



OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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SITUATION REPORT

Report Date: 1100 December 28, 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:

23 December 2009 -- As of 20 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 11516 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.

In United States and Canada, influenza activity continues to be geographically widespread but overall levels of ILI** have declined substantially to near the national baseline level in the US and below the seasonal baseline in Canada. Although numbers of hospitalizations and death in US have declined steadily since their peak over 6 weeks ago, the proportional mortality due to pneumonia and influenza (P&I mortality) remains elevated above the epidemic threshold for the 11th consecutive week. In Canada, rates of ILI, numbers of outbreaks, and proportions of samples testing positive for influenza have declined substantially since peaking six weeks ago. Approximately 53% of hospitalized cases in Canada had an underlying medical condition; cases



with underlying medical conditions tended to be older (compared to those without), and were at increased risk of hospitalization and death. Also from Canada, a smaller proportion of hospitalized cases during the winter transmission season compared with those hospitalized cases during the summer transmission season, were persons of aboriginal origin (3.9% vs. 20.3%).

The Centers for Disease Control and Prevention:

Flu activity continued to decline in the United States during the week of December 13-19, 2009, as reported in [FluView](#). The number of states reporting widespread flu activity decreased from 11 to 7. Visits to doctors for influenza-like illness, flu-associated hospitalizations, and flu-associated deaths all declined from the previous week.

Flu activity is expected to continue for months, caused by either 2009 H1N1 viruses or regular seasonal flu viruses, although levels of activity are expected to vary during the season. 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.

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.

There is no way to accurately predict the course of influenza epidemics. Right now is a window of opportunity for more people to get vaccinated for 2009 H1N1 flu. Supplies of 2009 H1N1 vaccine are increasing and many places have opened up vaccination to anyone who wants it.

As of Wednesday, December 23, 2009, a cumulative total of 112,617,800 doses had been made available for ordering since vaccine shipping began. Of those available doses, 89,579,000 doses were injectable (flu shots) and 23,038,800 were LAIV (nasal spray vaccine). As of Tuesday, December 22, 2009, there were a total of 95,514,300 doses ordered.

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 or diabetes or women who are pregnant.

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 3,092 as of 12/28/09.
- 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:

- Seven states continue to report widespread influenza activity; a decline of four states from last week. They are: Alabama, California, Delaware, Maine, Nevada, New Jersey, and Virginia. Eighteen states are reporting regional influenza activity and 13 states and the District of Columbia and Puerto Rico are reporting local influenza activity.
- Ohio's influenza activity level, an indicator of geographic spread, has been downgraded to "**sporadic.**"
- 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:

- The ODH Department Operations Center will be closed New Year's Eve. All calls received will be forwarded.
- 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 call will not** be held on December 30th, but instead will immediately follow the H1N1 briefing and clarifying questions. We will return to the regular schedule with the new year.
- ODH will continue efforts to reach high risk populations.
- The ODH H1N1 Flu combined technical/general information line received **224** calls on **12/23/2009**. Most calls were regarding provider pre-registration questions..
- 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, Medimmune 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. An OPHCS alert was issued on 12/23/09



regarding the recall, and a subfolder in the H1N1 Vaccine Planning and Implementation folder was created with additional information for health care partners. The vaccine unit is compiled the vaccine lots listed under the recall will directly emailed those affected providers in Ohio.

- 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 allocations on 12/17/09 and 12/18/09 included vaccine to health departments for tier 1 and non-tier 1 persons.
- The vaccine unit processed 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 was 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 for a total of 351,600 doses. ODH ordered a total of 172,400 doses on 12/23/09. 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 1,253,338 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers verified and approved by local health departments are 3223 out of 4707 as of 12/28/09.
- 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:

As of 12/28/09, the total procurement cost is \$733,162.14 and payroll cost is \$1,026,087.67 for 200 staff. (This reflects staff's time entered into the OSAP/MOSS portal on the ICS 252 electronic forms).

Resources:

As of December 28, 2009, **495** ODH personnel have been mobilized for the ODH H1N1 response. Of those, **125** ODH personnel are currently assigned to work during the 12/23/09-01/06/10 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:

Snow showers likely during the week with accumulations varying from less than one inch to several inches throughout the State. Temperatures range from highs in the high-20's to mid-30's and lows in the teens to mid-20's. Delays in the transportation of vaccines and ancillary supplies are possible.