



STATE OF OHIO
Emergency Operations Center
SITUATION REPORT

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M E M O R A N D U M

TO: Ted Strickland, Governor
FROM: Ohio Emergency Management Agency
SUBJECT: H1N1 Incident – September 2009
DATE: January 4, 2010

This is the daily State Situation Report (SitRep) for the “H1N1 Incident – September 2009” event. Information is current as of 2:00 p.m. on January 4, 2010 unless otherwise noted.

The State Assessment Room and Joint Information Center (JIC) are activated at Crisis Action System Level 1 (CAS-1) to coordinate information flow and operational issues relating to H1N1 pandemic influenza response. This activation affects only a select set of state agencies with a role in H1N1 response at this time. Operations personnel and subject matter experts from Ohio EMA and Ohio Department of Health (ODH) are staffing the Assessment Room and Lead Agency Room of the State Emergency Operations Center (SEOC).

After careful consideration of demobilization triggers, the SEOC H1N1 Executive Group has decided to implement de-escalation measures from the approved Ohio H1N1 Response Mobilization/Demobilization Plan. This plan establishes a framework for demobilization of SEOC functions based on a variety of demobilization considerations. Wednesday January 6, 2010 will be the final daily SitRep. After this date, SitReps will be provided on a weekly basis each Monday (or first day of the work week in the case of holidays). In addition, the SEOC Assessment Room will demobilize on Wednesday January 6, 2010 at 5:00 p.m. Ohio EMA Plans Branch staff and subject matter experts from the ODH and other response partners will continue to coordinate situational awareness information from regular work locations.

OBJECTIVES

The State’s objectives for the operational period December 23, 2009 to January 6, 2010 are:

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 Local Health Departments (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.

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The Joint Information Center issued the weekly vaccine distribution release on Monday.

Media Trends

- ***H1N1 Clinic held/ scheduled (23 stories)*** - Many LHDs have scheduled clinics for January and are looking at new ways (i.e. appointments, hosting clinics at senior centers) to distribute the vaccine.
- ***H1N1 less widespread/Public interest waning (4 stories)*** - H1N1 was only widespread in four states (Delaware, Maine, New Jersey, and Virginia) during late December, which CDC officials say indicates the fall wave of the illness is in decline. CDC officials stressed that vaccine is available and that people need to get vaccinated to prevent a third wave of infections this winter.
- ***Fundraiser for H1N1 victim's family who died shortly after giving birth (4 stories)*** - A fundraiser has been planned for the family of a Toledo woman, who died in November from H1N1 complications shortly after giving birth to twins. The fundraiser will be held on January 9, 2010 and all proceeds will go to help pay for her medical bills and the expense of raising the newborns.
- ***Year in review: H1N1 one of the top stories (4 stories)*** - Reflecting back on 2009 many local newspapers throughout the week have ranked H1N1 as one of the top news stories of the year. These stories highlight different stories related to the virus from the onset in April, through the lack of vaccine in the fall and on to clinics for the general public in December. Some stories also highlighted local deaths associated with the virus.

H1N1 Call Center Activities

The ODH H1N1 flu combined general/technical information line was closed on New Year's Day.

Hours of Operation: The state of Ohio Joint Information Center (JIC) is only handling media inquiries regarding H1N1 information. JIC hours of operations are 8 a.m. to 5 p.m., Monday through Friday.

INTERVENTIONS

Vaccines

The Ohio Department of Health (ODH) continues to coordinate the distribution of all H1N1 vaccines, antivirals, and related materials throughout Ohio as they are made available. ODH will order and report vaccines to CDC in accordance with Vaccine Allocation and Ordering procedures.

On Monday, December 14, 2009, the H1N1 vaccination program opened to the general public. However, members of the priority groups are still encouraged to be vaccinated. In addition, the public is encouraged to ensure that children less than ten years of age receive their second dose.

CDC 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

Ohio is projected to receive a total of 6,984,066 doses which will be allocated accordingly.

- .25 ml Pre-filled Syringes – 224,400
- .25 ml Adult Pre-filled Syringes – 1,276,513
- Multi-dose Vials – 4,036,997
- Live Attenuated Influenza Vaccine – 1,446,156

Total Vaccines Ordered by registered providers to date = **4,043,500**

Public Population Pre-Registered for Vaccine Population = 1,300,590

Pre-Registered Providers approved by Local Health Departments (LHDs) = 3218

As of 5:00 p.m. Monday, January 4, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	968,300	823,000
Novartis adult PFS	372,500	318,500
Sanofi MDV	1,890,000	1,546,700
Novartis MDV	991,700	862,400
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	95,800	88,600
CSL MDV	36,400	17,900
Sanofi .50 PFS	301,400	221,300
Total	4,821,400	4,043,500

The vaccine unit processed an allocation of H1N1 vaccine on December 29 for all H1N1 provider groups who have updated their allocation requests since December 24 and for all others who have not received all the doses requested according to the ODH H1N1 Vaccine Application.

ODH placed H1N1 vaccine orders for providers who:

- Have completed the registration process on the H1N1 vaccine web site.
- Have been approved for participation by their local health district.
- Have ordered at least 100 doses of vaccine.

Vaccine clinic information can be obtained at:

<http://www.odh.ohio.gov/features/odhfeatures/h1n1vaccinefinder.aspx>.

