



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 8, 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, 4 December 2009 -- As of 29 November 2009, worldwide more than 207 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including over 8,768 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 Dec 4 is **72.6** million doses.



Influenza Illness and Disease

- 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.
- Twenty-five states reported geographically widespread influenza activity, Seventeen states are reporting regional influenza activity, the District of Columbia, Puerto Rico and six states reported local influenza activity, and Guam, the U.S. Virgin Islands and two states reported sporadic influenza activity.

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).

It is expected that vaccination efforts will increase as we enter 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:

- The influenza activity level reported for Ohio is again widespread. Most surveillance data sources indicate that the peak of the outbreak occurred during the week of October 18th. Since then, influenza activity has been steadily declining.
- Influenza Confirmed Hospitalizations by County, reported in the Ohio Disease Reporting System, is 2,993, as of 12/08/09.
- The report of hospitalizations in the 84 Event Counties range from 1 case to 679 persons. Seven counties reported over 100 persons hospitalized.
- As of 12/08/09, Ohio confirmed influenza hospitalizations by race are as follows: White - 50.4%; African American - 26.8; unknown - 19.2% and other - 3.6%.

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 fifth 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:

- Beginning the week of December 14, individuals in the first tier priority group will continue to be eligible for vaccination, along with other Ohioans who are not in the risk groups.
- The Ohio Department of Health (ODH) will continue efforts to reach high risk populations.
- The vaccine unit completed the H1N1 vaccine allocation for 12/04/09. CDC allocated a total of 372,900 doses consisting of zero doses of .25 PFS; 74,400 doses of .5 PFS; 199,600 doses of MDV; and 98,900 doses of nasal spray. The Incident Commander will determine the quantities of vaccine to be sent to enrolled H1N1 vaccine providers.
- Doses should be shipped by McKesson on 12/6 or 12/7 and arrive to providers on 12/7 or 12/8. The approximate total allocation will be 60% of product to the private sector providers and 40% to local health departments.
- The vaccine unit has notified 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 ODH H1N1 Flu combined **technical/general information line** received **256** calls on **12/7/2009**. Majority of calls related to where and when to get shots.
- Over 840,229 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 3033 out of 4806 as of 12/7/09.
- 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:

The total procurement cost is \$639,657.14 and payroll cost is \$878,616.30 for 197 staff. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

Resources:

As of December 8, 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 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:

Progressively colder temperatures with rain and snow showers in some areas of the state may cause possible delays in the transportation of vaccine and ancillary supplies.