	3,752
<i>Confirmed</i>	3,126	1,589
<i>Probable</i>	3,925	2,163
Babesiosis	N/A	<5
CP-CRE/CPO	35	25
Campylobacteriosis	76	74
<i>Confirmed</i>	45	30
<i>Probable</i>	31	44
<i>Unknown</i>	0	1
Candida auris	N/A	6
<i>clinical</i>	<5	3
<i>colonization/screening</i>	N/A	3
Coccidioidomycosis	8	10
<i>Confirmed</i>	3	8
<i>Probable</i>	4	2
<i>Suspect</i>	1	0
Cryptosporidiosis	12	12
<i>Confirmed</i>	8	6
<i>Probable</i>	4	5
<i>Unknown</i>	N/A	1
Cyclosporiasis	0	0
Dengue	<5	0
Ehrlichiosis	0	0
Giardiasis	27	10
<i>Confirmed</i>	25	9
<i>Probable</i>	2	1
Haemophilus influenzae, invasive	11	12
Hemolytic uremic syndrome, postdiarrheal	<5	0
Hepatitis A	<5	0
Hepatitis B (acute and chronic)	58	50
<i>Confirmed</i>	46	30
<i>Probable</i>	12	20
<i>Unknown</i>	0	0
Hepatitis C (acute and chronic)	186	173
<i>Confirmed</i>	82	84
<i>Probable</i>	39	44
<i>Unknown</i>	65	44
<i>Suspect</i>	0	0
Hepatitis D	0	<5

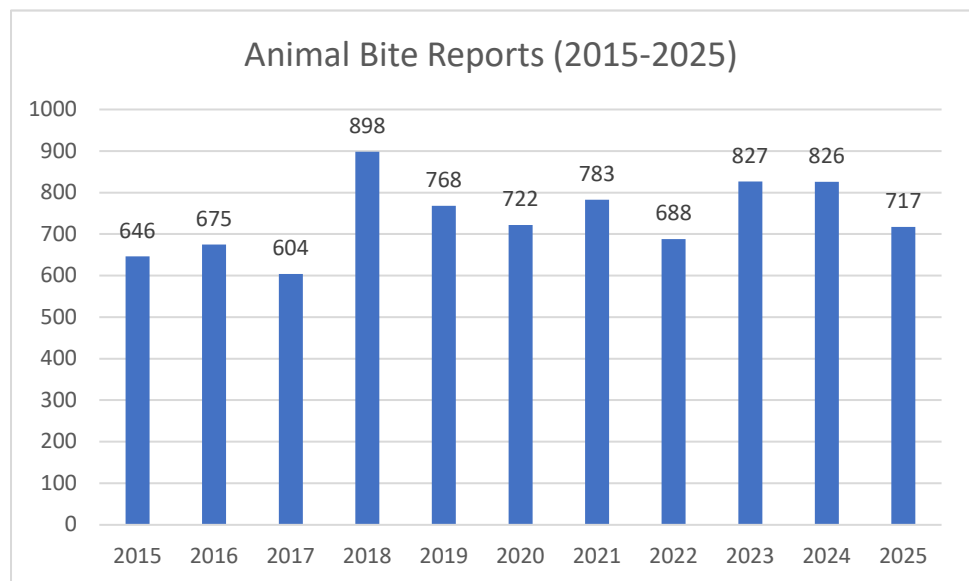
Infectious Disease Data

Infectious Diseases Reported	2024	2025
Histoplasmosis	22	14
<i>Confirmed</i>	6	2
<i>Probable</i>	15	11
<i>Unknown</i>	1	1
Influenza-Associated Deaths	15	29
Latent Tuberculosis Infection	128	257
<i>Confirmed</i>	67	202
<i>Suspect</i>	1	55
<i>Unknown</i>	60	0
Legionellosis	36	22
<i>Confirmed</i>	N/A	21
<i>Probable</i>	N/A	1
Leptospirosis	N/A	<5
Listeriosis	<5	0
Lyme Disease	5	9
<i>Confirmed</i>	2	2
<i>Probable</i>	2	5
<i>Suspect</i>	1	2
Malaria	<5	<5
Measles	N/A	8
Mpox	0	<5
Multisystem Inflammatory Syndrome (MIS)	0	0
Mumps	<5	<5
<i>Probable</i>	0	0
<i>Suspect</i>	<5	<5
Neisseria meningitidis, invasive	0	<5
Pandrug-Resistant Organisms	<5	0
Pertussis	12	12
<i>Confirmed</i>	6	3
<i>Probable</i>	5	6
<i>Unknown</i>	1	3
Salmonellosis, excluding <i>S. typhi</i> and <i>S. paratyphi</i>	52	57
<i>Confirmed</i>	45	43
<i>Probable</i>	7	13
<i>Suspect</i>	0	0
<i>Unknown</i>	0	1
Severe Staph in a Previously Healthy Person	0	0

Infectious Disease Data

Infectious Diseases Reported	2024	2025
Shiga toxin-producing Escherichia coli (STEC)	20	11
<i>Confirmed</i>	6	5
<i>Probable</i>	14	6
<i>Suspect</i>	0	0
Shigellosis	12	11
<i>Confirmed</i>	8	3
<i>Probable</i>	4	8
Strep pneumoniae, invasive	59	33
<i>Confirmed</i>	58	33
<i>Probable</i>	1	0
Streptococcal disease, invasive, Group A	30	22
Streptococcal toxic-shock syndrome	<5	0
Tuberculosis	11	13
Tularemia	<5	0
Varicella	10	16
<i>Confirmed</i>	6	9
<i>Probable</i>	4	7
<i>Unknown</i>	0	0
Vibriosis	<5	4
West Nile Virus (neuroinvasive)	0	<5
Yersiniosis	7	12
<i>Confirmed</i>	4	2
<i>Probable</i>	3	10

Animal bites are reportable to the Department of Health. We monitor and track them, as well as advise on any needed prophylaxis.



Food & Consumer Protection Division

Director: Steve Schumm, REHS, CP-FS

The common goal of operators and regulators of retail food establishments is to produce safe, quality food for consumers. The Food & Consumer Protection Division works to achieve these goals by permitting and routinely inspecting retail food establishments in Allen County to ensure compliance with food safety rules and providing education at every opportunity. Retail food establishments include restaurants, grocery and convenience stores, institutions, cafeterias, bars, mobile food establishments, temporary food vendors, farmers markets and entertainment venues.

There was a decrease in the issuance of food establishment permits in most permit types in 2025. The most significant decrease was in the number of annual food service establishments, where we saw 64 fewer permits obtained than in 2024. There was also a significant decrease in permitting for temporary food establishments, where we saw 42 fewer permits obtained than in the year prior. Of

Food Permits Issued	2024	2025
Food Service Establishments	1,309	1,245
Food Market Establishments	568	581
Mobile Food Units	155	163
Temporary Food Establishments	538	496
Annual Off-Site & Farmers Markets	104	90
Food Venue Establishments	2	2
Vending Machine	7	6

note, the Three Rivers Festival was canceled in 2025, likely contributing to the decrease in permitting. The most significant increase in permitting was noted in the annual food market establishment category, where 13 additional establishments were permitted, compared to 2024. There were also eight more mobile food unit permits issued than in the previous year.

The Indiana Department of Health (IDOH) implemented a new Retail Food Establishment Sanitation Requirements rule (Title 410 IAC 7-26), with an effective date of April 16, 2025. This new rule is based on the 2022 Food and Drug Administration (FDA) Food Code, which brings Indiana in line with the most current edition of federal guidelines. This rule deployment required a great deal of training time for the consumer protection inspectional team, where they learned how to complete the new inspection form using risk-based inspection methods.

The division continued to focus on education and training for all inspection staff. Four environmental health specialists attended the IDOH Retail Food Training in November. There was an early morning truck wreck training; group rule variance activity – including Hazard Analysis and Critical Control Points (HACCP) and Standard Operating Procedure (SOP) review; a sushi presentation and an interactive pH monitoring activity. All of these experiences equipped our inspectional staff with new and up-to-date knowledge in the food protection realm.

Two of our inspectors completed FD 218 training, which is a five-day FDA virtual course that enhances the knowledge, skills and abilities of inspectors conducting risk-based inspections. The assistant director of the division completed FD 207 in May. That course provides a comprehensive overview of the plan review process for retail food establishments, with an emphasis on equipment and architectural design. The assistant director and an environmental health specialist completed their standardization process under IDOH guidance.

The purpose for standardization of food inspectors across the state is to improve food safety and achieve a high degree of uniformity throughout the state in both the requirements and the manner of enforcement of state and local laws governing sanitation in the retail food industry. The director and assistant director traveled to Indianapolis to represent Indiana Congressional District 3 on the HB1577

Mobile Retail Food Establishment workgroup. The workgroup continues to meet monthly in a virtual format to develop the guidance required under the 2025 legislation.

We plan to continuously enhance staff knowledge to continue to adapt to new processes in food safety to ensure that retail foods are safe, unadulterated and honestly presented at the retail level for our community consumers.

In 2025, the division continued to work on compliance and enforcement steps with retail food establishments. The goal is to have active managerial control in place so that managers are proactive in recognizing foodborne illness risk factors and implementing corrective action when needed. We saw marked improvement in our compliance levels among establishments, demonstrated by a decrease in facility closures and compliance meetings.



Health Department staff conducted more than 1,000 inspections in 2025, working to ensure consumers are protected from foodborne illness risk factors.

The division has an ongoing goal each year of focusing on education related to one of the five known major risk factors contributing to foodborne illness. The focus for 2026 will be on improper hot and cold holding of time/temperature control for safety food (known as “TCS”). This was the most observed priority violation by the Food & Consumer Protection Division in 2025. Improper holding is a risk factor identified by the Centers for Disease Control and Prevention (CDC) as a contributor to foodborne illness outbreaks.

The goal of the division is to reduce the number of priority or “high risk” violations known to lead to foodborne illness. In addition to new state food rules requiring inspectors to document all TCS food temperatures, the division will continue to provide educational materials – FDA posters addressing improper holding, for example – to food establishment operators as needed.

In 2025, the Food & Consumer Protection Division continued its mission to protect public health through permitting, inspection, training and education. The division expanded staff capacity through standardization and ongoing training, implemented updated sanitation requirements, and strengthened compliance and enforcement efforts. Moving forward, the 2026 focus on time/temperature control violations will help further reduce foodborne illness risks and ensure safe, high-quality food for all residents and visitors of Allen County.

Tattoo & Body Piercing Permits Issued	2024	2025
Tattoo & Body Piercing Facility	88	83
Tattoo & Body Piercing Artist	289	299
Guest Tattoo Artist	175	145
Special Event Coordinator	2	4

The Food & Consumer Protection Division also works to prevent the spread of certain infectious diseases by regulating body artists and piercers who engage in tattooing, body piercing and cosmetic tattooing in body art

establishments. The Food & Consumer Protection Division ensures the state health code standards are met by permitting, inspecting and educating all body art facility staff (permanent or event-based).

The number of tattoo and body piercing facility permits decreased by five permits. However, we saw

10 more tattoo and body piercing artist permits issued than in 2024.

Tattoo & Body Piercing Inspections Conducted	2024	2025
Inspections (Routine, Follow-up and Temporary)	129	127
Complaints	9	7
Preliminary/Opening	43	31

One of the highlights of the department's body art

program was when one of our environmental health specialists completed a Virtual Body Art Facility Inspector Training in February. Topics covered in this course included an introduction to body art facility inspection, and additional training on Infection Control, Universal Practices, Tattooing and Cosmetic Tattooing, Piercing, Communication and Facility Inspections. This information was shared among other staff in the division to increase the knowledge base in this field of inspection.

