



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 9, 2009

Event Type: Public Health Emergency

Operational Period: December 9 through December 16, 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. 8 is **82.6** million doses (~23.8% are nasal spray vaccines).



Influenza Illness and Disease

- Influenza is unpredictable. Flu activity may continue for several weeks and it's possible that other waves of influenza may occur caused by 2009 H1N1 or regular seasonal flu viruses.
- The 2009 H1N1 influenza virus is the predominant influenza virus in circulation in most countries worldwide.
- Reports of flu are decreasing, but are still higher than normal for this time of the year. At the same time vaccine supply is increasing, presenting us with a "window of opportunity." This is the time to vaccinate people against the flu before any possible new wave of disease.

2009 H1N1 Vaccine

- Employee or workplace health clinics (among other locations) are a legitimate-- and very effective - place to administer vaccine during a time of shortage. These clinics can and do reach and target people in priority vaccination groups, including pregnant women and 18 to 64 year workers with medical conditions that put them at higher risk for influenza complications.
- The current goal is to reach and vaccinate people in the five priority groups, regardless of what they do for a living. It's a person's health status or condition -- not occupation -- that matters in protecting people with 2009 H1N1 vaccination.
- Getting the 2009 H1N1 influenza vaccine is much safer than getting H1N1 influenza. You can prevent 2009 H1N1 influenza illness by getting the 2009 H1N1 vaccine.
- The benefits of getting the 2009 H1N1 influenza vaccine far outweigh the very small risk of serious complications from vaccination. Some people getting vaccinated will have mild side effects such as pain, redness or swelling in the arm where the shot was given or a runny nose and headache after the nasal spray vaccine.
- The safety record of the 2009 H1N1 flu vaccine is similar to seasonal flu vaccine. CDC and FDA continue to track reports of adverse events following vaccination using multiple systems including the Vaccine Adverse Events Reporting System (VAERS). No new or unusual events or pattern of adverse events have emerged.

Antiviral Medication

- Over the next few weeks, additional shipments of pediatric Tamiflu will arrive in pharmacies around the country, Tamiflu-manufacturer Roche recently announced. This is good news, since children rely on the antiviral in liquid form (oral suspension) and lower-dose smaller capsules. (Pharmacists do have the option of creating liquid Tamiflu for children using adult-sized capsules if the pediatric form is not available).
- People in high risk groups should talk to their health care provider as soon as possible if they think they may have the flu because they have a greater chance of getting serious flu complications than other persons. Flu antiviral drugs can make you feel better, shorten the time you are sick, and prevent serious flu complications, especially if treatment is begun within 2 days of getting sick. Flu antiviral drugs must be prescribed by a physician.



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:

- All data sources indicated that influenza activity continues to **DECLINE** in Ohio. Emergency department visits and sales of thermometers have returned to baseline levels.
- Influenza Confirmed Hospitalizations by County, reported in the Ohio Disease Reporting System, is 3,013, as of 12/09/09.
- 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: 50.5%-White; 26.8%-African American; 19.2% unknown and 3.6% other.

Incident Potential:

- Ohio anticipates continual "widespread" influenza activity with low intensity over the next month.
- According to the CDC, influenza hospitalization rates have decreased across all age groups but remain higher than expected for this time of year. Though declining, hospitalization rates continue to be highest in children 0-4 years old.
- According to the CDC, the proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report declined over the previous week, but continues to be higher than expected for this time of year.



Current Status:

- Discussions and planning regarding the expansion to pharmacy chains are occurring this week. Implementation to expansion of non-tier 1 customers is also continuing and plans are in place to open on 12/14/09.
- 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.
- The vaccine unit met with key OMIS partners on 11/10/09 to discuss the development and completion of the H1N1 vaccine application to show vaccine distributed. The OMIS staff provided a time-table for completion of this objective on 11/13/09.
- The vaccine unit continues communication to LHDs on the need for children <10 years of age to get second dose and remind LHDs of the availability of technology tools.
- The ODH H1N1 combined **technical/general information line** received **520** calls on **12/8/09**. Calls relate to where vaccine is available, pre-registration help, and providers checking on status of vaccine delivery.
- 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 3042 out of 4807 as of 12/9/09.
- 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 implement expanded distribution beyond the Tier 1 population.
 - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
 - c. Communication vaccine distribution and expansion.
 - d. Complete action to approve providers.
2. Provide general information to the public and technical assistance to providers/patient registration.
 - a. Implement communication plan for vaccine to hard-to-reach 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.
 - c. Update all communication channels to reflect expansion beyond the Tier 1 population and additional providers.
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix).
4. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
5. Distribute PPE to hospitals, up receipts of requests.
6. Develop and disseminate allocation plan for SNS ventilators.
7. Finalize plan for demobilization issues and guidance.



Expenditures:

The total procurement cost is \$639,657.14 and payroll cost is \$899,417.27 for 197 staff. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

Resources:

As of December 9, 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, wind and snow showers in some areas of the state may cause possible delays in the transportation of vaccine and ancillary supplies.