

# OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER



246 North High Street

odhdoc@odh.ohio.gov

Columbus, Ohio 43215

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

## SITUATION REPORT

**Report Date:** 1100 October 29, 2009

**Event Type:** Public Health Emergency

**Operational Period:** October 28 through November 2, 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>	CAS Level 1
<b>ESF 8 Desk Staffed:</b> NO (on standby)	Number: (614) 799-6444
<b>ODH ICS activated:</b> YES    IC: Roger Suppes	Number: (614) 752-9871
<b>ODH DOC activated:</b> YES    POC: Jeff Jones	Number: (614) 644-3435

### World Health Organization:

As of 17 October 2009, worldwide there have been more than 414,000 laboratory confirmed cases of pandemic influenza H1N1 2009 and nearly 5000 deaths reported to World Health Organization (WHO).

As many countries have stopped counting individual cases, particularly of milder illness, the case count is 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.

### Current Status:

- The State of Ohio Joint Public Information Center (JIC) is open and activated for media inquiries regarding H1N1 information only. JIC hours of operation will be 8:00am-5:00pm Monday through Friday. Only media should contact 614-799-6480. Public Inquiries should be directed to 1-866-800-1404 Monday through Friday

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- 8:00am-9:00pm.
- The ODH anticipates receiving 200 pallets of N-95 masks are expected in November.
- President Obama has declared the H1N1 outbreak a national emergency and empowered his health secretary to suspend federal requirements and speed treatment for thousands of infected. The declaration authorized Health and Human Services secretary Kathleen Sebelius to bypass federal rules so health officials can respond more quickly to the outbreak that has killed more than 1,000 people in the US.
- ODH H1N1 TECHNICAL flu line team has logged 421 calls between Tuesday, October 27, 2009 and Wednesday, October 28, 2009, (0 of which needed Spanish translation).
- The ODH H1N1 GENERAL flu information line received 741 calls on 10/28/09. The total number of calls received since the call center started stands at 11,185. Most calls are questions about provider pre registration or when and where the vaccines will be available.

County specific information includes:

- A county vaccinated non-Tier one people at their first clinic
- Counties have communicated or posted on its website that they are only giving vaccines to local county residents
- Two counties are referring all calls back to the ODH Call Center

## **Incident Objectives:**

1. Order and Report Vaccines in accordance with the Vaccine Allocation and Ordering Plan 2009
  - a. Continue Allocation Process to ensure focused distribution to LHD's and Hospitals.
  - b. Continue tracking who has been vaccinated by geography and category
2. Report to CDC School and Day Care Closings
3. Track the dispense rate (burn rate) of Antivirals & PPE and Report to CDC

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4. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration
5. Provide daily surveillance on Hospitals, Outbreaks & Deaths to Public Affairs–EPI reports to CDC.
6. Monitor Medical Surge and Provide HAvBed reporting to CDC
7. MOSS PORTAL up and running to external partners [OHA, Regional Coordinators, County EMA's].
8. Develop N-95 Guidance to define triggers for release of PPE to county drop sites. Include the ability to define "shortage."
9. Develop strategy on message addressing Safety of Vaccine and Adverse Events.
10. Continue EPI assessments on trends or associations of Hospitalizations and Deaths to identify potential interventions.

## **Planning Updates:**

Preparing H1N1 MOSS/Portal access to external local health departments, OPHCS message will be sent providing access. This was scheduled for Thursday, October 22, 2009.

## **Disease Parameters:**

The influenza A H1N1 pandemic strain circulating in Ohio since April 2009 demonstrates similar characteristics to seasonal influenza with the exception that elderly, above 65, demonstrate less severe illness. ODH is conducting daily surveillance on Hospitals, Outbreaks, and Deaths and reporting them to the CDC by noon Wednesdays.

First Tier priority groups for vaccine include:

- Pregnant women
- Household contacts and caregivers for children younger than 6 months of age
- Health care and emergency medical services personnel
- Children 6 months through 18 years of age, young adults 19 through 24 years
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza

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.

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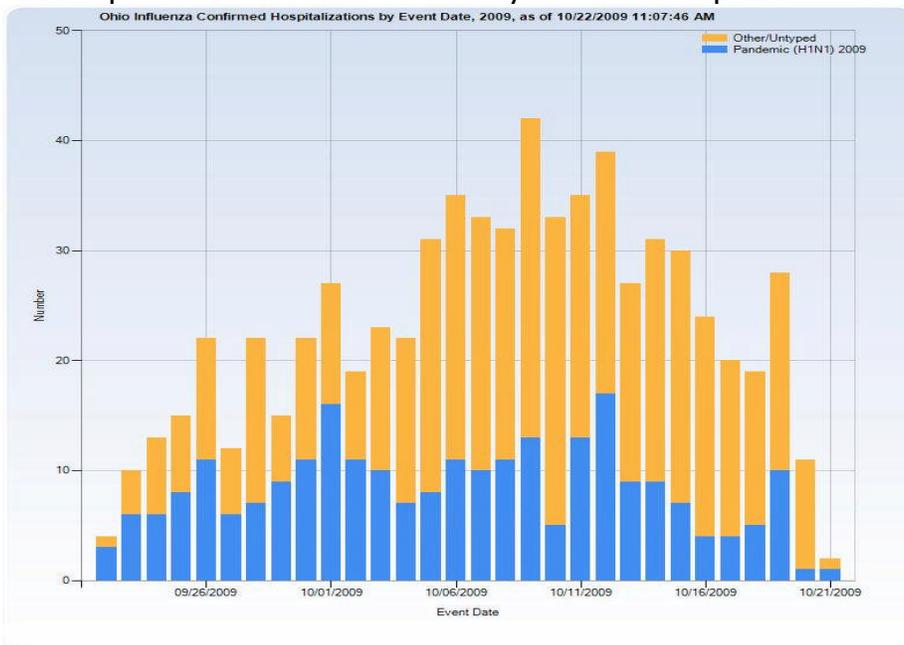
Some individuals have progressed to extreme illness, although this is not common. Individuals are encouraged to see their primary physician if they need treatment, or if their illness progresses.

## Expenditures:

As of October 29, the total for procurement is \$449 thousand and the payroll is \$288 thousand (this reflects the staff time of 116 employees entered into the MOSS portal on the ICS 252 electronic forms).

## Impact on Individuals:

During the week of October 11-17, 2009, influenza activity continued to increase in the United States as reported in FluView. Flu activity is now widespread in 46 states.



## Resources:

As of October 27<sup>th</sup> 2009, 404 mobilized personnel (ODH staff).

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## **Incident Potential:**

Influenza activity remains increased and has not peaked. Ohio influenza surveillance remains at "widespread." The predominate strain is the 2009 influenza A (H1N1) virus nationally. Continue to expect increased need for medical evaluation and care centered in physician offices and ER's with continued hospital admissions and ICU admissions.

## **Weather and Effects:**

We anticipate that the 10-day weather forecast will not impede transportation of vaccine and ancillary supplies at this time.