***Additional
Food & Consumer Protection Data***

Food Inspections Conducted	2024	2025
Food Service (Fixed and Mobile)	2,129	1,368
Food Market (Fixed and Mobile)	742	446
Temporary Food Establishments	819	754
Follow-up Inspections	821	609
Recalls Phone/Email	55	74
Recall Inspections	0	144
Consumer Complaints	664	549
Preliminary Inspections	285	294
Opening Inspections	274	277
Plan Reviews Conducted	346	311
Closures	17	17
Administrative Hearings	0	0
Food Establishment Trainings	2	0
Investigations (fire, overturned trucks, foodborne illness investigations, reportable disease investigations)	505	499
Railroad Camp Car Inspections	0	0

Environmental Services Division

Director: Josh Blauvelt, BS

Pollution Control Program:

The Pollution Control Program continues to review plans and issue construction permits for onsite sewage systems. That includes staff involvement in preconstruction activities, such as attending 98 soil investigations for new home sites and existing homes in need of an onsite sewage system upgrade. Pollution Control Program staff in 2025 helped guide and educate property owners on the permitting process and requirements for onsite sewage systems while communicating and collaborating with the other professionals – home builders, soil scientists, designers, installers, etc. – involved with the project. Plan reviewers, after receiving onsite sewage system design plans, provided timely review responses and worked to issue a total of 121 onsite sewage system construction permits in 2025.

The Pollution Control Program also continued to provide maintenance inspections to all properties that are members of the Allen County Onsite Wastewater Management District (ACOWMD). These properties include onsite sewage systems with additional components requiring diligent maintenance and attention to ensure system longevity, such as systems with pretreatment or permitted discharge systems. All permitted discharge systems within Allen County continue to be subject to the requirements of a National Pollutant Discharge Elimination System (NPDES) permit issued by Indiana Department of Environmental Management (IDEM). The Pollution Control Program continued to receive the submittal of required service and water sample reports from service providers of permitted discharge systems, compiled all data for reporting to IDEM and ensured compliance with established water quality parameters for discharge.

The Pollution Control Program completed 266 routine inspections of public and semi-public swimming pools to ensure compliance with state and local requirements. Staff completed spot checks of swimming pool health and safety compliance, including

Swimming Pools & Spas	2024	2025
Annual Pool/Spa Permits Issued	54	51
Seasonal Pool/Spa Permits Issued	178	169
Pool/Spa – Water Chemistry Tests Conducted	1,495	1,499
Pool/Spa – Inspections	280	266
Pool/Spa – Follow-up Inspections	95	120
Pool/Spa – Complaints Received	10	7
Pool/Spa – Citizen Complaint Inspections Conducted	18	14
Water Bacteriological Sample Reports Received from Permitted Facilities	5,377	5,212

appropriate chemical levels, via 1,499 test strip inspections. During these test strip inspections, the Department of Health required immediate closure of swimming pools in 127 instances due to disinfectant concentrations that were not within proper range. Disinfectant levels that are too low can lead to unsafe bacteria levels in pool water, creating a risk of disease transmission. Disinfectant levels that are too high can cause indoor air quality concerns or chemical irritation to bathers. The Pollution Control Program received and tracked 5,214 required weekly bacteriological water samples from Allen County pools, with a total of 583 samples that were unsatisfactory due to the presence of coliform or a high heterotrophic plate count. Staff provided notification and education to operators of any pool facility that received an unsatisfactory water sample report and offered guidance on next steps to bring the facility into compliance.

Looking forward, the Pollution Control Program is aware of proposed changes to the state of Indiana’s Residential On-Site Sewage Systems Rule that, when made by the Indiana Department of Health, would go into effect July 1, 2026. Changes include requiring onsite installer registration, more established guidance for the permitting of permanent holding tanks and standards for inspection of onsite sewage systems. We look forward to incorporating any needed changes to internal processes to comply with any code changes in 2026.

The Pollution Control Program continues to work as an ally of those who own homes or businesses served by onsite sewage systems to ensure proper installation and maintenance of systems, as well as to support facilities with public and semi-public swimming pools to guarantee safe recreation in our community. The Pollution Control Program, as with all preventive efforts of this department, works toward our mission of protecting the environment and public health of the citizens of Allen County.

**Additional
Pollution Control Data**

Onsite Sewage Systems (OSS)	2024	2025
Pre-Construction Activities Conducted		
Site Soil Assessments Conducted By Third Party Soil Scientists	97	98
Soil Wetness Tests (Initial test)	56	45
Soil Wetness Tests (Retest)	22	9
OSS Plan Reviews Conducted	168	173
Permanent Holding Tank		
Permanent Holding Tanks Permitted or Registered for use	10	27
Permanent Holding Tank Inspections Conducted	18	42
OSS Permitting Activities & Information		
OSS Construction Permits Issued	138	121
Types of OSS Construction Permits Issued:		
<i>Alteration</i>	29	23
<i>Commercial</i>	8	0
<i>New</i>	56	74
<i>Repair</i>	18	8
<i>Replacement</i>	27	16
OSS Inspection Activities		
New OSS Installation Initial Inspections	122	129
New OSS Installation Follow-up Inspections	514	407
Types of OSS Installed:		
<i>Elevated Sand Mound</i>	14	18
<i>Enviro-Septic/Presby/Gravity</i>	12	10
<i>Enviro-Septic/Presby/Pump</i>	16	26
<i>Infiltrator ATL/Gravity</i>	6	7
<i>Infiltrator ATL/Pump</i>	23	14
<i>Permitted Discharge</i>	6	4
<i>Trench/Flood Dose</i>	17	3
<i>Trench/Gravity</i>	18	4
<i>Pressure Trench</i>	0	0

Additional Pollution Control Data

Onsite Sewage Systems	2024	2025
Allen County Onsite Wastewater Management District (ACOWMD)		
ACOWMD Operation Permits Issued (New)	31	9
ACOWMD Operation Permits Renewed	223	76
ACOWMD Inspection Activities		
ACOWMD Inspections (Annual or as Required)	304	86
ACOWMD Follow-up Inspections	17	11
ACOWMD Inspections Assists (represents activities of 2nd inspector on-site)	216	67
Additional Inspection, Complaint & Enforcement Activities		
Inspections of Existing Septic Systems	16	61
Inspections Assists (represents activities of 2nd inspector on-site)	15	35
Sewage Complaint Inspections	36	35
Sewage Complaint Follow-up Inspections	154	132
Dye Tests Conducted (to trace source of sewage)	14	10
Laboratory samples Collected and Tested In-house	100	72
Orders to Correct Failing Systems Issued	14	4
OSS Abandonment Permits Issued	94	47
OSS Abandonment Permit Inspections	85	60
OSS Abandonment Permit Follow-up Inspections	27	17
Improvement Location Permit Reviews	1,914	1,939
Improvement Location Permit Reviews (Hours)	419	425



Environmental Services Pollution Control staff conduct hundreds of inspections every year of onsite sewage systems, working to ensure safety and compliance with state and local guidelines.

Vector Control Program:

The Vector Control Program remains focused on protecting public health by preventing diseases spread by insects and other pests. Using an Integrated Pest Management (IPM) approach, the program emphasizes sanitation, preventing pest access and careful use of low-risk pesticides when warranted. The program utilizes the Allen County Public Health Hazards Ordinance to address environmental conditions that can contribute to pest problems to reduce the risk of disease transmission.

The Vector Control Program spent a substantial amount of time addressing mosquitoes, as an increase in West Nile virus transmission was seen locally and across Indiana. We received 81 citizen complaints about mosquitoes; that is 53 fewer complaints from 2024, when heavier rainfall occurred in spring and summer.

The Vector Control Program spent a substantial amount of time addressing mosquitoes, as Allen County experienced drought conditions through most of the year, leading to an increase in West Nile virus transmission through the summer months locally and across Indiana. In years of drought, the mosquito population tends to decrease with less standing water, which means fewer breeding opportunities for mosquitoes and fewer complaints about mosquitoes. The Department received 81 citizen complaints of mosquitoes, which is 53 fewer complaints from 2024 when we received heavier rainfall in the Spring and Summer. In years of drought, there is a likelihood of increased West Nile virus transmission.

Vector Control Program staff performed Gravid trap testing for mosquitoes at 169 sites throughout the county, with 51 samples testing positive for West Nile virus – a 30% positivity rate. While West Nile virus transmission was high across the state, Vector Control Program staff regularly inspected the nearly 300 permanent breeding sites in Allen County and treated for mosquitoes at those sites as needed. Staff also performed half mile surveys of every positive West Nile virus site, searching for any bodies of water that could contribute to mosquito breeding in hopes of mitigating disease transmission. In Allen County, there were fewer than five cases of West Nile virus reported.

Staff remained busy addressing mosquitoes, rats and other environmental issues this year and continued to expand public education efforts. One of the areas staff wanted to focus on was the prevention of tick-borne diseases. To alert people enjoying outdoor activities, staff acquired tick awareness signs from the Centers for Disease Control and Prevention (CDC), reminding people to wear repellent, check for ticks daily, shower soon after being outdoors and contact a doctor if a fever or rash develops. Twenty-eight signs across City of Fort Wayne parks were installed, and we delivered another 13 signs to Allen County parks, where signage was posted at trail heads. In addition, tick identification cards were given to the county and city parks for distribution to citizens who visited the areas.

Staff worked to provide the public with accurate information about vectors – organisms such as insects or rats that can spread disease – and also spent time in classrooms in 2025 educating students on the Vector Control Program. Miranda Louthan, assistant director of the Vector and Healthy Homes programs, presented to approximately 120 Biology, Environmental Science and Chemistry students at the



University of Saint Francis on the Vector Control Program’s role in protecting public health. The presentation also gave students a glimpse into what a career in environmental health might look like. Environmental health specialists Jeremy Grubaugh and Michelle Glim spoke to science students at New Haven High School about vectors and how we work to mitigate disease transmission and protect public health.

As we progress into 2026, we will continue to emphasize educating the public about our environment and the role everyone must play in creating a healthy environment where everyone can thrive.

