



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: November 9, 2009

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 November 9, 2009 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).

OBJECTIVES

The State’s objectives for the **operational period November 4, 2009 through November 10, 2009** are:

1. Order and Report Vaccines in Accordance with Vaccine Allocation Ordering Plan 2009.
 - a. Continue Allocation Process to ensure focused distribution to local health departments and hospitals
 - b. Continue tracking who has been vaccinated by geography and category
 - c. Manage and communicate vaccine distribution
 - d. Modify information technology, to provide technical assistance to providers and registrants
2. Report school and day care closings to CDC.
3. Track the dispense rate (burn rate) of anti-virals & personal protective equipment (PPE) and report to CDC.
4. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration.
5. Provide daily surveillance on Hospitalizations and Deaths to Public Affairs-EPI reports to CDC.
6. Monitor Medical Surge and Provide HAvBed Reporting to CDC.
 - a. Ohio Hospital Association (OHA) to request hospitals provide Surgenet/HAvBed website updates on hospital status

7. Develop N-95 Guidance to define triggers for release of PPE to county drop sites. Include the ability to define “shortage”.
 - a. Guidance complete and out by the start of this period
 - b. Define triggers for release of PPE
 - c. Define triggers for Antivirals request to drop sites and retail chain pharmacies
 - d. OHA to obtain hospital plans on use of PPE
 - e. Receipt of Oral Suspension
 - f. Develop a Strategy for Distributing N-95 masks to hospitals
 - g. Message to hospitals – manage expectations regarding receipt of additional PPE
8. Develop strategy on message addressing Safety of Vaccine and Adverse Events
9. Report identifying intervention or next steps regarding EPI assessments on trends or associations of Hospitalizations and Deaths to identify potential interventions
10. Receive SNS PPE
11. Complete and publish ODH Website Redesign for H1N1
 - a. Pursue getting information out on Location and Timing of Vaccine distribution [Map of Flu clinic locations and timing]
 - b. Obtain static Links to locals with same information
12. Identify and Communicate the process and outcomes related to 1135 Waiver (hospital waivers via Centers for Medicare and Medicaid Services (CMS))
13. Develop data sets and critical information
14. Develop communications plan around release of Antivirals to Large Retail Pharmacy Chains

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The Joint Information Center distributed to statewide media this morning: *ODH Orders Additional H1N1 Flu Vaccine*. The JIC has received and responded to **four** media calls this morning; three as a result of today’s news release.

Stakeholder Communications

- **H1N1 Fact Sheets** – The Joint Information Center is generating fact sheets for mass e-mail distribution to stakeholders. Topics are: *Caring for Sick at Home*; and *Medications Available to Lessen the Symptoms of Flu* are at the governor’s office for approval. Fact sheets will go to schools, daycares, healthcare providers and businesses, which in turn will make them available to families/households. Distribution will be this week.

Media Trends

- **Clinics Held/Scheduled (22 articles)** – Multiple clinics were held across Ohio over the weekend. Many local health departments are starting to vaccinate people outside of the certain subgroups – mainly healthy children in school clinics.
- **Preble County Sheriff Dies of H1N1 Complications (10 articles)** – A 38-year-old Preble County sheriff’s captain died Friday after a 13-day long battle with H1N1 and double

pneumonia. No prior history of health problems. He initially tested negative for H1N1 and was sent home to recover.

- **Toledo Woman Dies of H1N1 Complications (8 articles)** – A 24-year-old Toledo woman who delivered premature twins died from what is presumed to be complications from H1N1. The woman was first diagnosed and treated for bronchitis.
- **ODH Changes Restrictions on Masks (7 articles)** – Multiple articles on ODH's change in policy regarding N95 respirator masks. Hospitals cannot give health care workers clearance to use surgical masks. N95 masks are more expensive and limited in supply.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 general flu information line received 378 calls on Friday, Nov. 6. The total number of calls received since the call center was activated is **15,029**. Most of calls continue to be related to times and locations of vaccination clinics and slowness of shipments. The call center will be open for the Veterans' Day holiday. To find locations of vaccine clinics, click on <http://www.odh.ohio.gov/features/odhfeatures/h1n1vaccinefinder.aspx>
- **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. The JIC will be closed on November 11, 2009 for the Veterans' Day holiday. Calls coming in during the holiday will be directed to a single JIC point of contact.

DISEASE PARAMETERS

The influenza A H1N1 pandemic strain circulating since April 2009 demonstrates characteristics similar to seasonal influenza with the exception 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 remote past, but H1N1, like any influenza infection in the elderly, is likely to lead to more serious illness.

The Ohio Department of Health reports H1N1 surveillance data on a weekly basis to CDC.

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

Due to the limited availability of vaccine at this time, the Ohio Department of Health recommends that local health departments give priority to vaccinating the following groups:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency medical services personnel with direct patient contact
- Children 6 months through 4 years of age
- Children 5 through 18 years of age who have chronic medical conditions

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.

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.

INTERVENTIONS

Vaccines

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 to date = 985,150

Public Population Pre-Registered for Vaccine Population = 425,873

Pre-Registered Provider approved by Local Health Department (LHD) = 2864 out of 5549

The Ohio Department of Health (ODH) continues to coordinate the distribution of all H1N1 vaccines, anti-virals, 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 Plan 2009.

As of 5:00 p.m. Friday November 6, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period*	Vaccine Doses Already Distributed to Registered Providers
Flumist	399,600	332,450
Novartis adult PFS	148,100	91,400
Sanofi MDV	531,400	449,500
Novartis MDV	202,800	41,900
Sanofi .25 PFS	97,400	48,500
CSL Biotherapies adult PFS	40,000	21,400
Total	1,419,300*	985,150

* - Figures based on projected allocation from the CDC at this time. Actual numbers of doses shipped will be available on **Tuesday November 10, 2009** and updated information will be included in the Situation Report.

