



## OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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### SITUATION REPORT

**Report Date:** 1100 December 18, 2009

**Event Type:** Public Health Emergency

**Operational Period:** December 16 through December 23, 2009

#### Ohio Public Health Situation

<b>Disaster/Hazard/Disease Type:</b>	H1N1
<b>WHO Phase:</b>	6 - Widespread Human Infection
<b>Governor Emergency Proclamation:</b>	Yes, on October 7, 2009
<b>State EOC:</b> OPEN	CAS Level 1
<b>ESF 8:</b> YES                      POC:	Number: (419) 564-9192
<b>OEMA Assessment Room:</b> YES	Number: (614) 799-3903
<b>ODH ICS activated:</b> YES      IC: Roger Suppes	Number: (614) 752-9871
<b>ODH DOC activated:</b> 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**

### **2009 H1N1 Influenza Vaccine Supply**

- **2009 H1N1 Vaccine Allocation.** Total available as of Dec. 16 is **96.4** million doses, an increase of almost 14 million doses from one week ago. (22% of nasal spray)

### **Non-Safety-Related Voluntary Recall of Certain Lots of Sanofi Pasteur 2009 H1N1 Pediatric (0.25 mL, for 6-35 month olds) Vaccine in Pre-Filled Syringes**

- See [http://www.cdc.gov/h1n1flu/vaccination/syringes\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm) for complete details.
- There are no safety concerns with these recalled lots of 2009 H1N1 vaccine. All lots successfully passed pre-release testing for purity, potency and safety.
- The vaccine potency of the recalled lots is only slightly below the "specified" range. The vaccine in these lots is still expected to be effective in stimulating a protective response despite this slight reduction in the concentration of antigen.
- (Updated) There is no need to re-administer a dose to those who received vaccine from these lots. However, as is recommended for all 2009 H1N1 vaccines, all children less than 10 years old should get the recommended two doses of H1N1 vaccine approximately a month apart for the optimal immune response. Therefore, children less than 10 years old who have only received one dose of vaccine thus far should still receive a second dose of 2009 H1N1 vaccine, either the injectable vaccine or nasal spray, regardless of the type of vaccination received in the first dose.

### **Thimerosal**

- See [http://www.cdc.gov/h1n1flu/vaccination/thimerosal\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm) for complete Questions and Answers on thimerosal.
- There is no convincing scientific evidence of harm caused by the minute doses of thimerosal in vaccines except for minor effects like swelling and redness at the injection site due to sensitivity to thimerosal.
- Most importantly, since 1999, newly formulated thimerosal-free vaccines have been licensed. With the newly formulated vaccines, the maximum cumulative exposure during the first six months of life will now be less than three micrograms of mercury. No children are receiving toxic levels of mercury from vaccines.
- Thimerosal is a mercury-based preservative that has been used for decades in the United States in multi-dose vials (vials containing more than one dose) of some vaccines to prevent the growth of microorganisms, such as bacteria and fungi, which may contaminate them.
- In vaccines, preservatives are used to prevent the growth of bacteria and fungi in the event that they get into the vaccine. This may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Contamination by germs in a vaccine could cause serious illness or death. In some vaccines, preservatives are added during the manufacturing process to prevent microbial growth.



- FDA licensed (approved) several formulations of the 2009 H1N1 influenza vaccines, including multi-dose vials and single-dose units. Multi-dose vials contain thimerosal as a preservative to prevent potential contamination after the vial is opened
- Some vaccine manufacturers are producing 2009 H1N1 influenza vaccines in single-dose units, which do not require the use of thimerosal as a preservative. In addition, the live-attenuated version of the vaccine, which is administered intranasally (through the nose), is produced in single-units and does not contain thimerosal.

### **Seasonal Influenza Vaccine**

As of December 4, 2009, approximately 110.6 million doses of seasonal influenza vaccine have been distributed (96% of the doses expected this season).

### **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 3,073 as of 12/17/09.
- Pneumonia and influenza deaths in Ohio is 2,967 (12/17/09), reported in the Ohio Disease Reporting System.
- The number of people infected with influenza has stabilized, and surveillance data sources continue to indicate that the intensity of this activity is decreasing. The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus.

### **Incident Potential:**

- Fourteen states are reporting widespread influenza activity; a decline of 11 states from last week. They are: Alabama, Alaska, Arizona, California, Connecticut, Delaware, Kentucky, Maine, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and Virginia
- Ohio's influenza activity level, an indicator of geographic spread, has been downgraded to "**regional**" with "**low intensity.**"



- 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.

### Current Status:

- Due to the upcoming holidays, the next operational period will transfer into a two week period. **The next operational period will begin December 23<sup>rd</sup> to January 6<sup>th</sup> 2010.**
- The ODH Department Operations Center will be closed Christmas Eve and New's Year Eve. All calls received will be forwarded.
- The schedule for the H1N1 briefing calls through the first of the year is as follows: December 18 (Today), December 22 (Tuesday), and December 29 (Tuesday)  
The regular **ODH-LHD Wednesday calls will not** be held on the 23<sup>rd</sup> and 30<sup>th</sup> December, but instead will immediately follow the H1N1 briefing and clarifying questions. We will return to the regular schedule with the new year.
- Providers who have received H1N1 vaccine from the vaccine recalled lots **directly from McKesson** will receive a packet with instructions from Sanofi Pasteur. More information about the recall is available at [http://www.cdc.gov/h1n1flu/vaccination/syringes\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/syringes_qa.htm). In addition, ODH staff are calling providers who received vaccine from the recalled lots. Additionally, e-mails are being sent to these providers.
- The Ohio Department of Health (ODH) will continue efforts to reach high risk populations.
- ODH Senior Staff is writing letter to obtain support from African American pastors and bishops to reach the African American community with H1N1 Vaccine information. The purpose is to provide information so that informed decisions can be made about vaccinations in African communities; some churches will be use as distribution sites to disseminate vaccine.
- The ODH H1N1 flu combined general/technical information line received **253** calls on **12/17/09**. Types of calls received are as follows: the recalled vaccine, how to register, where can I get the vaccine, error messages when logging into the H1N1 system, pharmacies checking on their status, when will the provider receive vaccine, how to log wasted vaccine and how to get the vaccine inventory.
- Doses available for Ohio to order on December 17 are a total of 402,900 doses in the following presentations. This is the largest weekly allocation that Ohio has received to date.
- Orders were placed on December 17 for local health districts for 86,700 in multi-dose vials and 16,300 LAIV.
- 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.
- To date 992,436 (up from 907,653) 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.
- 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.



- 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.
- 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 distribution to general population
  - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
  - c. Communication vaccine distribution and expansion to general population and additional provider types.
  - 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. Confirm that all communication channels to reflect expansion to the general 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.
8. Finalize and communicate holiday schedule for EOC
9. Develop strategy for promoting vaccination of state employees

### **Expenditures:**

The total procurement cost is \$733,162.14 and payroll cost is \$983,200.54 for 200 staff. (This reflects staff's time entered into the OSAP/MOSS portal on the ICS 252 electronic forms).

### **Resources:**

As of December 18, 2009, **495** ODH personnel have been mobilized for the ODH H1N1 response. Of those, **121** ODH personnel are currently assigned to work during the 12/16/09-12/23/09 operational period.

### **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 Friday with up to 60% chance of snow for the remainder of the 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.