Vector Control Data

Environmental & Housing Complaint & Enforcement Activities	2024	2025
ALL COMPLAINTS RECEIVED		
(top section is totals overall, then each section below is specific to topic)		
Citizen & Other Complaints Received	501	503
Total Initial Complaint Inspections (Citizen Complaints, Referral Complaints and Violations Observed)	482	476
Total Follow-Up Inspections Conducted	973	966
Code Violation Referrals from other City/County Departments for follow-up	31	15
Legal Enforcement Notifications Provided to Property Owners/Occupants	136	124
Code Violations Corrected ¹	118	94
Percentage of Violations Corrected	87%	79%
Fines Issued	0	0
Ordinance Violation Hearings	0	0
INDOOR AIR		
Indoor Air Complaint Inspections Conducted (Mold, Noxious Odor)	97	137
Indoor Air Complaint Follow-Up Inspections Conducted	133	215
Legal Enforcement Notifications Provided to Property Owners/Occupants	18	27
Smoking Complaint Inspections	2	1
Smoking Complaint Follow-Up Inspections	1	0
Radon Test Kits Provided	3	54
Radon Test Kit Results	0	0
Total Number Radon Results \geq 4 pC/L	0	0
Percentage Radon Results \geq 4 pC/L	0%	0%
PUBLIC HEALTH PESTS		
Bed Bug Inspections Conducted	35	52
Bed Bug Follow-Up Inspections Conducted	66	91
Legal Enforcement Notifications Provided to Property Owners/Occupants	6	3
Cockroach & Flea Inspections Conducted	69	55
Cockroach & Flea Follow-Up Inspections Conducted	229	135
Legal Enforcement Notifications Provided to Property Owners/Occupants	17	3
METHAMPHETAMINE LABS		
Occurrence Reports Received	0	0
Abatement Orders Issued	0	0
Follow-Up Inspections Conducted to Ensure Structure is Not Occupied	0	0

¹Some violation cases still active

**Additional
Vector Control Data**

Environmental & Housing Complaint & Enforcement Activities	2024	2025
<i>RAILROAD CAMP CARS</i>		
Inspections Conducted	0	0
<i>DISCARDED REFRIGERATORS/FREEZERS</i>		
Inspections Conducted	2	0
Follow-Up Inspections Conducted	4	2
Legal Enforcement Notifications Provided to Property Owners/Occupants	2	0
<i>DISCARDED TIRES</i>		
Inspections Conducted	28	12
Follow-Up Inspections Conducted	55	37
Legal Enforcement Notifications Provided to Property Owners/Occupants	15	6
<i>OPEN BURNING</i>		
Inspections Conducted	4	2
Follow-Up Inspections Conducted	3	0
Legal Enforcement Notifications Provided to Property Owners/Occupants	0	0
<i>SMALL SPILLS</i>		
Inspections Conducted	3	1
Follow-Up Inspections Conducted	0	0
Legal Enforcement Notifications Provided to Property Owners/Occupants	0	0
<i>TRASH & DEBRIS</i>		
Inspections Conducted	56	61
Follow-Up Inspections Conducted	129	132
Legal Enforcement Notifications Provided to Property Owners/Occupants	31	12
<i>UNMAINTAINED SWIMMING POOLS</i>		
Inspections Conducted	34	32
Follow-Up Inspections Conducted	96	75
Legal Enforcement Notifications Provided to Property Owners/Occupants	15	8
<i>UNSANITARY CONDITIONS</i>		
Inspections Conducted	137	129
Follow-Up Inspections Conducted	235	251
Legal Enforcement Notifications Provided to Property Owners/Occupants	18	12
<i>OTHER</i>		
Inspections Conducted	15	29
Follow-Up Inspections Conducted	16	28
Legal Enforcement Notifications Provided to Property Owners/Occupants	0	0

**Additional
Vector Control Data**

Rodent Control Activities	2024	2025
Citizen Complaints Received	241	210
Citizen Complaint Inspections	210	193
Bait Used to Assist with eradication (pieces)	856	506
Door Hangers Placed (to request citizens to make contact if not home at time of visit)	75	55
Citizen Complaint Follow-Up Inspections	720	693
Bait Used to Assist with Eradication (pieces)	1,302	1,111
Door Hangers Placed (to request citizens to make contact if not home at time of visit)	122	113
Locations of Possible Rat Activity Inspected (not received through a complaint)	19	9
Bait Used to Assist with Eradication (pieces)	88	28
Door Hangers Placed (to request citizens to make contact if not home at time of visit)	6	2
Complaint/Issue Referrals from Other City/County Departments	3	2
Referral Locations Inspected	3	2
Bait Used to Assist with Eradication (pieces)	12	0
Door Hangers Placed (to request citizens to make contact if not home at time of visit)	0	1
Referral Location Follow-up Inspections	5	4
Bait Used to Assist with Eradication (pieces)	32	12
Door Hangers Placed (to request citizens to make contact if not home at time of visit)	0	0
Properties Identified with Rats (during any type of inspection)	175	290
Properties Identified with Mice (during any type of inspection)	53	111

Rabies Prevention Activities	2024	2025
Assistance provided to Animal Control Agencies (Instances)	0	0
Animal Samples Couriered to IDOH Rabies Lab for Testing*	8	0
Rabies-Positive Samples	0	0

**Animals now couriered via service through Indiana Department of Health*

**Additional
Vector Control Data**

Mosquito Control & Prevention Activities	2024	2025
Citizen Complaints Received	134	81
Water Site Inspections (Citizen Complaint Locations, Other Observed Complaint Locations, Permanent Breeding Site Locations, and Referral Locations)	2,104	2,673
Breeding Sites Treated	509	481
Larval Specimens Collected	454	436
New Permanent Breeding Sites Added	10	2
Mosquito Fish Sites	0	0
Mosquito Samples Tested	212	169
West Nile Virus-Positive Samples	27	51
West Nile Virus Positivity Rate	13%	30%
Larvicide Used:		
<i>CocoBear (fl oz)</i>	221	238
<i>Natular (oz)</i>	1,996	2,813
<i>Natular G30 (lbs.)</i>	0	0
<i>Natular XRT, 180-day (# tablets)</i>	17	28

Lodging Establishment Activities	2024	2025
Active Lodging Establishments in Allen County	69	69
Operating Permits Issued ¹	69	72
Probationary Inspections/Permits Issued	5	4
Establishment Inspections	68	69
Establishment Follow-Up Inspections	119	113
100% "A" Grade Issued on Initial Inspection	25	22
Non-100% "A" Grade Issued on Initial Inspection	37	43
"B" Grade Issued on Initial Inspection	4	2
"C" Grade Issued on Initial Inspection	2	2
"F" Grade Issued on Initial Inspection	0	0
Hearings (Potential Closure/Willful Violation)	0	0
Fines Collected	\$620	\$625
Complaints Received	88	115
Complaint Inspections Conducted	88	115
Complaint Follow-Up Inspections Conducted	194	218

¹Change in owner triggers a new permit

Healthy Homes Program:

The Lead and Healthy Homes Program continues to support families and children affected by lead in 2025 in Allen County. Lead is a naturally occurring metal widely present in our environment. Lead – in any amount – is toxic, though it has many different properties that made it desirable to use in products including paint, gasoline, ceramics and batteries. However, lead is especially harmful to vulnerable populations such as infants, young children and pregnant women.

In Allen County, 5,455 children in 2025 were screened for elevated levels of lead in their blood. If a child's blood lead level is elevated, an in-home assessment is then completed to identify hazards and determine how the child is being exposed. The department completed 35 initial home visits to educate families in 2025. Twenty-nine of those children also received developmental assessments from the program's case manager.

Healthy Homes Program staff participated in multiple community events to provide outreach and education. These functions included the Super Shot Back to School event, the 17th Annual Allen County Safety Fair, which was open to the public, and S.A.F.E (Safe Actions for Everyone) – an informational fair for city employees. The Healthy Homes Program was also able to utilize the blood analyzer unit purchased in 2024 to mobilize lead testing at two elementary schools in high-risk ZIP codes. Capillary, or finger-prick, testing was completed, with permission from a parent, for 118 children.

The Healthy Homes Program reconnected with the University of Saint Francis to assist a group of chemistry students with a lead awareness campaign in April. A staff member provided an educational presentation to students at USF's Achatz Hall of Science. They received an overview of the Department of Health, lead hazards, how lead affects children and the services provided to children with elevated lead levels. Department of Health employees then met on campus with students and an assistant professor of chemistry to review historical project information, including maps and door hangers, and a website that had been updated to reflect this year's campaign date and lead testing information. Students then completed a door-to-door education and testing campaign, accompanied by Health



Department staff. Students provided education on the hazards of lead and collected paint samples from houses, with permission from the owner. The Department of Health also offered capillary lead screening using our mobile medical unit/vehicle for those who were interested in having their child tested for lead. In total, 150 addresses were surveyed, 24 residents were provided with information on lead and eight homes were provided with free lead paint testing. It was determined that 88% of the homes tested were found to have lead-based paint.

The Healthy Homes Program will focus on expanding outreach opportunities to the community in 2026. We look forward to supporting families with education and services while working with community providers to expand lead testing opportunities for parents, for their children.

Healthy Homes Program Data

Childhood Lead Screening & Testing Activities	2024	2025
Total Screenings** (Confirmation blood lead testing activities are listed under Clinical Services)	6,272	5,455

Case Management Services Provided	2024	2025
Number of Capillary Test Results (Initial) Requiring Follow-Up**	336	193
Number of Venous Blood Lead Test Results (Initial) Requiring Follow-Up**	71	35
Number of Children Receiving Lead Education via an Initial Home Visit	43	35
Number of Child Developmental Assessments Completed (Initial & Annual)	34	29

***Data represents activities in our Clinical Services & Case Management Division, as well as activities conducted for children by other medical providers*

Property Environmental Risk Assessments	2024	2025
Risk Assessments Conducted	28	22
Housing Age:		
<i>Pre-1940</i>	19	11
<i>1940-1978</i>	9	11
<i>Post-1978</i>	0	0
Housing Type:		
<i>Private Rental</i>	22	9
<i>Owner-Occupied</i>	5	13
<i>Land Contract/Rent to Own</i>	1	0
<i>Section 8</i>	0	0
Number of Lead Hazards Noted:		
<i>0 Hazards</i>	0	2
<i>1 - 15 Hazards</i>	13	11
<i>16 - 30 Hazards</i>	4	3
<i>31 or more Hazards</i>	11	6



Lead screening and environmental risk assessments are particularly important in Allen County, where a significant portion of homes were built before 1978 – when lead paint was banned for residential use in the U.S.

HIV/STI Prevention Division

Director: Kathy Thornson

The tremendous work of the HIV/STI Prevention Division team in 2025 is a source of pride. More than 93% of the reported sexually transmitted infections (STI) case investigations were closed following the provision of adequate treatment for the patients. With 4.6% of the total 2025 case investigations still open at this writing, that leaves only 2% of the 2025 investigations closed without adequate treatment able to be confirmed through investigation by the Disease Intervention Specialists.

Another highlight of prevention efforts was effective gonorrhea patient interviewing outcomes. In 2025, the staff attempted contact tracing interviews on 96.13% of the reported gonorrhea cases and were successfully able to interview for a completed rate of 79.28%. The Indiana state completed interview rate for gonorrhea this year was 33.9%, and the attempted interview rate was 58.3%. This demonstrates outstanding prevention efforts from our Allen County team.

Of primary and secondary syphilis case investigations, 100% of the cases were closed with adequate treatment documented. This has significant prevention impact for pregnant syphilis cases, since we know that primary and secondary syphilis are the two stages of syphilis when it is most likely transmitted to a developing baby. There is a 25% risk of syphilis transmission from mother to fetus during the primary syphilis stage, and there is a 50 to 70% chance of transmission to the fetus during the secondary stage of syphilis. To intensify the syphilis challenges in 2025, there was a significant national shortage of long acting Bicillin for most of the year, and it is anticipated to continue until fall of 2026. Long acting Bicillin is the only recommended treatment for pregnant syphilis cases in hopes of preventing congenital syphilis. Therefore, the limited supply was prioritized throughout the year for the pregnant syphilis cases.

