



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 January 4, 2010

Event Type: Public Health Emergency

Operational Period: December 23, 2009 through January 6, 2010

Ohio Public Health Situation

Disaster/Hazard/Disease Type:

H1N1

WHO Phase:

6 - Widespread Human Infection

Governor Emergency Proclamation:

Yes, on October 7, 2009

State EOC: OPEN

CAS Level 1

ESF 8: YES

POC:

Number: (419) 564-9192

OEMA Assessment Room: YES

Number: (614) 799-3903

ODH ICS activated: YES IC: Roger Suppes

Number: (614) 752-9871

ODH DOC activated: YES POC: Dan Deskins

Number: (614) 644-3435

World Health Organization:

30 December 2009 -- As of 27 December 2009, worldwide more than 208 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including at least 12220 deaths.

WHO is actively monitoring the progress of the pandemic through frequent consultations with the WHO Regional Offices and member states and through monitoring of multiple sources of data.

In North America, influenza transmission remains widespread but has declined substantially in all countries. In the US, sentinel outpatient ILI activity has returned to the seasonal baseline, and indicators of severity, including hospitalizations, paediatric mortality, and P&I mortality have declined substantially since peaking during late October. Rates of hospitalization among cases aged 5-17 years and 18-49 year far exceeded rates observed during recent influenza seasons, while rates of hospitalizations among cases aged >65 years were far lower than those observed during recent influenza seasons.



The Centers for Disease Control and Prevention:

During the week of December 20-26, 2009, certain key indicators decreased, others increased, and still others remained the same compared to the previous week. Below is a summary of the most recent key indicators:

- Visits to doctors for influenza-like illness (ILI) nationally increased slightly this week over last week. This is the first increase in this indicator after eight consecutive weeks of national decreases. The increase in the percentage of visits to doctors for ILI during this is likely influenced by fewer people going to the doctor for routine health care visits during the holiday season, as has occurred during previous seasons.
- Overall hospitalization rates for this season were unchanged from the previous week in all age groups.
- The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report increased over the previous week and is now back above the epidemic threshold after dipping below it last week for the first time in 11 weeks. (The epidemic threshold is the point at which the observed proportion of deaths attributed to pneumonia or influenza is significantly higher than would be expected at that time of the year in the absence of substantial influenza-related mortality.)
- In addition, four flu-related pediatric deaths were reported this week compared to 9 reported last week: two of these deaths reported this week were associated with laboratory confirmed 2009 H1N1, and two were associated with influenza A viruses that were not subtyped. Since April 2009, CDC has received reports of 289 laboratory-confirmed pediatric deaths: 243 due to 2009 H1N1, 44 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined, and two pediatric deaths that were associated with seasonal influenza viruses. (Laboratory-confirmed deaths are thought to represent an undercount of the actual number.
- Four states are reporting widespread influenza activity; a decline of three states from last week. They are: Delaware, Maine, New Jersey and Virginia.
- Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

Disease Parameters:

The Pandemic strain of H1N1 2009 continues to demonstrate similar characteristics to seasonal influenza. The exception is that people age 65 and older are less likely to become infected. It is believed that immunity in this population is related to exposure to a similar virus in the past, but H1N1, like any influenza infection in the elderly, is likely to lead to more serious illness.

Individuals are encouraged to see their primary physician if they need treatment or if their illness progresses. Illness is initially asymptomatic (showing no evidence of disease);



progressing to body aches, possible fever, tiredness, and decrease in appetite, upper respiratory symptoms and resolution of illness.

ODH is conducting daily surveillance on Hospitals, Outbreaks, and Deaths and reporting them to the CDC by noon Wednesdays.

As of December 14, 2009, ODH approved providers should make the H1N1 vaccine available to all individuals wishing to be vaccinated, while considering to give high risk individuals priority consideration, unless medically contraindicated.

Impact on Individuals:

- All data sources indicated that influenza activity continues to **DECLINE** in Ohio. Influenza Confirmed Hospitalizations by County, reported in the Ohio Disease Reporting System, is 3,109 as of 01/04/10.
- The number of people infected with influenza has stabilized, and surveillance data sources continue to indicate that the intensity of this activity is decreasing. The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus.

