OHIO DEPARTMENT OF HEALTH
DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 3, 2009 **Event Type:** Public Health Emergency

Operational Period: December 2 through December 9, 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:

2009 H1N1 Influenza Vaccine Supply

2009 H1N1 Vaccine Allocation. Total available as of Nov. 30 is **66.9** million doses.

Influenza Illness and Disease

For the week of November 15-21, 2009, we continue to see gradual declines in influenza activity; however, there is still a lot of influenza everywhere.

- The proportion of outpatient visits for influenza-like illness (ILI) was 4.3% which is above the national baseline of 2.3%. All 10 regions reported ILI above region-specific baseline levels.
- Thirty-two states reported geographically widespread influenza activity, Puerto Rico and 17 states reported regional influenza activity, the District of Columbia and one state reported local influenza activity, and Guam and the U.S. Virgin Islands reported sporadic influenza activity.
- The proportion of deaths attributed to pneumonia and influenza (P&I) was above the epidemic threshold for the eighth consecutive week.

The timing, spread and severity of influenza viruses is uncertain. Outbreaks of influenza may occur in different places at different times and in waves of about 6-12 week time periods. These waves of influenza may occur over a year or so after the emergence of a new influenza virus. The first wave is usually a smaller wave; followed by a larger "peak" wave. Subsequent waves can occur as well. The United States experienced its first wave of 2009 H1N1 pandemic activity in the spring of 2009. At this time, we are experiencing a second wave of 2009 H1N1 activity.

Because the timing and spread of influenza viruses are unpredictable, CDC recommends vaccination with seasonal influenza vaccine and 2009 H1N1 vaccine for those people identified as priority groups for the vaccinations. (See Flu.gov for the recommended priority groups.)

2009 H1N1 Influenza Vaccine Supply & Access

Supplies of vaccine continue to increase. The total available today is almost 6 million more doses than was available the day before Thanksgiving (November 25).

We expect vaccination efforts will increase as we head into December and as supplies continue to increase and reach providers.

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.

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 2,933, as of 12/03/09.
- To date, 40.2% of those hospitalized are between the ages of 0 and 18 years; about 53.5% are females.
- As of 12/03/09, Ohio confirmed influenza hospitalizations by race are as follows: 50.1%-White; 27.2%-African American; 19.1% unknown and 3.6% other.
- College students are at high risk for H1N1 influenza and should be vaccinated against the virus.
- 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 sharply this week over last week with all regions showing declines in ILI. This is the fourth consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. While ILI has declined, visits to doctors for influenza-like illness remain high.

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 10 who received dose 1 of the H1N1 vaccine will need a second dose. The vaccine unit will send out an additional message later today (12/1/09).
- The ODH H1N1 Flu combined **technical/general information line** received **266** calls on **12/2/2009.** The calls continue to involve how to register, where can I get the vaccine, system being slow, patient pre-registration challenges, pharmacies checking on their status, when will we receive vaccine, and how to get the vaccine inventory into the system.
- As of 12/01/09, over 769,596 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 2,983 out of 4,969 as of December 1, 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 4969 as of this morning. The vaccine unit will make additional removals of providers documented as duplicates or deletions later this week. Local health departments will need to properly document these providers accurately.
- 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 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 and implement communication plan for vaccine to African American 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. Assure that H1N1 Vaccine Application displays only data for currently scheduled and future clinics.

5. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
6. Distribute PPE to hospitals, upon receipt of requests.
7. Develop and disseminate allocation plan for SNS ventilators.
8. Complete plan for demobilization issues and guidance.
9. Contact CDC to discuss Ohio's expectations and schedule to making vaccine available to the general public.

Expenditures:

As of December 3, 2009, the total payroll cost is $846, 670.28 for 195 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 December 3, 2009, 494 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 210 ODH staff is currently assigned and scheduled.

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 will be discussed at the Friday 8:00 AM meeting at Ohio EMA on December 4, 2009. ODH has a separate demobilization plan for its ICS. This ODH specific plant 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:

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.