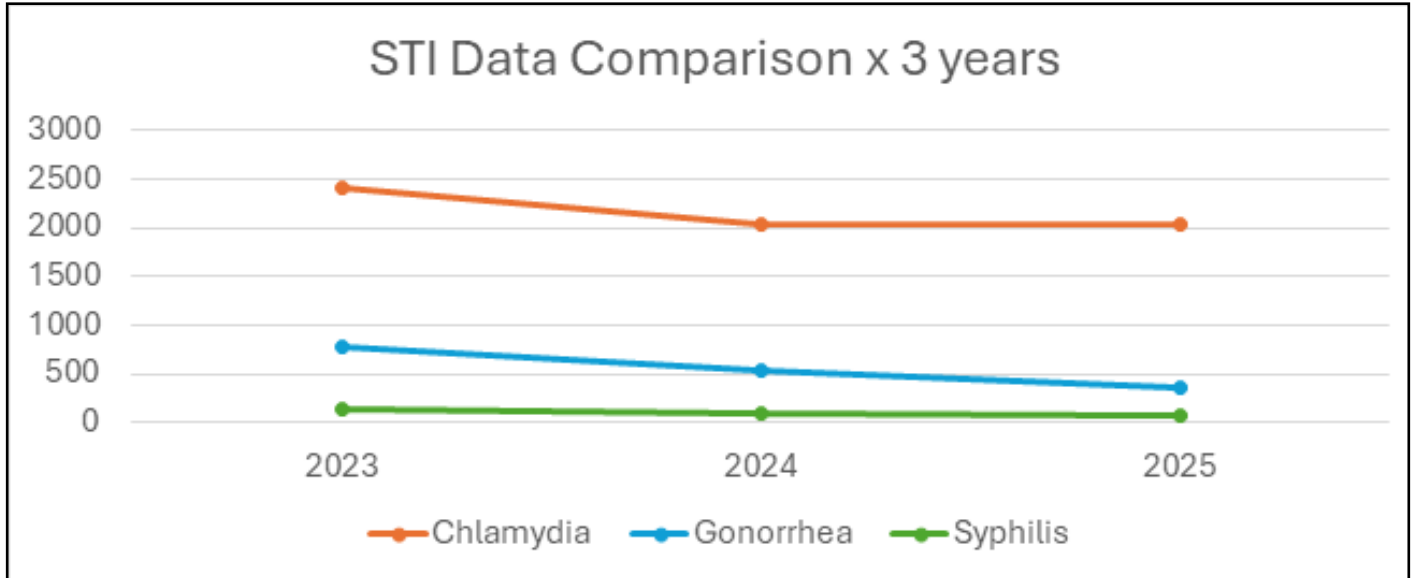
The prevention team undertook a large congenital syphilis prevention education campaign the latter half of the year, creating and distributing congenital syphilis posters and brochures in English and Spanish to 107 OB-GYN providers in 19 agencies such as doctor's offices, hospitals and clinics. The marketing messages were designed for providers and patients to emphasize the importance of three important actions: a.) starting prenatal care and syphilis testing early in the first trimester; b.) repeating syphilis testing at 28 weeks; and c.) syphilis testing at birth. Additional information included how to access assistance from local disease intervention specialists for staging syphilis cases and how to access Bicillin for prompt treatment.

The mission of the HIV/STI Prevention Division is to lessen the spread of HIV and other sexually transmitted infections through intervention and to reduce the complication of these diseases. Prevention activities in 2025 included intervening in disease spread to 2,488 individuals through contact tracing, screening, treatment and providing education in a timely manner. Intervention systems include surveillance, case detection through screening, treatment of known cases, case investigations with follow-up and education. It is this combination of intervention systems that the HIV/STI Prevention team worked diligently throughout 2025 to deliver.

Allen County mirrors national trends, with an overall reduction in STIs. Allen County saw a 7% reduction in reported STIs in 2025. Allen County data, preliminary as of Jan. 21, 2026, is shown in Figures 1.1 and 1.2 on the next page.

HIV/STI Prevention Data

Fig. 1.1*



*Preliminary data, as of Jan. 21, 2026

Fig. 1.2*

	2023	2024	2025	% Change 2024 to 2025
Chlamydia	2,414	2,032	2,036	0%
Gonorrhea	780	540	362	-33%
Early Syphilis	71	50	45	-10%
Late Latent Syphilis	57	41	29	-29%
HIV	42	16	16	0%
TOTAL	3,364	2,679	2,488	-7%

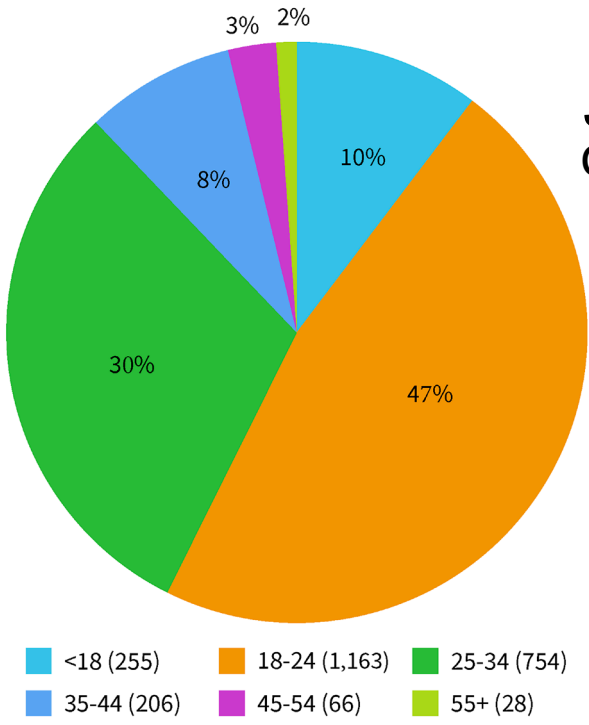
*Preliminary data, as of Jan. 21, 2026

Fig. 1.3*

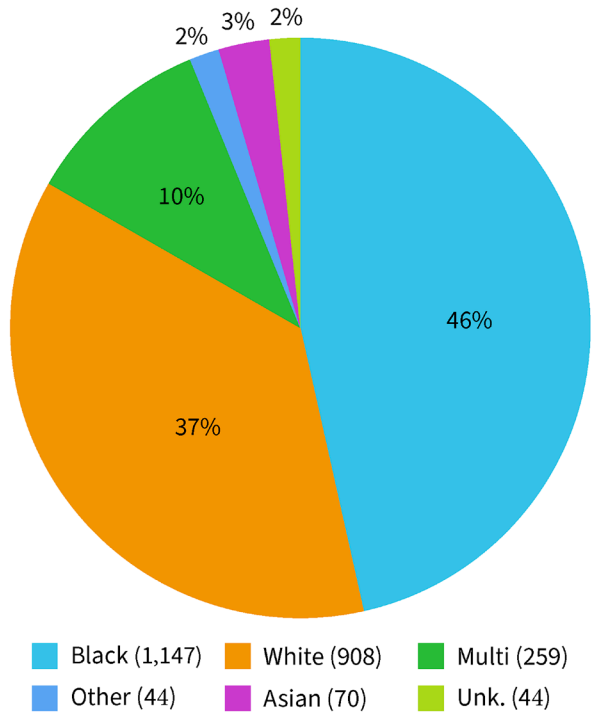
Disease Rates per 100,000 population	National Rate (2024)	Indiana Rate (2024)	Allen County Rate (2025)
Chlamydia	445.7	455.1	504.6
Gonorrhea	159.8	124.2	89.7
Primary & Secondary Syphilis	12.2	8.8	2.2
All Adult Syphilis	55.9	33.5	18.3
HIV/AIDS	10.5	9.4	4

*Preliminary data, as of Jan. 21, 2026

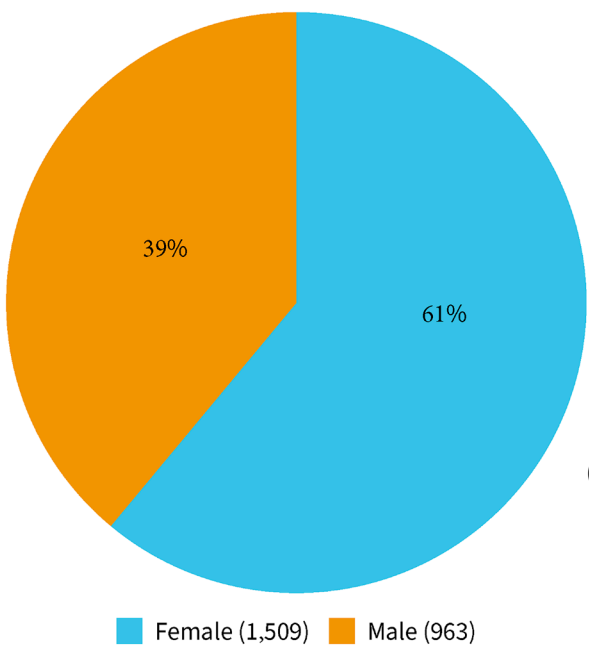
**STI Data
by Age, Race & Gender**



STI Age Group - n = 2,472
Gonorrhea, Chlamydia & Syphilis Cases*
*Preliminary data, as of Jan. 21, 2026



STI Race - n = 2,472
Gonorrhea, Chlamydia & Syphilis Cases*
*Preliminary data, as of Jan. 21, 2026



STI Gender - n = 2,472
Gonorrhea, Chlamydia & Syphilis Cases*
*Preliminary data, as of Jan. 21, 2026

Community Outreach:

Prevention education and regularly scheduled community outreach testing sites were provided by the HIV/STI Prevention team in 2025 in collaboration with community partners:

<i>Allen County Community Corrections (ACCC)</i>
<i>ACCC Residential Facility</i>
<i>Allen County Jail</i>
<i>Center for Behavioral Health</i>
<i>Northeast Indiana Positive Resource Connection (PRC)</i>
<i>Allen County Syringe Services Program (SSP)</i>
<i>Walgreens</i>
<i>Department of Health Outreach Mobile Unit Sites</i>
<i>YWCA</i>
<i>National Day of HIV Testing (NDT)</i>

Community Outreach Testing Site Data:

Type of test	Number Tested/Educated	Notes
HIV	450	0 new positive
Hepatitis C/HCV	282	4% positive overall
Gonorrhea/GC	225	12% positive overall, CT/GC
Chlamydia/CT	225	40% positive at youth sites
Syphilis/RPR	85	5% positivity overall
Educate-Only Interactions	2,387	
TOTAL	3,654	

In addition to the community outreach sites listed above, staff responded to education and testing specialty requests throughout the year. These types of outreach events in 2025 included Cinderella Dress Day, National Black HIV/AIDS Awareness Day, The Perinatal Symposium, the Purdue University Fort Wayne Well-Being Summit, Indiana Tech's Walk a Mile in Her Shoes event and Indiana Tech Health Education: Covering Your Bases.

In 2026, the HIV/STI Prevention Division will continue to support the mission and vision of the Allen County Department of Health, striving to promote the health, safety and well-being of all residents.

Preventing disease and promoting health is our specialty.

Informatics Division

Director: Jana Sanders, M. En.

The Informatics Division continued supporting and developing department technology and equipment needs in 2025, and it also helped oversee multiple IT projects as well as four interns and their research. Division staff also attended fatality review meetings and created promotional materials designed to save lives.

IT projects included moving local networked personal drives to the cloud-based Microsoft One Drive, organizing a pilot group of individuals to test the impacts of upcoming email changes for employees and keeping staff updated on ever-changing enterprise technology requirements.

When the Allen County Drug and Alcohol Consortium (DAC) announced in March that it would no longer coordinate the Allen County Overdose Fatality Review (OFR) Team because of federal funding cuts, the Allen County Department of Health took the lead, agreeing to handle meetings and data gathering. The change was seamless, as the department already was heavily involved. To assist, Tanya McKinney was hired as a part-time, contractual resource to coordinate and facilitate OFR and Suicide Fatality Review (SFR) team meetings. This allowed for minimal disruption to the OFR team during the transition.

