

OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER



246 North High Street

odhdoc@odh.ohio.gov

Columbus, Ohio 43215

Alvin D. Jackson, M.D./Director of Health

SITUATION REPORT

Report Date: 1100 November 6, 2009

Event Type: Public Health Emergency

Operational Period: November 4 through November 11, 2009

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:

CAS Level 1

ESF 8: YES

POC: Dan Deskins

Number: (419) 564-9192

OEMA Assessment Room

Number: (614) 799-3903

ODH ICS activated: YES

IC: Roger Suppes

Number: (614) 752-9871

ODH DOC activated: YES

POC: Jeff Jones

Number: (614) 644-3435

World Health Organization:

As of 25 October 2009, worldwide there have been more than 440,000 laboratory confirmed cases of pandemic influenza H1N1 2009 and over 5700 deaths reported to World Health Organization (WHO).

As many countries have stopped counting individual cases, particularly of milder illness, the case count is significantly lower than the actual number of cases that have occurred. 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.

The Centers for Disease Control and Prevention:

Forty-eight states are reporting widespread influenza activity at this time. They are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. This many reports of widespread activity are unprecedented during seasonal flu.

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Almost all of the influenza viruses identified so far are 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.

Current Status:

- The ODH received allotments of H1N1 vaccine from CDC on 10/26, 10/27, 10/28 and 10/29 for a total of 389,500 doses of H1N1 vaccine. The allocation order was submitted to CDC for 296 health department and hospital H1N1 providers.
- The Ohio SNS program has received 10,954 cases, or approximately 2,294,040, of varying size N-95 respirators from the CDC SNS program. The vast majority of the respirators are manufactured by Kimberly Clark and a small percentage are Inovel respirators. The program is inventorying the shipment and will begin work on an apportionment formula. Staff is expected to be processing the shipment at the warehouse through today, with minimal staff at the warehouse for Friday and the following week.
- Between Sept. 27 and Oct. 27, the H1N1vaccine site was visited by 232,508 times by 146,224 unique individuals who accessed 2,636,874 page views.
- The ODH H1N1 GENERAL flu information line received 601 calls on 11/5/09. The total number of calls received since the call center started stands at 14,651. The ODH H1N1 TECH Line received 124 calls on 11/4/2009.
- To date, over 367,920 individuals have pre-registered on the ODH H1N1 Vaccine.
- Reported pre-registered providers approved by local health departments is 2,834 out of 5,549 as of November 5,2009
- No schools and no daycares are reported closed today.

Incident Objectives:

1. Order and Report Vaccines in accordance with Vaccine Allocation and Ordering Plan 2009
 - a. Continue Allocation Process to ensure focused distribution to LHD's and Hospitals
 - b. Continue tracking who has been vaccinated by geography and category
 - c. Manage and communicate vaccine distribution
 - d. Modify IT systems, to provide technical assistance to providers and registrants
2. Report to CDC School and Day Care Closings
3. Track the dispense rate (burn rate) of Antivirals & PPE and Report to CDC
4. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration
5. Provide daily surveillance on Hospitalizations & Deaths to Public Affairs–EPI reports to CDC
6. Monitor Medical Surge and Provide HAVBed Reporting to CDC
 - a. OHA to request hospitals provide Surgenet/HA vBed website updates on hospital status

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7. Develop N-95 Guidance to define triggers for release of PPE to county drop sites. Include the ability to define "shortage"
 - a. Guidance complete and out by the start of this operating period
 - b. Define triggers for release of PPE
 - c. Define triggers for Antivirals request to drop sites and retail chain pharmacies
 - d. OHA to obtain hospital plans on use of PPE
 - e. Receipt of Oral Suspension
 - f. Develop a Strategy for Distributing N-95 masks to Hospitals
 - g. Message to hospitals – manage expectations regarding receipt of additional PPE
8. Develop strategy on message addressing Safety of Vaccine and Adverse Events
9. Report identifying intervention or next steps regarding EPI assessments on trends or associations of Hospitalizations and Deaths to identify potential interventions
10. Receive SNS PPE
11. Complete and publish ODH Website Redesign for H1N1
 - a. Pursue getting information out on Location and Timing of Vaccine distribution [Map of Flu clinic locations and timing]
 - b. Obtain static Links to locals with same information
12. Identify and Communicate the process and outcomes related to 1135 Waiver (hosp. waiver on CMS)
13. Develop data sets and critical information
14. Develop communications plan around release of Antivirals to Large Retail Pharmacy Chains

Disease Parameters:

The Pandemic strain of H1N1 2009 continues to demonstrate similar characteristics to seasonal influenza. The exception is the elderly, above 65, demonstrate less severe illness. Some individuals have progressed to extreme 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.

First Tier priority groups for vaccine include:

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age
- Health care and emergency medical services personnel
- Children 6 months through 18 years of age, young adults 19 through 24 years

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- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza

Expenditures:

The total payroll cost as of November 6, 2009 is \$485,174.52 for 151 staff and total procurement cost is \$487,769. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

Impact on Individuals:

- As of 11/6/2009, the influenza confirmed hospitalizations by county are 1,957 individuals.
- To date, 44.1% of those hospitalized are between the ages of 0 and 18 years.

Resources:

As of November 5, 2009, 474 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 247 staff is currently assigned and scheduled.

Planning Updates:

H1N1 MOSS/Portal access to external Local Health Departments has been provided. Also, in an effort to keep essential partners informed of timely H1N1 information, the Ohio Hospital Association, Regional Hospital Coordinators and Local Emergency Management Agencies are being provided read only access to the ODH Situational Awareness Portal.

Incident Potential:

Ohio anticipates continual "widespread" influenza activity over the next month.

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.

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Weather and Effects:

Over the next ten days, Ohio will be experiencing cold temperatures and cold chain management guidance needs to be followed.