Antivirals and Personal Protective Equipment (PPE)

An allotment of 383,058 bottles or discs/cases of antiviral medications from the state's Strategic National Stockpile (SNS) was sent to hospitals and county drop sites on October 19, 2009. Ohio requested and received an additional 528 cases of Pediatric Tamiflu suspension from the CDC through the Strategic National Stockpile Program on November 3rd. The Ohio Department of Health plans to distribute this Pediatric Tamiflu suspension basing the allocation on community needs and reported spot shortages.

The Ohio Department of Health will continue to monitor for any reports of a shortage of antivirals and PPE. Currently, commercial supplies of these countermeasures continue to be available with only spot shortages of Pediatric Antiviral suspension being reported, as noted above. Currently spot shortages of pediatric antiviral suspension have been successfully filled with the use of Tamiflu capsules being compounded.

The Ohio SNS program has received 10,954 cases, or approximately 2,294,040, of varying size N-95 respirators from the CDC SNS program. The vast majority of the respirators are manufactured by Kimberly Clark and a small percentage are Inovel respirators. The program completed inventorying the shipment and will begin work on an apportionment formula.

The CDC announced last week that the FDA authorized additional lot numbers of Tamiflu capsules and Relenza Inhalation Powder for use beyond their expiration dates in an emergency use authorization (EUA) letter. All antivirals included in the Shelf Life Extension Program (SLEP) received by the ODH with lot numbers and expiration dates are shown in the chart, below.

Item Description	Lot	Number of Cases	Expiration Date	Extended Expiration Date
PEDIATRIC SUSPENSIONS	B1045	7	May 31, 2005	February 28, 2010
PEDIATRIC SUSPENSIONS	B1050	320	July 31, 2006	August 31, 2010
PEDIATRIC SUSPENSIONS	B1051	160	July 31, 2006	August 31, 2010
PEDIATRIC SUSPENSIONS	B1054	41	July 31, 2006	August 31, 2010
PEDIATRIC SUSPENSIONS	B1184	131	June 30, 2009	May 31, 2011
PEDIATRIC SUSPENSIONS	B1188	80	June 30, 2009	May 31, 2011
PEDIATRIC SUSPENSIONS	B1189	565	June 30, 2009	May 31, 2011
RELENZA KITS	0238	766	July 31, 2011	--
RELENZA KITS	B153	4670	November 30, 2009	April 26, 2010
RELENZA KITS	B153	600	November 30, 2009	April 26, 2010
TAMIFLU 30 MG BOTTLES	B1004-50	883	November 30, 2014	--
TAMIFLU 45 MG BOTTLES	B1004	268	November 30, 2014	--
TAMIFLU 75 MG BOTTLES	B1100	360	December 31, 2009	April 26, 2010
TAMIFLU 75 MG BOTTLES	B1090	2700	November 30, 2009	April 26, 2010
TAMIFLU 75 MG BOTTLES	B1090	2970	November 30, 2009	April 26, 2010

IMPACT ON PEOPLE

No change from previous reporting period.

During week 43 (October 25 to October 31, 2009), there were 472 hospitalized cases of influenza reported in Ohio. At least **25** people hospitalized with H1N1 infection have died in Ohio. Reported deaths are from Butler (2), Cuyahoga (5), Franklin (10) and one each in Carroll, Fayette, Greene, Hamilton, Licking, Lorain, Ross and Warren counties. Please note that this is likely an underestimate of Ohio deaths due to H1N1.

Ohio’s influenza activity level, an indicator of geographic spread, remains at “widespread.” The number of people infected with influenza remains elevated, but some surveillance data sources indicate that activity may have peaked during Morbidity and Mortality Weekly Report (MMWR) Week 42 (October 18-24). The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus.

Surveillance sources indicate continued high levels of hospital admissions and outpatient visits related to influenza-like illness not typical for this time of the year.

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

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 11/3/2009 4:25 PM‡				Electronic Death Registration System (EDRS), Data as of 11/2/2009	
	Hospitalized Cases of Influenza Reported (10/25/2009 to 10/31/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 10/31/2009)*	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (10/25/2009 to 10/31/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 10/31/2009)*†	Influenza and Pneumonia Deaths (10/25/2009 to 10/31/2009)	Influenza and Pneumonia Deaths (8/30/2009 to 10/31/2009)
0-4	61	244	24	73	1	4
5-18	96	422	53	173	1	3
19-24	38	103	22	48	1	4
25-49	156	385	90	215	7	37
50-64	86	231	44	100	23	112
65+	31	77	12	32	117	768
Unknown	4	4	2	2	0	0
Total	472	1466	247	643	150	928

* Removed sixteen 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.

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

‡ 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.

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.

Since November 1st, there have been no reported outbreaks. Cumulatively there have been 71 outbreaks (confirmed, probable and suspect) affecting 2,422 Ohioans. The decrease in number of outbreaks from the previous reporting period is due to a suspected outbreak being changed to “not an outbreak” upon investigation. The ODH H1N1 Testing Algorithm no longer includes cluster confirmation.

OTHER IMPACTS

There have been no reports of significant business closures, and no adverse effects on government services in the state. Cumulatively to date, 23 schools and six daycares in Ohio have closed due to flu-like illness. Most closures have not exceeded three days. Currently, no school and no day cares are temporarily closed.

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.

STATE AGENCIES, BOARDS AND COMMISSIONS SUPPORT

Nothing new to report.

CONTIGUOUS STATES

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

SITREP/BRIEFING DATA

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

Addressees are invited to monitor the Ohio EMA Common Operating Picture webpage at <http://ema.ohio.gov/COP.aspx>.