The OFR Team reviewed 33 cases in 2025, resulting in several recommendations to help prevent future overdose deaths in Allen County. Among the prominent recommendations:

- Implement “Handle with Care” programming in Allen County schools
- Increase trauma-informed care training for medical providers
- Social workers in schools and hospital settings
- Education of providers on physical ailments as potential signs of substance use
- Justice involvement, possibly presenting unique opportunities for interventions
- Education on the significance of alcohol use
- Hospitals keeping first-draw blood samples of individuals suspected of a drug overdose until the individual is released from the hospital for later use, as needed

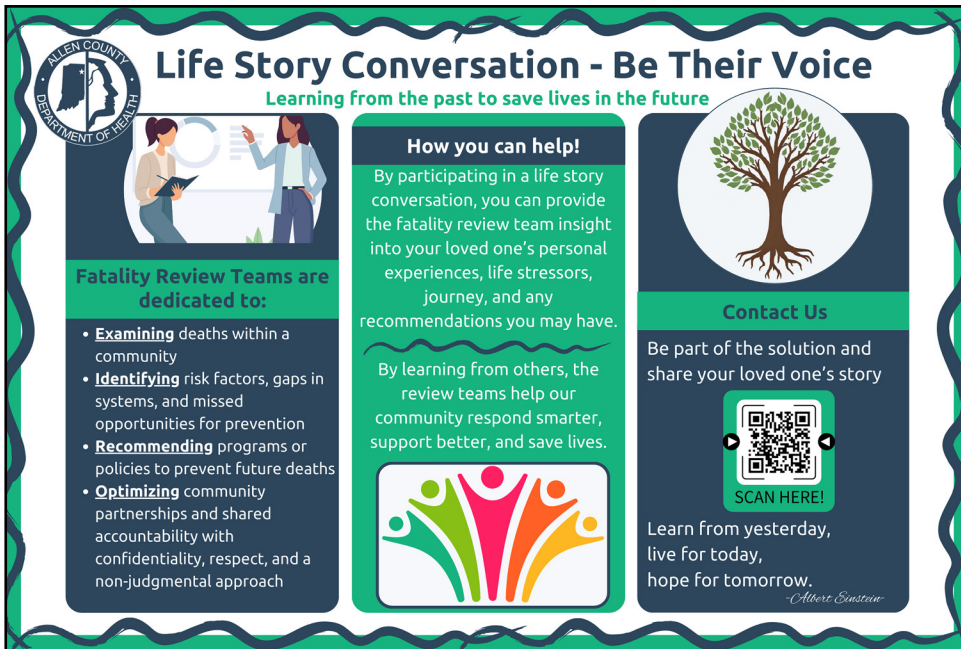
In February, division Director Jana Sanders and Harm Reduction Medical Assistant Darlene Miller joined two OFR members to attend the 2025 National Forum on OFR, hosted by Comprehensive Opioid Stimulant and Substance Use Program (COSSUP), Bureau of Justice Assistance U.S. Department of Justice (BJA) and Institute for Intergovernmental Research (IIR) OFR. The forum brought together more than 350 OFR teams to learn and work toward local program improvement.



Jana Sanders, left, and Darlene Miller, fourth from left, with colleagues at the National Forum on OFR in Portland, Oregon, in February.

The forum rekindled a desire to undertake “next of kin” interviews to understand local fatalities from a familial perspective and better grasp the circumstances of situations not easily outlined in medical records. The valuable insight family and friends share about the life and

experiences of a loved one adds context the review team may not otherwise have, allowing for better and well-rounded recommendations.



The Department of Health created a Life Story campaign including a poster, brochure and an online survey to connect with family members and loved ones of those lost to overdose or suicide. A web-based form allows loved ones to reach out when they are ready to talk. Brochures were given away at the American Foundation for Suicide Prevention Out of Darkness Walk in September, where nearly 1,300 participants were registered.

The Allen County Suicide Fatality Review (SFR) Team continued to meet monthly and reviewed 31 cases over the year. Meetings lead to connections between community partners, such as the Allen County Coroner's Office working later with the Fort Wayne Parks and Recreation Department for a presentation at the Community Center.

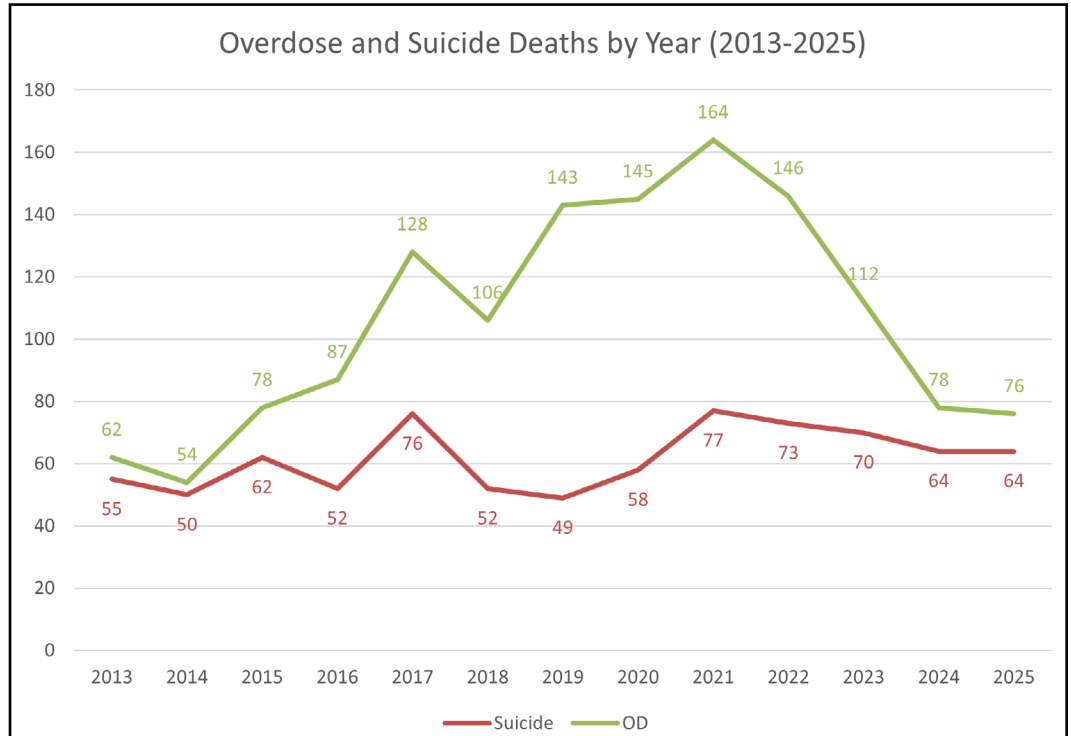
Many recommendations from the suicide fatality review team focused on connectiveness, centering on peer support. For example, future use of a universal medical record and a universal release of information for patients as well as collaborative care or health navigation specialists/peers between primary care providers, specialty providers and mental health providers could help ease the burden of navigating a complex health system. The team also felt increasing trauma-informed care for medical providers as well as increasing Question, Persuade and Refer (QPR) and Adverse Childhood Experiences (ACES) training for medical professionals would help connect physical and emotional pain and how the two interact to impact mental health. The team also highlighted increasing awareness and educational materials – such as therapy or resources found on mantherapy.org – to normalize mental health help and destigmatize perceived shame and negative opinions of men seeking mental health resources, especially those who have been victims of sexual assault. A key takeaway: Mental health professionals should include family members in decision-making for mental health recommendations as well as ensuring medication stops are done responsibly, such as moving carefully to a smaller dose and not abruptly ending the medication. High risk patients should also be provided options for seeing providers, especially during holidays or times of low staffing. School Resource Officers (SRO) were frequently seen as a trusted adult, indicating the significant and important role these officers play in their students' lives.

The team frequently found itself asking if resources were provided to family and loved ones of individuals who died by suicide, reiterating the important need for a Local Outreach to Suicide Survivors (L.O.S.S.) Team to reach out to and facilitate the healing of families and loved ones to prevent future deaths by suicide.

The team concluded that completing a psychological autopsy on all suicide and overdose deaths would provide valuable insight into the circumstances that lead to the death.

At the time of publication, Allen County had 64 deaths by suicide occur within the county in 2025, with two to three suspected suicide investigations still pending. Of those: 55 were Allen County residents; four were not Allen County residents but their injury and death occurred in Allen County; and five were not Allen County residents and their injury occurred in another county, but they were transferred to a trauma center in Allen County, where they eventually died.

When reviewing the demographics of the 64 individuals who died by suicide in Allen County in 2025, it was observed that white, non-Hispanic, non-veteran males with a median age of 46 years best described most of the individuals. Ages ranged from 17 to 98 years old. The median age of individuals increased 11.5 years from the 2024 median age.



*Data available at time of publication. Pending cases and/or investigations may lead to changes in 2025 data.

When comparing 2024 to 2025, the age category of 15-24 saw a 53% decrease in the number of individuals that died by suicide in 2025 than in 2024. In contrast, the 84-year-old and greater age category saw a 300% increase and the 45-54 age category saw an 87.5% increase. It is important to note both years represent a snapshot in time, which can produce unstable numbers but is still important data when looking at potential intervention points.

When looking at how individuals died by suicide, 77% of males died by gunshot wound as the primary means. Gunshot was the primary means across all races in men. In 2025, gunshot wound was also the leading method for females with 42% using a gun, followed closely by overdose (33%), and women died by asphyxia 17% of the time in 2025.

In 2025, 17% of individuals who died by suicide were veterans. This was more than a twofold increase from 2024 statistics in which veterans accounted for only 8% of suicide deaths. Seventy-three percent (73%) of the veterans who died by suicide were 65 or older. Gunshots accounted for 91% of method of injuries in veterans. Although a small number of individuals, the percentage of Hispanic individuals who died by suicide increased for a second year in a row.

Special thanks to Indiana University School of Medicine fourth-year medical student Jeff Guo for the data analysis of 2025 deaths by suicide.

Deaths by Suicide		2023	2024	2025*
	Total	70	64	64
Gender				
	<i>Male</i>	53	48	52
	<i>Female</i>	17	16	12
Race				
	<i>White</i>	60	56	51
	<i>Black/African American</i>	7	6	11
	<i>Asian</i>	3	2	2
Ethnicity				
	<i>Hispanic</i>	2	4	6
	<i>Non-Hispanic</i>	62	60	58
Veteran Status				
	<i>Veteran</i>	6	5	11
	<i>Non-Veteran</i>	64	59	53
Age				
	<i>Min.</i>	15	12	17
	<i>Max.</i>	86	86	98
	<i>Average</i>	42.8	39	46.8
	<i>Median</i>	37.5	34.5	46
Age Category				
	<i><15</i>	0	2	0
	<i>15-24</i>	12	15	7
	<i>25-34</i>	18	15	12
	<i>35-44</i>	10	10	12
	<i>45-54</i>	12	8	15
	<i>55-64</i>	5	6	4
	<i>65-74</i>	10	5	7
	<i>75-84</i>	2	2	3
	<i>>84</i>	1	1	4
Month of Death				
	<i>January</i>	6	5	11
	<i>February</i>	8	3	5
	<i>March</i>	3	4	8
	<i>April</i>	8	5	4
	<i>May</i>	8	5	11
	<i>June</i>	8	6	4
	<i>July</i>	4	4	3
	<i>August</i>	6	6	4
	<i>September</i>	4	10	4
	<i>October</i>	9	6	2
	<i>November</i>	3	3	7
	<i>December</i>	3	7	1

*Data available at time of publication.

The division continued activities supporting the Health First Allen County (HFAC) grant program. Work occurred toward the department's three internal local Key Performance Indicators (KPIs). Areas of focus for increased services and education included child and adult immunizations, childhood lead testing and early syphilis testing and treatment during pregnancy. One-page documents were created showing the early outcomes of the education and outreach with various medical providers throughout the year.



Bivens



Garwood

In the spring semester of 2025 (January-April), the Informatics Division hosted two Indiana University candidates for master's degrees in public health (MPH) as interns: Mallory Bivens and Jackson Garwood. Mallory and Jackson participated in the "Point in Time Count" at The Rescue Mission, helping hand out hygiene kits, socks, book bags and providing vaccines to the unhoused population.

