



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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Alvin D. Jackson, M.D./Director of Health

SITUATION REPORT

Report Date: 1100 December 22, 2009

Event Type: Public Health Emergency

Operational Period: December 16 through December 23, 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:

18 December 2009 -- As of 13 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 10582 deaths.

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:

During the week of December 6-12, 2009, influenza activity decreased over the previous week across all key indicators. Most indicators, however, remain higher than normal for this time of year. Below is a summary of the most recent key indicators:

Visits to doctors for influenza-like illness (ILI) nationally decreased slightly this week over last week. This is the seventh 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 slightly elevated nationally.

Influenza hospitalizations and hospitalization rates decreased in all age groups.

The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Report decreased over the previous week, but remains elevated for this time of year. This proportion has been higher than expected for eleven consecutive weeks. In addition, 9 flu-related pediatric deaths were reported this week: 8 of these deaths were associated with laboratory confirmed 2009 H1N1, and one was associated with an influenza A virus that was not subtyped. Since April 2009, CDC has received reports of 276 laboratory-confirmed pediatric deaths: 232 due to 2009 H1N1, 42 pediatric deaths that were laboratory confirmed as influenza, but the flu virus subtype was not determined, and two pediatric deaths that were associated with seasonal influenza viruses. Laboratory-confirmed deaths are thought to represent an undercount of the actual number. CDC has provided estimates about the number of 2009 H1N1 cases and related hospitalizations and deaths.

Eleven states are reporting widespread influenza activity; a decline of three states from last week. They are: Alabama, Alaska, California, Delaware, Kentucky, Maine, New Hampshire, New Jersey, Nevada, New York, and Virginia.

Almost all of the influenza viruses identified so far continue to be 2009 H1N1 influenza A viruses. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

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 3,079 as of 12/22/09.



- 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:

- Eleven states are reporting widespread influenza activity; a decline of three states from last week. They are: Alabama, Alaska, California, Delaware, Kentucky, Maine, New Hampshire, New Jersey, Nevada, New York, 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 23rd to January 6th 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 22 (Today), and December 29 (Tuesday).
- The regular **ODH-LHD Wednesday calls will not** be held on the 23rd and 30th 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_ga.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.
- The ODH H1N1 Flu combined technical/general information line received **203** calls on **12/21/2009**. The calls continue to involve how to register, where can I get the vaccine, technical issues, patient pre-registration challenge.
- The vaccine unit processed the H1N1 vaccine allocations on 12/17/09 for local health departments by ordering the following number of doses: 80,700 of multi-dose vials and 15,300 doses of LAIV – for a total of 96,000 doses. The vaccine unit also processed an additional allocation on 12/18/09 for FQHC's, some hospitals, unspecified providers and pharmacies for a total of: 78,100 doses of .5ml PFS; 207,300 doses of multi-dose vials; and 29,800 doses of LAIV for a total of 315, 200 doses of vaccine. The Incident Commander determined the quantities of vaccine to be sent to enrolled H1N1 vaccine providers.
- ODH will allocate additional vaccine today according to the instructions of the incident commander, and the order for the vaccine will be placed with CDC tomorrow. In this scenario, vaccine will begin to be shipped on 12/27/09 and available for providers on



12/28/09 to limit the possibility of vaccine wastage because of provider office closings during the holidays. As of today, there are 274,800 doses available to Ohio to allocate. It is likely that ODH will not allocate all of these doses because of decreased demand.

- 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 1,061,648 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 3217 out of 4706 as of 12/22/09.
- 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 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 \$1,003,958.90 for 200 staff. (This reflects staff's time entered into the OSAP/MOSS portal on the ICS 252 electronic forms).



Resources:

As of December 22, 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:

Chance of snow today, accumulation of less than one inch possible; partly sunny tomorrow, and a winter mix of rain and snow later in the week. Temperatures range from highs in the 30's to lows in the 20's. Delays in the transportation of vaccines and ancillary supplies are possible.