Antivirals

ODH and the Centers for Disease Control and Prevention (CDC) are noticing stability in antiviral inventory numbers. The CDC has adjusted its Medical Countermeasure Situation Reporting consistency from weekly to monthly; ODH has decided to follow the CDC reporting timeframe. This will allow leadership to continue to receive the project area data while at the same time take some of the burden off the frequency of reporting. Local Health Departments (LHDs) are no longer being required to report on a weekly basis. ODH will submit a monthly report to CDC on the first Monday of every month.

IMPACT ON PEOPLE

During week 51 (December 20 to December 26, 2009), there were 18 hospitalized cases of influenza reported in Ohio. From August 30 through **January 4, 2010**, the cumulative total for Ohio influenza confirmed hospitalizations is **3,112** individuals per Ohio Disease Reporting System (ODRS).

At least 50 people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Franklin (12), Cuyahoga (8), Fayette (3), Mahoning (3) Butler (2), Greene (2), Licking (2), Summit (2), Wood (2), and one each in Athens, Carroll, Clermont, Columbiana, Geauga, Guernsey, Hamilton, Henry, Lorain, Montgomery, Ross, Stark, Warren and Wayne counties. Please note that this is likely an underestimate of Ohio deaths due to H1N1. Death certificate collection averages 7-10 days after death. This data reflects the delay.

The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus. Ohio's influenza activity level, an indicator of geographic spread, has been downgraded from "regional" 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.

The percentage of emergency department visits with patients exhibiting constitutional symptoms, as well as over-the-counter drug sales (particularly thermometer sales) have returned to baseline levels statewide.

Hospitalized Influenza Cases and Pneumonia and Influenza Deaths, State of Ohio

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 12/29/2009 9:30 AM ¹				Electronic Death Registration System (EDRS), Data as of 12/28/2009 ²			
	Hospitalized Cases of Influenza Reported MMWR Week 51 (12/20/2009 to 12/26/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 12/26/2009) ³	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported MMWR Week 51 (12/20/2009 to 12/26/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 12/26/2009) ⁴	Influenza Deaths (12/20/2009 to 12/26/2009) ⁶	Cumulative Influenza Deaths (9/13/2009 to 12/26/2009) ^{5,6}	Influenza and Pneumonia (P&I) Deaths (12/20/2009 to 12/26/2009) ⁶	Cumulative Influenza and Pneumonia (P&I) Deaths (9/13/2009 to 12/26/2009) ^{5,6}
0-4	4	543	3	175	0	1	0	9
5-18	3	701	1	296	0	7	0	10
19-24	1	229	0	123	0	2	0	6
25-49	1	834	2	452	0	22	2	110
50-64	8	569	3	282	0	27	18	295
65+	1	231	0	111	4	29	93	1,788
Unknown	0	3	0	3	0	0	0	0
Total	18	3,110	9	1,442	4	88	113	2,218

1 Data is of a condition that is weekly reportable. Cases may be updated after the time this data was pulled, as more laboratory information becomes available, such as additional testing or backlogs. This is preliminary data for last week, as well as cumulative data, and caution should be exercised in interpreting data counts from week-to-week.

2 EDRS data fields were turned on and registrars were asked to start using these fields on September 14, 2009. Data was backfilled on records from September 1, 2009 forward.

3 Removed five records that were marked "Confirmed" then changed to "Suspected" or "Not A Case" from the previous week, most likely due to rapid test false positive (confirmed by negative PCR tests) or insufficient laboratory information.

4 Removed three records that was marked "Confirmed Pandemic H1N1 strain" as laboratory results did not support the finding.

5 Cumulative counts were reviewed and corrected if the death certificate did not meet the criteria for inclusion of "Influenza" or "Influenza and Pneumonia" Deaths. Therefore, summation of each week's total counts may not necessarily equal the cumulative for the same time period.

6 Decrease in weekly and cumulative counts for week inclusive of 12/20/2009 and 12/26/2009 may be due to reporting lag from the Christmas holiday.

Delays in reporting and entering data in the Ohio Disease Reporting System (ODRS) may present as a decrease in incidence of influenza associated hospitalized cases.

OTHER IMPACTS

There have been no reports of significant business closures, and no adverse effects on government services in the state. Currently, no school or child day care center closures are reported.

DECLARATIONS

Federal Declarations

The following Federal declarations have been issued for the H1N1 response.

- National Emergencies Act (50 United States Code Section 1621). (Note: This is NOT a Stafford Act declaration)
- PREP Act Declaration for Pandemic Influenza Vaccine – January 26, 2007

State Declaration

- On October 7, 2009, Governor Ted Strickland issued an emergency proclamation regarding H1N1 vaccine which allows "qualified Emergency Medical Technicians (EMTs)-Intermediate and EMTs-Paramedic to perform H1N1 immunizations and administer H1N1 related drugs" as defined by law. The Declaration also authorizes in accordance with Ohio law the use of Citizen Corps/Ohio Medical Reserve Corps volunteers to assist with the receipt, distribution, accounting for and administration of H1N1 influenza vaccine.

CONTIGUOUS STATES

The Emergency Operations Centers in Indiana, Kentucky, and Michigan, Pennsylvania, and West Virginia are not currently activated.

SITREP/BRIEFING DATA

All agencies should email briefing reports to: eocassmt@dps.state.oh.us by 2:30 p.m. daily.