Information Systems and Special Projects Coordinator Danielle Alger worked with Jackson and the HIV/STI Prevention Division to create a congenital syphilis

poster for providers, reminding them of the importance of testing for syphilis in the first, second and third trimester to ensure adequate treatment is completed at least 30 days before birth. This led to the creation of congenital syphilis brochures for clients in English and Spanish, promoting the importance of testing early and frequently for syphilis during pregnancy so any infection can be appropriately treated before their birth of the child to prevent congenital syphilis.

Jackson also conducted a deep dive into Allen County infant mortality data in 2023 and 2024. Jackson found that of the 107 infants in his study, 32% did not have enough prenatal care. Fifty-four percent (54%) of babies were 30 weeks or less gestation at the time of their birth. Jackson performed a sub-analysis of babies that lived fewer than 29 days and babies that lived 29 or more days before their death. Most of the babies that lived fewer than 29 days died because of a congenital disorder or birth defect. After additional data analysis, results showed unsafe sleeping conditions as the most significant causal impact for babies that were 29 days or older dying before their first birthday. This suggests that educational opportunities exist to inform people about safe sleep and the importance of not co-sleeping with an infant due to potential suffocation risks. Suffocation risks also exist with blankets, pillows and toys sharing sleeping space with an infant.

Infant mortality impacts all races, though there seems to be disproportionate representation of Black individuals in the babies that were 29 or more days old, with 42% of the babies being Black, compared to 21% of the babies fewer than 29 days old being Black. Per the 2024 Census estimate, 12% of Allen County residents are Black. This suggests opportunities exist to ensure resources are available.

Allen County Department of Health

Congenital Syphilis

Protecting your baby and you

You should get tested 3 times during your pregnancy:

- 1** At your first doctor's visit or as soon as possible during your pregnancy
 - Even if you've been tested for syphilis in the past, you should be tested when you become pregnant.
 - If you have syphilis, your sex partners need to be tested and treated too, or you might get it again.
- 2** During your third trimester (or 3 months before your due date)
 - It is possible to get syphilis later in pregnancy or again, so you should get tested a second time when you're around 28 weeks pregnant.
- 3** At the hospital when you have your baby
 - It is possible to get syphilis later in pregnancy or again, so testing at delivery is very important.

Syphilis can be cured with the right medicine

If not treated, syphilis can pass from mother to baby.

This is called congenital syphilis

Protect Your Baby!

Congenital Syphilis cases have more than tripled in the U.S. during recent years, with more than 3,800 cases reported in 2023 alone. This is the highest number reported in one year since 1994.

According to the CDC, 9 out of 10 cases of Congenital Syphilis could have been prevented with proper testing and treatment.

40% of cases involved mothers who did not receive prenatal care.

The Allen County Department of Health can test and provide treatment. Prompt treatment of syphilis is critical to both mom and baby's health!

By appointment only. To schedule an appointment: Call 260.449.7504

Some Material Developed by CDC

Mallory assisted Department Administrator Mindy Waldron with ongoing HFAC grant program duties. Mallory helped coordinate visits with new grantees in 2025 and conducted data analysis and metrics work. Mallory created some how-to guides to help grantees navigate the grant portal for data reporting. In addition, Mallory created a poster about childhood vaccinations that was displayed at the Baby Fair & Family Expo event, where she provided education and handed out incentives related to home safety, safe sleep (provided sleep sacks) and childhood vaccines with other staff members offering vaccinations.

Mallory also conducted data analysis on suicide deaths in 2023 and 2024. She found that although the number of deaths by suicide decreased in 2024 (64) compared to 2023 (69), when looking at the five-year average of suicide deaths, 2024 had more suicide deaths than 2023. More than 70% of individuals who died by suicide in 2023 and 2024 were males. Mallory also observed an increase in the number of deaths between the ages of 10-24, 35-44 and 65-74 in 2024 compared to the five-year average number of deaths for those age groups. Mallory then looked at the ZIP code of residency from 2013-2024 and observed that all ZIP codes in Allen County have been impacted by at least one death by suicide, with 46835 being the code with the most residents having died by suicide during that period.

Mallory and Jackson both graduated with master's degrees in public health in 2026. Congratulations to each. Their work and time is appreciated.

The Informatics Division hosted James Rusher, a rising sophomore at Wabash College, in the summer. He continued analyzing overdose death data for 2024. Allen County had 78 individuals die as a result of an overdose that year. This is the lowest number of overdose deaths since 2015. Most people who died were in the age group 30-39. However, when looking at all the cases, more than 50% of individuals were between the ages of 30 and 49 years of age. Sixty-three percent of the 78 individuals were male, and 73% were white. The 24% Black individuals who died because of a drug overdose was disproportionate to Allen



Rusher

County census data, which shows Black individuals make up only 12% of Allen County residents. Of the 78 individuals, 77% were employed, and 7% were veterans. When looking at medical conditions, 86% of decedents had a known history of substance misuse. Forty-five percent had a mental health history, with 12% having a history of a previously documented overdose. Fentanyl was the cause of death in 67% of decedents, which is a decrease from years

past when it was found in almost 90% of deaths. Cocaine was found in 30% of decedents' toxicology reports and identified as the substance that caused the death. Only 28% of individuals had an opioid antagonist in their system, compared to 43% in 2023. Preliminary numbers for 2025 overdose deaths indicate there were at least 76 overdose deaths in 2025.

Noah Wilder, a second-year Indiana University School of Medicine student, worked with Health Commissioner Dr. Thomas Gutwein and Jana for the Summer Education Research Fellowship (SERF) program. Noah's project, "Overdose Recurrence and Mortality Among Opioid Antagonist Revived Individuals," asked whether there is an increased risk of death by overdose after experiencing a previous visit to an emergency room for an overdose. The study abstract states:

Background: *The opioid epidemic has led to rising overdose deaths nationwide, with Allen County showing above-average opioid prescription rates, which may lead to higher risk of misuse. Previous evidence showed individuals who survive opioid overdoses being at a higher risk for future fatal events. While increases in availability of opioid antagonists have improved overdose survival, long-term risk for*

these individuals remains poorly understood.

Objective: *This study's primary goal is to gain insight into individuals in Allen County who receive an opioid antagonist for an opioid overdose to determine if these individuals have an increased risk of a subsequent fatal overdose. Additionally, the study aims to identify common toxicology results from individuals who had fatal opioid overdoses from 2018-2024.*



Noah Wilder, left, and Allen County Health Commissioner Dr. Thomas Gutwein at the SERF reception in July at the Parkview Mirro Center for Research and Innovation.

Method: *This study was performed by reviewing patient charts from Parkview Health and Lutheran Health Network and the Allen County Coroner's Office from 2018 to 2024. The case group includes individuals who received at least one opioid antagonist and died from opioid overdose between 2018-2024. The control group includes individuals who received at least one opioid antagonist and were alive at the end of 2024.*

Results: *One hundred seventy-four individuals were identified for the case and control group, with roughly half between 25-44 years of age. The case group exhibited more non-fatal overdoses, 235 compared to control group's 203. Additionally, the case group received a statistically significant higher average number of opioid antagonists. Fentanyl was the most common opioid causing fatal overdoses.*

Conclusion: *The addictive potential and tolerance from repeated opioid overdoses leads to individuals more likely to have a subsequent fatal overdose. Health initiatives should prioritize expanding opioid antagonist access to individuals aged 25-44 and specifically target fentanyl, the leading cause of fatal opioid overdoses.*

The outcomes of intern-led research projects are intended to and will help lead future discussions on how to better focus resources and education in Allen County to prevent future deaths from overdose or suicide.

The Informatics Division looks forward to continuing to work with students and fatality review teams, in addition to providing support to department operations with technology, thus supporting the department's mission of promoting the health, safety and well-being of residents in 2026.

Overdose Data

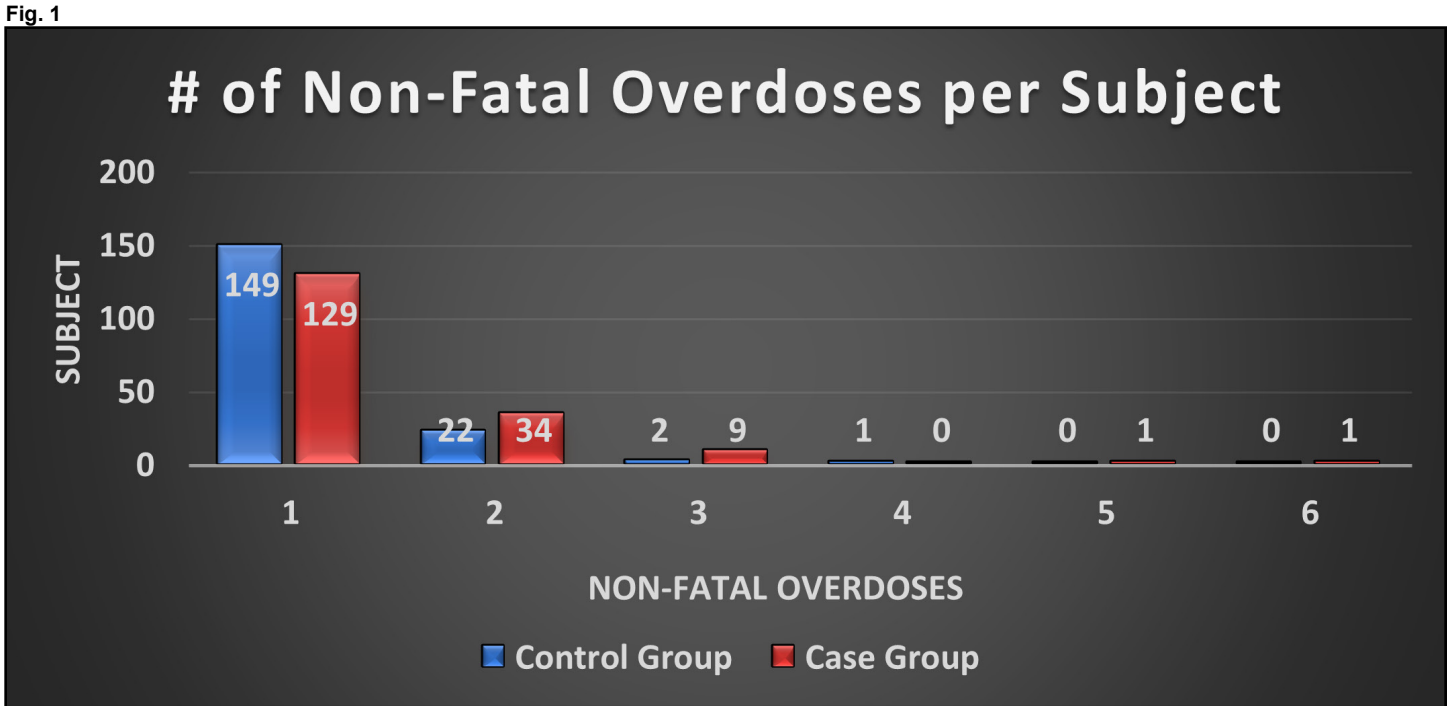


Figure 1 shows the case group having more subjects with more than one non-fatal overdose, while most subjects overall had only one non-fatal overdose. (Noah Wilder/SERF project)

