



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 November 30, 2009

Event Type: Public Health Emergency

Operational Period: November 25 through December 2, 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: 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:

Weekly Update, 27 November 2009 -- As of 22 November 2009, worldwide more than 207 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 7820 deaths.

As many countries have stopped counting individual cases, particularly of milder illness, the case count is likely to be 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:

Influenza is unpredictable. Although we are beginning to see some gradual declines in influenza activity, there is still a lot of influenza everywhere. Forty three states are reporting widespread activity, down from 46 states. Even though we saw a little bit of a decrease this week, flu activity across the country is still higher than the peak influenza activity in many



years. Hospitalization rates continue to be highest in younger populations with the highest hospitalization rate reported in children 0-4 years old.

The CDC reported that the total H1N1 Vaccine Allocation available as of 11/24/09, is **59.6** million doses (~23% is nasal spray). As of 11/24/09, CDC has indicated H1N1 vaccine supply continues to increase; more doses are expected for shipment each week. People in priority groups should find vaccine becoming more available to them.

Getting the 2009 H1N1 influenza vaccine is much safer than getting H1N1 influenza. **The best way to prevent getting the 2009 H1N1 flu is by getting the 2009 H1N1 vaccine.** Current vaccine technology works, but we need alternative technologies to meet demand. HHS is investing in new technologies to produce vaccines, including a grant for a new cell-based vaccine manufacturing plant in Holly Springs, NC that should start producing vaccines in the next few years. Existing technologies rely on egg-based vaccine manufacturing, a process that can be unpredictable and time-consuming.

Antiviral medications have been shown to often lessen influenza symptoms and shorten the length of illness but you need a prescription to get the antivirals. Most people do not need antiviral drugs to fully recover from the flu. Antiviral medications are available for persons 1 year of age and older. Ask your health care provider whether you need antiviral medication, especially if you are at higher risk for severe flu complications.

Fevers and aches can be treated with acetaminophen (Tylenol®) or ibuprofen (Advil®, Motrin®, Nuprin®) or nonsteroidal anti-inflammatory drugs (NSAIDs). Children younger than 4 years of age should NOT be given over-the-counter cold medications without first speaking with a health care provider. **Do not give aspirin (acetylsalicylic acid) to children or teenagers who have the flu;** this can cause a rare but serious illness called Reye's syndrome. Check with your healthcare provider or pharmacist for correct, safe use of medications.

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:

- Influenza Confirmed Hospitalizations by County, reported in the Ohio Disease Reporting System is 2,827, as of 11/30/09.
- To date, 40.7% 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.
- According to the CDC, visits to doctors for influenza-like illness (ILI) nationally decreased this week over last week. This is the third week of national decreases in ILI after four consecutive weeks of sharp increases.

Current Status:

- The vaccine unit completed the H1N1 vaccine allocation for 11/25/09. CDC allocated a total of 259,800 doses consisting of 11,700 doses of .25 PFS; 20,900 doses of .5 PFS; 177,800 doses of MDV; and 49,400 doses of nasal spray. The Incident Commander will determine the quantities of vaccine to be sent to enrolled H1N1 vaccine providers.
- The vaccine unit completed the process of allocating doses of H1N1 vaccine to each approved H1N1 vaccine provider who requested more than 100 doses in the following categories on 11/25/09: Internal Medicine, Federally Qualified Health Centers (FQHCs), family physicians, pediatricians and OB-Gyn's. This allocation provided limited vaccine to these providers in order to vaccinate those persons in tier 1 categories. This decision was made by the Incident Commander after review of the available allocation from CDC. Local health departments were allocated vaccine to increase their respective county allocations. A few hospitals were allocated vaccine based on assuring adequate vaccine doses for the highest risk children, especially at Ohio's children's hospitals. One non-children's hospital was allocated a small amount of vaccine to assure that their highest-risk tier one population has vaccine. Doses should be shipped by McKesson on 11/29 or 11/30 and arrive to providers on 11/30 or 12/01. The approximate total allocation will be 60% of product to the private sector providers and 40% to local health departments.
- The vaccine unit did notify all H1N1 providers to remind them that children under age 9 who received dose 1 of the H1N1 vaccine will need a second dose. The vaccine unit will prepare to send these messages again no later than 12/1/09.
- The **ODH H1N1 GENERAL** flu information line received **118** calls on **Wednesday, 11/25/09** and **49** calls on **Friday, 11/27/09**. The total number of calls received since inception total **19,718** calls. Most of the calls continue to be related to general questions, vaccine availability, clinic locations and when the elderly over 64 years of age are allowed to get the vaccine.



- The **ODH H1N1 TECHNICAL** flue information line received **123** calls on **Wednesday, 11/25/2009** and **45** calls on **Friday, 11/27/09**. The calls continue to involve how to register, where can I get the vaccine, system being down, patient pre-registration challenges, pharmacies checking on their status, when will we receive vaccine, when will we receive vaccine, how to get the vaccine inventory into the system.
- As of 11/30/09, over 751,347 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 2,968 out of 4,967 as of November 30, 2009.
- The vaccine unit worked with the OMIS staff last week to define and omit provider duplicate information. Last week, the vaccine unit was able to remove 419 providers of these duplicate files, reducing the number of pre-registered providers to near 5,108. ODH notified local health departments on a process to document additional duplicates. The vaccine unit is working with the OMIS staff to create an additional field in the provider registration section allowing a documentation field. The vaccine unit has created a list of approved and unapproved H1N1 providers that was sorted by county and distributed to each health department on 11/25/09 to begin follow-up with un-approved providers. As a result, the total number of pre-registered providers was reduced this morning from 5108 to 4967 as of this morning. 582 pre-registered providers have been removed as duplicates and deletions thus far.
- No schools or child care centers are reported closed today.

Incident Objectives:

1. Order & report vaccines in accordance with ODH Vaccine Allocation & 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) 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.
 - a. Develop & implement communication plan for vaccine to African American populations
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix).
4. Assure that H1N1 Vaccine Application displays only data for currently scheduled and future clinics.
5. Ship Antiviral Oral Suspension to remaining RPC, as required
6. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
7. Distribute PPE to hospitals, upon receipt of requests.
8. Develop 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.
9. Develop allocation plan for SNS ventilators.



10. Set up and plan for demobilization issues and guidance.

Expenditures:

As of November 30, 2009, the total payroll cost is \$792,856.88 for 192 staff and total procurement cost is \$639,657.14. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

Resources:

As of November 30, 2009, 494 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 195 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-reducing medication.

Weather and Effects:

Temperatures become progressively colder as the week continues with rain and snow showers in the mid to late week day forecast, may cause possible delays in the transportation of vaccine and ancillary supplies.