



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 23, 2009

Event Type: Public Health Emergency

Operational Period: December 23, 2009 through January 6, 2010

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:

22 DECEMBER 2009 | GENEVA -- Efforts to assess the severity of the H1N1 influenza pandemic sometimes compare numbers of confirmed deaths with those estimated for seasonal influenza, either nationally or worldwide. Such comparisons are not reliable for several reasons and can be misleading.

Numbers of deaths for seasonal influenza are estimates. They use statistical models designed to calculate so-called excess mortality that occurs during the period when influenza viruses are circulating widely in a given population.

Estimates using all-cause mortality

The models use data, as recorded in death certificates and medical records, indicating mortality from all causes, and compare the number of deaths during epidemics of seasonal influenza with baseline data on deaths during the rest of the year. The assumption is that infections with influenza viruses contribute to the "excess mortality" observed during the influenza season.



During epidemics of seasonal influenza, around 90% of deaths occur in the frail elderly, who often suffer from one or more chronic medical conditions. Although influenza can worsen these conditions and contribute to death, testing for influenza viruses is not done in most cases, and deaths are usually attributed to an underlying medical condition.

Methods for estimating excess mortality were introduced in the 19th century to capture these influenza-associated deaths that would otherwise be missed. Such estimates have helped counter assumptions that influenza is a mild illness that rarely kills.

Laboratory-confirmed deaths

In contrast, numbers of deaths from pandemic influenza, as notified by national authorities and tabulated by WHO, are laboratory-confirmed deaths, not estimates. For several reasons, these numbers do not give a true picture of mortality during the pandemic, which is unquestionably higher than indicated by laboratory-confirmed cases.

As pandemic influenza mimics the signs and symptoms of many common infectious diseases, doctors often do not suspect H1N1 infection and do not test. This is especially true in developing countries, where deaths from respiratory diseases, including pneumonia, are common occurrences. Moreover, routine testing for pandemic influenza is costly and demanding, and beyond the reach of most countries.

When testing confirms H1N1 infection in patients with underlying medical conditions, many doctors record these deaths as due to the medical condition, and not to the pandemic virus. These cases are also missed in official statistics.

As recent studies have shown, some tests for H1N1 infection are not entirely reliable, and false-negative results are a frequent problem. Accurate test results further depend on how and when samples were taken. Even in the best-equipped hospitals, doctors have reported seeing patients with distinctive and virtually identical disease profiles, yet only some have positive test results.

Moreover, in a large number of developing countries, systems for vital registration are either weak or non-existent, meaning that most deaths are neither investigated nor certified in terms of the cause.

Younger age groups

Comparisons of deaths from pandemic and seasonal influenza do not accurately measure the impact of the pandemic for another reason. Compared with seasonal influenza, the H1N1 virus affects a much younger age group in all categories – those most frequently infected, hospitalized, requiring intensive care, and dying.

WHO continues to assess the impact of the influenza pandemic as moderate. Accurate assessments of mortality and mortality rates will likely be possible only one to two years after the pandemic has peaked, and will rely on methods similar to those used to calculate excess mortality during seasonal influenza epidemics.



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 3,087 as of 12/23/09.
- 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 "**sporadic.**"
- 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 current operational period will continue for a two week period. **The operational period encompasses December 23rd to January 6th 2010.**
- The ODH Department Operations Center will be closed Christmas Eve and New Year's Eve. All calls received will be forwarded.
- ODH's H1N1 Informational Hotline will be closed effective 5:00 p.m. Wednesday, December 23rd and remained closed on Christmas Eve & Christmas Day. The informational hotline will reopen on Monday, December 28th at 8 a.m.
- The remaining schedule for the H1N1 briefing calls through the first of the year is as follows: 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.
- The Ohio Department of Health (ODH) will continue efforts to reach high risk populations.
- The ODH H1N1 Flu combined technical/general information line received **207** calls on **12/22/2009**. The questions being asked are related to where the public can get their vaccines.
- 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.
- On 12/23/09, Medimune initiated a recall of certain lots of H1N1 LAIV vaccine because post manufacturing vaccine tests indicated a slightly diminished potency of certain lots of



vaccine. There is no danger to those who may have received the vaccine, and there is no need to recall those vaccinated with these lots. The vaccine unit is compiling the vaccine lots listed under the recall and will directly email those affected providers in Ohio. An OPHCS alert was forwarded this morning alerting Ohio health care providers of this recall. The EMA / JIC will forward a news release to the media later today regarding this issue.

- 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.
- The vaccine unit is processing an allocation of vaccine on 12/23/09 for Federally Qualified Health Centers, a limited number of hospitals, a limited number of local health departments, pharmacies, state corrections facilities and unspecified providers. As of 12/23/09, Ohio is able to order a total of 125,200 doses of .5ml PFS; 187,800 doses of multi-dose vials; and 38,600 doses of LAIV. The allotment amounts are not available at the time of this report. Vaccine from this allotment 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. ODH will not allocate all of these available doses because of decreased demand.
- To date 1,191,562 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 12/23/09.
- 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 distribution to the general population.
 - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
 - c. Communicate vaccine distribution and expansion to the general population and additional provider types.
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.
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, upon receipt of requests.



6. Finalize and disseminate allocation plan for SNS ventilators.
7. Evaluate demobilization considerations in accordance with the plan.
8. Begin development of alternative strategies for promoting increasing vaccination of the general public.

Expenditures:

The total procurement cost is \$733,162.14 and payroll cost is \$1,012,345.18 for 200 staff.
(This reflects staff's time entered into the OSAP/MOSS portal on the ICS 252 electronic forms).

Resources:

As of December 23, 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:

Fluctuation across regions of the State today varying from partly sunny to a wintery mix of rain, snow and freezing rain. High chance of rain tomorrow and Friday, progressing to probable snow showers into the weekend. 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.