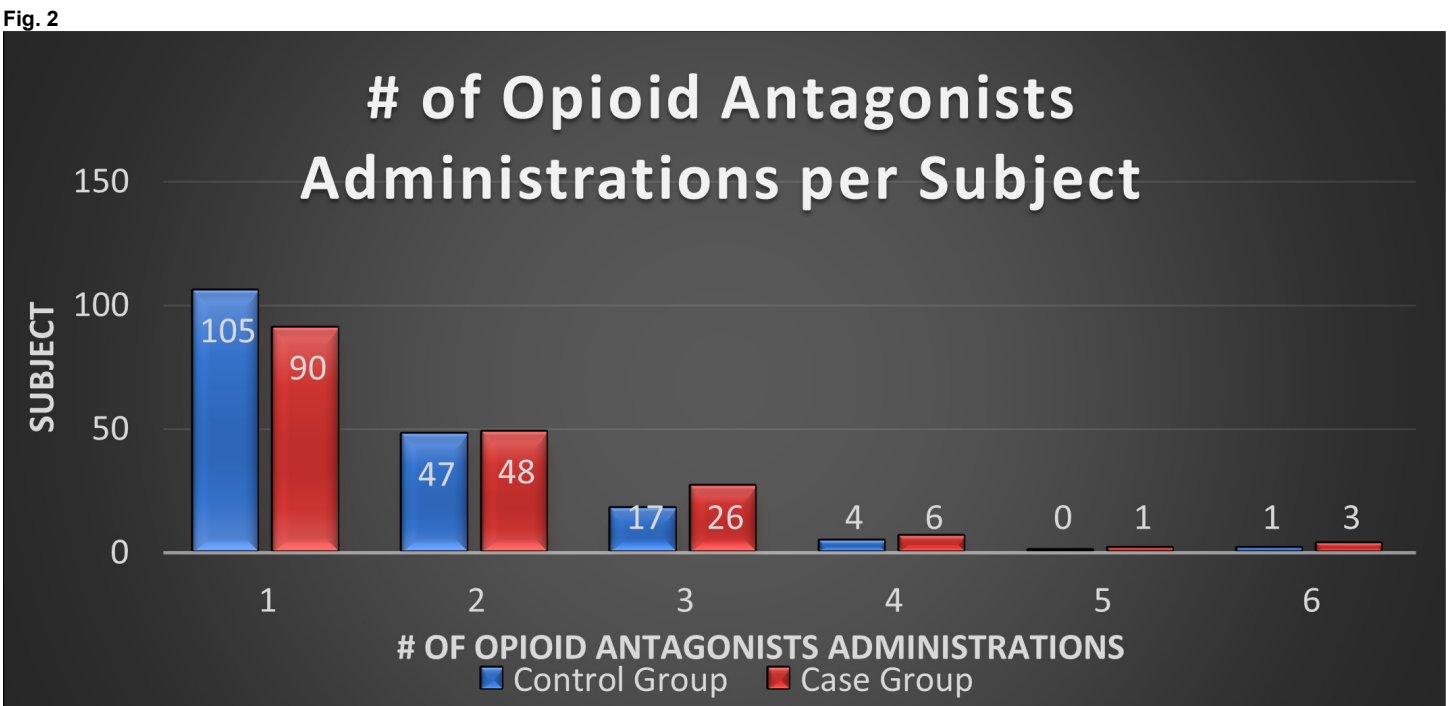


Figure 2 shows more control group subjects received just one opioid antagonist, while the number of case group subjects was higher at every other number of opioid antagonist administrations. (Noah Wilder/SERF project)

Vital Records Division

Director: Kristi Gephart

The Vital Records Division is responsible for registering, issuing and preserving the birth and death events that occurred in Allen County through accurate filing and issuance of records.

Nearly 43,000 documents were issued in 2025. We issue documents in person, via mail and through our online vendor, VitalChek. Along with issuing 20,686 birth certificates and 21,350 death certificates, we updated records with 340 birth notifications, 503 court orders and 267 adoptions.

Vital Records Services	2024	2025
Birth Certificates	19,374	20,686
Death Certificates	22,174	21,350
Paternity Affidavits Upon Marriage	10	7
Paternity Affidavits	261	208
Affidavit of Amendments (Corr. Affidavits)	10	14
Court Order Determining Parentage	322	321
Adoptions	222	267
Legal Name Changes	177	182
Correction by Birth Notification	355	340
Genealogy Requests	11	4

Vital Records also assists parents who wish to

complete paternity affidavits, which allow parents to add the father of a child to a birth record and give the child an agreed-upon last name without going through court if completed within a certain timeline required by Indiana law. In 2025, 215 paternity affidavit appointments were completed in the office with subsequent filing of related documents.

Several staff members attended the Indiana Vital Records Association (IVRA) Spring Conference in Fishers and Warsaw. IVRA is made up of local health department vital records staff across the state, and the association's objective is cooperation, communication and collaboration with regard to developing uniform and standard operating methods in the field of vital records throughout Indiana.

In October, Division Director Kristi Gephart and Assistant Director Courtney Brown attended IVRA's Fall Conference at McCormick's Creek State Park in Spencer, where they participated in continued professional training and testing and also heard updates from the Indiana State Archives and the Indiana Department of Health.

We value accuracy and know how important our data is to public health decision-making, so we initiated a multi-year analysis of birth records to proactively identify and resolve any existing data quality issues. We continued to update processes for smoother customer transactions, updated forms and acceptable identification lists, participated in the Fetal Infant Mortality Review (FIMR) and supplied data to necessary entities to assist with the department's mission of preventing disease, promoting health, protecting the environment and preserving vital records in our community.

We will continue working closely with local agencies, state partners, funeral homes, health care providers, hospitals and nursing homes to accurately and efficiently record, maintain and issue the birth and death records of Allen County.

Vital Records Data - Births

Allen County Births	2022	2023	2024	2025
Location of Birth				
<i>Dupont Hospital</i>	2,476	2,632	2,940	3,048
<i>Lutheran Hospital</i>	1,062	984	912	949
<i>Parkview Randallia Hospital</i>	653	696	987	971
<i>Parkview Regional Medical Center</i>	2,916	2,921	2,848	2,785
<i>St. Joseph Hospital/Lutheran Downtown</i>	0	1	2	1
<i>Holy Family Birthing Center</i>	164	215	233	269
<i>Home/En Route</i>	51	68	66	78
Total Births	7,322	7,517	7,988	8,101
Residency				
<i>Allen County Resident</i>	4,983	4,946	5,144	5,100
<i>Non-Resident</i>	2,339	2,571	2,840	3,001
Born to Married Parents				
<i>Male</i>	2,330	2,443	2,554	2,716
<i>Female</i>	2,321	2,281	2,557	2,624
Born to Non-Married Parents				
<i>Male</i>	1,408	1,461	1,472	1,367
<i>Female</i>	1,263	1,332	1,401	1,394

We offer mail-in and walk-in options for obtaining birth certificates. Those looking for birth records can also order them through VitalChek.



Scan the QR code for information about each option.



Vital Records Data - Deaths

Allen County Deaths	2023	2024	2025
Coroner Cases			
<i>Accident</i>	364	338	378
<i>Homicide</i>	38	45	39
<i>Suicide</i>	70	64	65
<i>Pending</i>	0	0	0
<i>Undetermined</i>	15	7	16
<i>Undetermined SIDS/SUIDS</i>	4	8	4
Natural Causes			
<i>Heart Disease</i>	645	662	773
<i>Cancer</i>	720	723	754
<i>Pneumonia</i>	153	140	169
<i>Diabetes</i>	51	62	55
<i>Cirrhosis</i>	71	85	98
<i>Chronic Obstructive Lung Disease</i>	210	230	213
<i>Premature Infant</i>	20	30	22
<i>HIV/AIDS</i>	5	8	6
<i>Tuberculosis</i>	0	0	1
<i>Influenza</i>	8	11	37
<i>All Other Natural Causes</i>	2,427	2,344	2,374
Location of Death			
<i>Hospital</i>	2,139	2,091	2,340
<i>Stillwater Hospice*</i>	277	304	254
<i>Residence, Nursing Home, Etc.</i>	2,385	2,362	2,406
Total Deaths	4,801	4,757	5,000
Residency			
<i>Allen County Resident</i>	3,390	3,262	3,484
<i>Non-Resident</i>	1,411	1,495	1,516
Gender			
<i>Male</i>	2,519	2,502	2,607
<i>Female</i>	2,282	2,255	2,393
Age			
<i>Fetal Deaths</i>	44	56	59
<i>Under 28 days</i>	34	41	36
<i>29 days to 1 year</i>	19	14	12
<i>1 year to 14 years</i>	17	17	10
<i>15 years to 24 years</i>	65	60	52
<i>25 years to 44 years</i>	234	221	221
<i>45 years to 64 years</i>	922	899	916
<i>65 years to 74 years</i>	1,035	1,112	1,136
<i>75 years to 84 years</i>	1,228	1,180	1,381
<i>85 years and older</i>	1,247	1,213	1,236

**Formerly Visiting Nurse & Hospice*

Finance Division

Director: Jennifer Miller

In 2025, the Finance Division focused on cross-training employees and providing opportunities for staff to apply what was learned. While maintaining all regular duties, the division reviewed processes for efficiency to continue the goal of providing the best possible support for all divisions in the department.

New processes were developed for First Report of Injury (FROI) submittals and placing print orders. The Allen County Human Resources Department (HR) implemented a new electronic portal for submitting FROI documents. Staff were trained in retrieving reports needed for HR, how to submit reports to the portal and entered test cases. A new electronic portal was introduced by Allen County's primary print vendor as well, and staff were trained to use the portal and submit print requisitions. The electronic portals greatly improved the efficiency of reporting employee injuries and ordering print materials for community education and outreach.

The Finance Division continues to support all divisions by managing onboarding of newly hired employees, ordering supplies, processing payroll, handling all travel arrangements and tracking progress on required annual training for all staff. In addition, managing accounts payable, balancing daily monetary receipts and verifying month-end reports from the Allen County Auditor are also several of the primary functions of the division. The Finance Director works with the Department Administrator to develop all required budgets for each funding source and tracks expenditures in various ways for required state and local reporting.

Disbursements	2024	2025
Health Fund (285-73-01)	\$5,829,716.88	\$5,194,188.31
Clinic Donation Fund (289-73-01)	\$0.00	\$0.00
Coroner's Death Certification Fund (715-75-01)	\$54,900.00	\$54,107.50
Health First Indiana (HFI) (287-73-01)	\$3,083,671.83	\$4,719,076.70
IDOH (HIV) Sub Abuse Prev & Treatment Grant (768-73-03)	\$26,258.22	\$0.00
IDOH COVID Supplemental/Imm Grant (883-73-01)	\$106,407.09	\$0.00
IDOH Co Ag Grant (891-73-01)	\$30,223.49	\$0.00
Local Health Maintenance Fund (through IDOH) (286-73-01)	\$23,627.48	\$20,267.65
Onsite Waste Water Management Fund (790-73-20)	\$114,255.36	\$49,707.26
Tobacco Master Plan/Trust Fund (762-73-07)	\$37,300.00	\$28,940.93
TOTAL DISBURSEMENTS (Includes All Disbursements From All Funds)	\$9,306,360.35	\$10,066,288.35

For a full report on Health First Allen County (HFAC), please consult our HFAC Annual Report, which is accessible by scanning the QR code -



