OHIO DEPARTMENT OF HEALTH
DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 15, 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:

11 December 2009 -- As of 6 December 2009, worldwide more than 208 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including at least 9596 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:

A Summary of CDC Key Public Health Messages this Season

- During the week of November 29 – December 5, 2009, flu activity continued to decline in the United States as reported in FluView. The number of states reporting widespread flu

activity decreased from 25 to 14. Visits to doctors for influenza-like illness and flu-associated hospitalizations declined from the previous week; however, flu-associated deaths increased.

- Influenza is unpredictable—flu activity may continue for several weeks and it's possible that other waves of influenza may occur caused by either 2009 H1N1 viruses or regular seasonal flu viruses.
- CDC recommends a three-step approach to fighting the flu:
  - vaccination;
  - everyday preventive actions, including covering coughs and sneezes, frequent hand washing, and staying home when sick;
  - and the correct use of antiviral drugs if your doctor recommends them.
- Supplies of 2009 H1N1 vaccine continue to increase. More doses are expected for shipment each week. We ask members of the public who want to receive this vaccine to be patient as this program expands and more vaccine becomes available.
- It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu and have a greater chance of getting serious flu complications, like people with asthma, diabetes or people who are pregnant.
- National Influenza Vaccination Week (NIVW) is a national initiative that was established to highlight the importance of continuing influenza vaccination, as well as to foster greater use of flu vaccine after the holiday season into January and beyond. This year's NIVW, originally scheduled for December 6-12, 2009, is now rescheduled to January 10-16, 2010. Updates will be provided as more information becomes available.
- Webcast for Health Care Providers: Join us December 16, 12-1 pm ET, as experts from the U.S. Department of Health and Human Services and the former president of the American Medical Association answer your questions about the 2009 H1N1 virus and vaccine. The webcast is hosted by the HHS and will be live on www.flu.gov. Join the discussion by sending questions or comments to hhsstudio@hhs.gov.
- HHS has joined with the Ad Council to launch a new nationwide Public Service Announcements (PSA) campaign called *Together We Can All Fight the Flu* that encourages Americans to get vaccinated against the 2009 H1N1 flu virus. The PSAs are now available for various audiences at www.flu.gov.

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.

As of December 14, 2009, ODH approved providers should make the H1N1 vaccine available to all individuals wishing to be vaccinated, while considering to give high risk individuals priority consideration, unless medically contraindicated.

Impact on Individuals:

- All data sources indicated that influenza activity continues to **DECLINE** in Ohio. Influenza Confirmed Hospitalizations by County, reported in the Ohio Disease Reporting System, is 3,052 as of 12/15/09.
- The report of hospitalizations in the 85 Event Counties range from 1 case to 688 persons. Seven counties reported over 100 persons hospitalized.

Incident Potential:

- Ohio's influenza activity level, an indicator of geographic spread, has been downgraded to **"regional."** The number of people infected with influenza has stabilized, and surveillance data sources continue to indicate that the intensity of this activity is decreasing.
- Public health surveillance data sources indicate decreasing reports of confirmed influenza-associated hospitalizations and declining levels of influenza-like illness in outpatient settings reported by Ohio's sentinel providers.
- The percentage of emergency department visits with patients exhibiting constitutional symptoms, as well as over-the-counter drug sales (particularly thermometer sales) have returned to baseline levels statewide.

Current Status:

- Discussions and planning regarding the expansion to pharmacy chains occurred last week. Implementation to expansion of non-tier 1 customers commenced on 12/14/09.
- The Ohio Department of Health (ODH) will continue efforts to reach high risk populations.
- The vaccine unit processed the H1N1 vaccine allocation for 12/11/09. As of 12/11/09, CDC allocated a total of 570,600 doses consisting of zero doses of .25 PFS; 57,900 doses of .5 PFS; 411,100 doses of MDV; and 101,600 doses of nasal spray. The Incident Commander determined the quantities of vaccine to be sent to enrolled H1N1 vaccine providers.
- The allocation plan on 12/11/09 consisted of: the vaccine unit allocated vaccine to each approved H1N1 vaccine provider using tier 1 and non-tier 1 data in the H1N1 Vaccine Application who requested more than 100 doses in nearly all the provider groups, including the pharmacies. The only exception was that OB-Gyn providers were not allocated vaccine – these providers should contact their local health departments if vaccine is needed this next week.
- An email was sent to all H1N1 providers on 12/11/09 indicating that the vaccine was to be available to all groups of people effective 12/14/09. Additional messaging indicated that

pre-registration should still be used in the ODH H1N1 Vaccine Application and that the call center can assist providers with adjustments to the requested H1N1 vaccine need.

- 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 vaccine unit continues to report critical information to CDC regarding doses administered and continues to provide weekly updates on vaccine distribution versus vaccine administered data for internal ODH and EMA partners.
- The ODH H1N1 combined **general/technical information line** received **328** calls on **12/14/09**. Majority of callers requested information about locations/sites when the shots are available and general registration questions.
- To date 951,078 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 3182 out of 4703 as of 12/15/09.
- 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 $649,657.14 and payroll cost is $945,631.71 for 199 staff. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

Resources:

As of December 15, 2009, 495 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 208 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:

Cloudy on Tuesday with mostly sunny skies through the remainder of the work week. As the week progresses, temperatures range from high 30's to low 20's, causing no delays in the transportation of vaccines and ancillary supplies.