



## OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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### SITUATION REPORT

**Report Date:** 1100 November 20, 2009

**Event Type:** Public Health Emergency

**Operational Period:** November 18 through November 25, 2009

#### Ohio Public Health Situation

<b>Disaster/Hazard/Disease Type:</b>	H1N1
<b>WHO Phase:</b>	6 - Widespread Human Infection
<b>Governor Emergency Proclamation:</b>	Yes, on October 7, 2009
<b>State EOC:</b> OPEN	CAS Level 1
<b>ESF 8:</b> YES                      POC:	Number: (419) 564-9192
<b>OEMA Assessment Room:</b> YES	Number: (614) 799-3903
<b>ODH ICS activated:</b> YES      IC: Roger Suppes	Number: (614) 752-9871
<b>ODH DOC activated:</b> YES      POC: Dan Deskins	Number: (614) 644-3435

#### World Health Organization:

In the United States, influenza transmission remains geographically widespread and intense but largely unchanged since the previous reporting week; rates of hospitalizations among persons aged 0-4 years, 5-17 years, and 18-49 years have now exceeded those seen during recent previous influenza seasons.

Concerning the safety of pandemic vaccine, today WHO estimates that around 80 million doses of pandemic vaccine have been distributed and around 65 million people have been vaccinated. Campaigns are using nonadjuvanted inactivated vaccines, adjuvanted inactivated vaccines, and live attenuated vaccines. Although intense monitoring of vaccine safety continues, all data compiled to date indicate that pandemic vaccines match the excellent safety profile of seasonal influenza vaccines.

#### The Centers for Disease Control and Prevention:

Forty-six states are reporting widespread influenza activity at this time. 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.

CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza.

During the 2009-2010 influenza season, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.

The CDC reported that the total H1N1 Vaccine Allocation available as of Nov. 18, is **49.9** million doses (~12.1 million doses of nasal spray and ~37.8 injectable vaccines). As of 11/18/09, CDC has indicated H1N1 vaccine supply continue to increase, however they are still not at the desired level. According to CDC, the gap between demand and supply is narrowing, but in some parts of the country, the gap has not closed yet.

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

### **Impact on Individuals:**

- The confirmed hospital cases of influenza reported in the Ohio Disease Reporting System is 2,661, as of 11/18/09
- To date 41.6% of those hospitalized are between the ages of 0 and 18 years; about 54% are females.



- Influenza activity continues to **DECLINE** in Ohio. Most data sources indicate that the peak was reached during the week of October 18th.

### **Incident Potential:**

- Ohio anticipates continual "widespread" influenza activity over the next month.
- Visits to doctors for influenza-like illness (ILI) nationally decreased this week over last week. This is the second week of national decreases in ILI after four consecutive weeks of sharp increases.

### **Current Status:**

- The GSK vaccine has now been licensed by the FDA. GSK anticipates producing about 7.5 million doses that will be available in late December.
- Doses available for Ohio to order on November 19 are a total of 355,500 doses, down from 434,800 doses last week, in the following presentations: 27,900 in .25 ml prefilled syringes; 32,500 in .5 ml prefilled syringes; 231,000 in multi-dose vials; 64,100 LAIV (mist).
- The tentative plan is to include approved local health district, hospital, OB/GYN, pediatric, family practice, and FQHC providers in the orders that will be placed on November 13. ODH tentatively plans to begin processing orders for pharmacy providers on December 4 or 11. This plan is based on vaccine availability.
- The Tamiflu and Relenza products that CDC is shipping to all states have short or expired expiration dates on them. The Food and Drug Administration (FDA) has approved these drugs for use beyond the expiration dates marked on the items. We have assembled and placed on OPHCS (and will continue to update) documents from FDA which contain the approvals and authorized use of these products.
- Some of our LHD partners are unaware of the FDA extensions and have been communicating that the meds they are receiving are expired. Hard copy of these documents are supplied in the shipment to all locations ODH supplies these federal antiviral medications. These documents may help in communicating this information.
- H1N1 GENERAL flu information line received **386** calls on Wednesday, 11/19/09. The total number of calls received since inception total **18,693** calls. Most of the calls continue to be related to general questions, vaccine availability and clinic locations.
- The ODH H1N1 TECHNICAL flu information line received 140 calls on 11/18/09.
- Calls are being received from older citizens who are upset because they have chronic health problems, but are not eligible yet to receive the vaccine.
- There are issues with Pediatric and Obstetric/Gynecology offices complaining that they received incomplete orders.
- Some LHDs are not informing parents when the second dose of H1N1 should be administered to children; there is also a discrepancy with the waiting time between doses. The CDC is recommending 28 days, but some of the LHDs are telling parents 14 to 21 days.
- As of 11/19/09, over 633,732 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.