DEPARTMENT OF HEALTH REVENUE SOURCES		
TAX REVENUES (285-73-01)	2024	2025
General Property Taxes	\$3,488,471.04	\$3,196,500.84
Excise Taxes	\$207,310.03	\$184,479.37
Financial Institution Taxes	\$16,755.59	\$5,907.13
Commercial Vehicle Taxes	\$18,720.37	\$8,125.18
Taxes TOTAL:	\$3,731,257.03	\$3,395,012.52
PERMIT & DOCUMENT-RELATED FEE REVENUES (285-73-01)	2024	2025
Food & Consumer Protection Permits & Fees	\$867,611.50	\$831,404.50
Lodging Establishment Permits & Fees	\$18,800.00	\$18,562.50
Septic System Permits & Fees	\$38,855.00	\$35,925.00
Swimming Pool/Spa Permits & Fees	\$65,318.75	\$62,786.25
Tattoo & Body Piercing Permits & Fees	\$58,545.00	\$48,262.50
Vital Records Documents*	\$803,606.00	\$815,946.75
Permit-Related Fees TOTAL:	\$1,852,736.25	\$1,812,887.50
*An additional \$55,150 (2024) and \$53,100 (2025) was collected as Vital Records fees, but was allocated to the Coroner's Education Fund per statute – not included in this total.		
MEDICAL-RELATED FEE REVENUES (Self-Pay) (285-73-01)	2024	2025
Client Self-Pay Medical Fees for Clinical Services	\$182,939.03	\$251,806.12
Medical-Related Fees TOTAL:	\$182,939.03	\$251,806.12
MEDICAL REIMBURSEMENTS (285-73-01)	2024	2025
Medicaid/Medicare	\$389,362.19	\$319,694.67
Private Insurance	\$90,643.08	\$107,473.03
COVID-19 Vaccination Admin Fee Insurance Reimbursement (IDOH)	\$74.01	\$0.00
Bridge Access Vaccine Reimbursement Program (IDOH)	\$2,360.00	\$0.00
Refugee Medical Assistance (RMA)	\$31,692.68	\$0.00
Medical Reimbursements TOTAL:	\$514,131.96	\$427,167.70
INTEREST (interest from ALL funds which accrue interest)	2024	2025
Health Fund (285-73-01)	\$250,191.01	\$267,499.05
Local Health Maintenance Fund (286-73-01)	\$1,948.63	\$411.07
Onsite Septic Fund (790-73-20)	\$5,104.03	\$2,119.11
Interest TOTAL:	\$257,243.67	\$270,029.23

DEPARTMENT OF HEALTH REVENUE SOURCES		
MISCELLANEOUS REIMBURSEMENTS & AWARDS (285-73-01)	2024	2025
Corrections by Auditor	\$199.00	\$34.00
JP Morgan Rebate	\$643.16	\$174.74
Sale of Vehicles	\$6,920.00	\$13,080.00
Vendor Refunds and Rebates	\$1,330.27	\$0.00
Insurance Settlements: Damaged Property	\$0.00	\$22,937.14
Misc. Reimbursements	\$10.00	\$25.02
Miscellaneous Reimbursements TOTAL:	\$9,102.43	\$36,250.90
FINE COLLECTION FUND REVENUES (Fine Fund) (849-73-01)	2024	2025
Food Fines	\$2,500.00	\$1,750.00
Lodging Fines	\$445.00	\$625.00
Tattoo Fines	\$1,045.00	\$1,640.00
Fines TOTAL:	\$3,990.00	\$4,015.00
GRANT REVENUES*	2024	2025
IDOH (HIV) Sub Abuse Prev & Treatment Grant (768-73-03) F	\$33,464.08	\$0.00
IDOH Syringe Services Program Grant (863-73-01) F	\$10,143.59	\$0.00
IDOH COVID Supplemental/Imm Grant (883-73-01) F	\$211,182.29	\$0.00
IDOH Lead Poisoning Prevention Grant (285-73-01) F	\$75,888.94	\$0.00
IDOH School CoAg Assistance/ School Health Grant (891-73-01) F	\$495,000.00	\$0.00
Grants TOTAL:	\$825,678.90	\$0.00
F = Federal Pass-Through		
*Each of the revenues and expenditures for the grants above are detailed on the following pages.		
HEALTH FIRST INDIANA (HFI) FUNDS (287-73-01)	2024	2025
Health First Indiana Funds (HFI)	\$4,650,779.69	\$8,988,388.40
JP Morgan Rebate (HFI)	\$0.00	\$753.58
Return of Grant Funds Due to Legislative Changes	\$0.00	\$42,964.62
Health First Funds TOTAL:	\$4,650,779.69	\$9,032,106.60
OTHER FUND REVENUES	2024	2025
Clinic Donation Fund	\$0.00	\$0.00
Onsite Waste Water Management Fund (790-73-20)	\$43,750.00	\$11,000.00
Other Funds TOTAL:	\$43,750.00	\$11,000.00
	2024	2025
TOTAL REVENUE (Includes All Fund Revenues & Grant Revenues Above)	\$12,126,758.96	\$15,293,375.57

Individual Fund Reports

	2024	2025
Health Fund (285-73-01)		
Beginning Balance, January 1	\$4,821,779.66	\$5,608,309.43
Receipts	\$6,366,055.64	\$5,923,124.74
Interest	<u>\$250,191.01</u>	<u>\$267,499.05</u>
	\$11,438,026.31	\$11,798,933.22
Disbursements	<u>-\$5,829,716.88</u>	<u>-\$5,194,188.31</u>
Balance, December 31	\$5,608,309.43	\$6,604,744.91
Allen County Onsite Waste Water Mangement (776-73-01)		
Beginning Balance, January 1	\$2,731.35	\$11.74
Receipts	\$2,500.00	\$0.00
Interest	<u>\$75.77</u>	<u>\$0.00</u>
	\$5,307.12	\$11.74
Disbursements	<u>-\$5,295.38</u>	<u>\$0.00</u>
Balance, December 31	\$11.74	\$11.74
Clinic Donation Fund (289-73-01)		
Beginning Balance, January 1	\$9,707.11	\$9,707.11
Receipts	<u>\$0.00</u>	<u>\$0.00</u>
	\$9,707.11	\$9,707.11
Disbursements	<u>\$0.00</u>	<u>\$0.00</u>
Balance, December 31	\$9,707.11	\$9,707.11
Coroner's Death Certification Fund (715-75-01)		
Beginning Balance, January 1	\$4,797.50	\$5,047.50
Receipts	<u>\$55,150.00</u>	<u>\$53,100.00</u>
	\$59,947.50	\$58,147.50
Disbursements	<u>-\$54,900.00</u>	<u>-\$54,107.50</u>
Balance, December 31	\$5,047.50	\$4,040.00
Fine Collection Fund (849-73-01)		
Beginning Balance, January 1	\$49,481.70	\$53,471.70
Receipts	<u>\$3,990.00</u>	<u>\$4,015.00</u>
	\$53,471.70	\$57,486.70
Disbursements	<u>\$0.00</u>	<u>\$0.00</u>
Balance, December 31	\$53,471.70	\$57,486.70

Individual Fund Reports

	2024	2025
IDOH (HIV) Sub Abuse Prev & Treatment Grant (768-73-03)		
Beginning Balance, January 1	(\$7,205.86)	\$0.00
Receipts	<u>\$33,464.08</u>	<u>\$0.00</u>
	\$26,258.22	\$0.00
Disbursements	<u>-\$26,258.22</u>	<u>\$0.00</u>
Balance, December 31	\$0.00	\$0.00
IDOH Syringe Services Program Grant (863-73-01)		
Beginning Balance, January 1	(\$10,143.59)	\$0.00
Receipts	<u>\$10,143.59</u>	<u>\$0.00</u>
	\$0.00	\$0.00
Disbursements	<u>\$0.00</u>	<u>\$0.00</u>
Balance, December 31	\$0.00	\$0.00
IDOH COVID Supplemental/ Imm Grant (883-73-01)		
Beginning Balance, January 1	(\$104,775.20)	\$0.00
Receipts	<u>\$211,182.29</u>	<u>\$0.00</u>
	\$106,407.09	\$0.00
Disbursements	<u>-\$106,407.09</u>	<u>\$0.00</u>
Balance, December 31	\$0.00	\$0.00
Health First Indiana (HFI) (287-73-01)		
Beginning Balance, January 1	\$0.00	\$1,567,177.86
Receipts	<u>\$4,650,779.69</u>	<u>\$9,032,106.60</u>
	\$4,650,779.69	\$10,599,284.46
Disbursements	<u>-\$3,072,277.06</u>	<u>-\$4,719,076.70</u>
Balance, December 31	\$1,567,177.86	\$5,880,207.76

Individual Fund Reports

	2024	2025
IDOH School CoAg Assistance/School Health Grant (891-73-01)		
Beginning Balance, January 1	\$1,274,597.86	\$1,739,374.37
Receipts	<u>\$495,000.00</u>	<u>\$0.00</u>
	\$1,769,597.86	\$1,739,374.37
Disbursements	<u>-\$30,223.49</u>	<u>\$0.00</u>
Balance, December 31	\$1,739,374.37	\$1,739,374.37
 Local Health Maintenance Fund (through IDOH) (286-73-01)		
Beginning Balance, January 1	\$41,535.74	\$19,856.58
Receipts:		
<i>State Fund</i>	\$0.00	\$0.00
<i>Tobacco Settlement Monies</i>	\$0.00	\$0.00
<i>Interest</i>	\$1,948.63	\$411.07
<i>Food Permit Fees (Transferred)</i>	\$0.00	\$0.00
	\$43,484.37	\$20,267.65
Disbursements	<u>-\$23,627.79</u>	<u>-\$20,267.65</u>
Balance, December 31	\$19,856.58	\$0.00
 Onsite Waste Water Management Fund (790-73-20)		
Beginning Balance, January 1	\$123,507.71	\$58,106.38
Receipts	\$43,750.00	\$11,000.00
Interest	<u>\$5,104.03</u>	<u>\$2,119.11</u>
	\$172,361.74	\$71,225.49
Disbursements	<u>-\$114,255.36</u>	<u>-\$49,707.26</u>
Balance, December 31	\$58,106.38	\$21,518.23
 Tobacco Master Plan/Trust Fund (762-73-07)		
Beginning Balance, January 1	\$66,240.93	\$28,940.93
Receipts	<u>\$0.00</u>	<u>\$0.00</u>
	\$66,240.93	\$28,940.93
Disbursements	<u>-\$37,300.00</u>	<u>-\$28,940.93</u>
Balance, December 31	\$28,940.93	\$0.00

Our Mission

In support of Allen County and its municipalities, the Allen County Department of Health strives to promote the health, safety and well-being of all residents. With guidance from the Indiana Department of Health and support from our many partnering agencies, we endeavor to have a model public health infrastructure that provides professional, responsible, and cost-effective services to the community.

Our Vision

To be a center of excellence for public health by preventing disease, promoting health, protecting the environment and preserving vital records in our community.

Executive Board of Health

The Allen County Department of Health is governed by a nine-member Executive Board. Members are unpaid community volunteers; their backgrounds vary in accordance with Indiana Code. Six members are appointed by the Allen County Board of Commissioners, and one by the Allen County Council. Two are appointed by the Allen County Board of Commissioners, based on recommendations from the cities of Fort Wayne and New Haven.



From top left: Candis Deisler, RN, MHA, BSN; Kristin Woebbecking; Sara Trovinger, Pharm.D.
Seated, from left: James Cameron, MD; William Pond, MD; Patricia Hays, RN; Debra Lambert.
Not pictured: Craig Bolinger, DDS and Steve Schimmele, DDS

**Allen County
Board of Commissioners**

Ronald W. Turpin - District 1
Therese M. Brown - District 2
Richard E. Beck - District 3

**Allen County
Council**

Josh L. Hale - District 1
Thomas A. Harris - District 2
Paul W. Lagemann - District 3
Don A. Wyss - District 4
Robert A. Armstrong - At-Large
Ken Fries - At-Large
Lindsey Hammond - At-Large

To our community partners:

The Allen County Department of Health works with a number of partners to fulfill our mission of promoting the health, safety and well-being of all residents by providing professional, responsive and cost-effective services to the community.

We are grateful to all our valued partners.
Without you, we would not be able to effectively pursue and complete that mission.



Follow Us!





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