Incident Potential:

- Four states are reporting widespread influenza activity; a decline of three states from last week. Four states are reporting widespread influenza activity; a decline of three states from last week. They are: Delaware, Maine, New Jersey and Virginia.
- Ohio's influenza activity level, an indicator of geographic spread, has been downgraded to **"sporadic."**
- Public health surveillance data sources indicate decreasing reports of confirmed influenza-associated hospitalizations and declining levels of influenza-like illness in outpatient settings reported by Ohio's sentinel providers.

Current Status:

- ODH will continue efforts to reach high risk populations.
- The ODH H1N1 Flu combined technical/general information line received **182** calls on **12/29/2009**. Most calls were regarding provider pre-registration questions, as well as providers wanting to zero out their orders. There are also a few callers requesting vaccine locations.
- The vaccine unit continues to report critical information to CDC regarding doses administered and continues to provide weekly updates on vaccine distribution versus vaccine administered data for internal ODH and EMA partners.
- The vaccine unit is processing an allocation of H1N1 vaccine on 12/29/09 for all H1N1 provider groups who have updated their allocation requests since 12/24/09 and for all others who have not received all the doses requested according to the ODH H1N1 Vaccine Application. As of 01/04/10, Ohio is able to order a total of 288,000 doses of vaccine consisting of: 103,600 doses of .5ml PFS; 155,200 doses of multi-dose vials; and 29,200 doses of LAIV. These orders of vaccine should arrive to providers on 1/4/10 – 1/5/10.
- To date 1,348,041 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 3208 out of 4707 as of 01/04/10.



- No schools or child care centers are reported closed today.

Incident Objectives:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering procedures, 2009.
 - a. Continue allocation process and distribution to the general population.
 - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
 - c. Communicate vaccine distribution and expansion to the general population and additional provider types.
2. Provide general information to the public and technical assistance to providers/patient registration.
 - a. Implement communication plan for vaccine to hard-to-reach populations.
 - b. Continue communication to LHDs on need for children <10 years of age to get second dose and remind LHDs of the availability of technology tools (i.e. e-mail notification, reminder/recall notices) to notify parents when to return for this vaccination.
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix).
4. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
5. Distribute PPE to hospitals, upon receipt of requests.
6. Finalize and disseminate allocation plan for SNS ventilators.
7. Evaluate demobilization considerations in accordance with the plan.
8. Begin development of alternative strategies for promoting increasing vaccination of the general public.

Expenditures:

As of 01/4/10, the total procurement cost is \$733,162.14 and payroll cost is 1,051,328.55 for 201 staff. (This reflects staff's time entered into the OSAP/MOSS portal on the ICS 252 electronic forms).

Resources:

As of January 4, 2010, **495** ODH personnel have been mobilized for the ODH H1N1 response. Of those, **125** ODH personnel are currently assigned to work during the 12/23/09-01/06/10 operational period.

Planning Updates:

ODH is working with Ohio EMA to develop a demobilization plan for the state's H1N1 response. This plan will cover the state's efforts and coordination between the Governors office, Ohio EMA and ODH. A basic outline of the plan has been discussed. ODH has a separate demobilization plan for its ICS. This ODH specific plan is expected to be implemented some time next year.



Safety Message for Public:

Dr. Jackson has released a statement to the public regarding long-lines at the various H1N1 vaccination clinics. He stated people should dress appropriately for the weather, carry hand sanitizer and gave the following preventative measures to avoid spreading germs:

- Wash your hands frequently; use alcohol-based hand sanitizers if soap and water are unavailable.
- Cover your coughs and sneezes with tissue, or cough or sneeze into your elbow.
- If you are sick, stay home until free from fever for 24 hours without taking fever-reducing medication.

Weather and Effects:

Snow showers likely throughout the week with accumulations varying from less than one inch to several inches throughout the State. Temperatures range from highs in the low-mid 20's and lows in the teens. Delays in the transportation of vaccines and ancillary supplies are possible.