- Reported pre-registered providers verified and approved by local health departments are 2,888 out of 5,108 as of November 19, 2009.
- No schools or child care centers are reported closed today.

### **Incident Objectives:**

1. Order and Report Vaccines in accordance with Vaccine Allocation and Ordering Plan 2009.
  - a. Continue Allocation Process and evaluate expanded distribution.
  - b. Develop application for tracking and reporting of who has been vaccinated by geography and category
  - c. Communicate vaccine distribution
  - d. Continue monitoring and reporting and reduce unapproved providers (e.g. Pediatricians, OBGYN's, Family practice, etc.) by 1000 and take action to get them approved as appropriate (in order to direct ship).
2. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration.
3. Report to CDC and/or EOC:
  - a. School and Child Day Care closings
  - b. County reporting of dispense rate (burn rate) of state and federal cache Antivirals & PPE
  - c. Daily surveillance on Hospitalizations and Pediatric Deaths
  - d. Medical Surge and Provide HAVBed
    - (1) OHA to request hospitals provide Surgnet/HavBed website updates on hospital status
    - (2) Reporting on 1135 waivers
    - (3) Hospital reporting of consumption of PPE and antivirals
  - e. Monitor commercial antiviral dispensing from Retail Pharmacy Chains (RPC) for action
  - f. Report call center statistics
  - g. Regional Hospital Coordinators issue weekly report on existing supply of N95 PPE in Regional Caches
  - h. Report on vaccine administered by county, provider and against priority group.
4. Update information on Current Location and Timing of Vaccine distribution. [Map of Flu clinic and county search functions that includes locations and timing]  
Maintain links to locals with same information
5. Ship Antiviral Oral Suspension to RPC
6. Complete Plan (due by 11/20) for Call Center to cover through January 15, 2010 (current contract ends 11/30). Include schedule and requirements for coverage.
7. Monitor the EPI assessments on trends or associations of Hospitalizations and Deaths and identify interventions or next steps as necessary.
8. Develop communications to LHD's on need for children <10 years of age to get second dose and remind LHD's of the availability of technology tools (i.e., e-mail notification, reminder/recall notices) to notify parents when to return for this vaccination.
9. Finalize plan for the distribution of state cache ventilators.



**Expenditures:**

As of November 20, 2009, the total payroll cost is \$720,207.10 for 180 staff and total procurement cost is \$536,708. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

**Resources:**

As of November 19, 2009, 495 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 205 ODH staff is currently assigned and scheduled.

**Planning Updates:**

H1N1 MOSS/Ohio Situational Awareness Portal (OSAP) access (read only access) was provided last week to the Ohio Hospital Association, Regional Hospital Coordinators and Local Emergency Management Agencies in an effort to keep essential partners informed of timely H1N1 information.

The ODH has obtained the capability for all local health departments (LHD) to enter information into the system. We propose notifying LHDs and hospitals that we will limit additional doses beginning with next week's allocation for entities that have not demonstrated progress in entering shot data into the system.

**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-

**Weather and Effects:**

Over the next ten days, the weather forecast will not impede transportation of vaccine and ancillary supplies.