



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: December 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 December 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 December 9, 2009 to December 16, 2009** are:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering procedures, 2009.
 - a. Continue allocation process and implant expanded distribution beyond the Tier 1 population.
 - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
 - c. Communicate vaccine distribution and expansion.
 - d. Complete action to approve providers.
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 less than 10 years of age to get second dose and remind LHDs of the availability of technology tools (e-mail notification, reminder/recall notices) to notify parents when to return for this vaccination.
 - c. Update all communication to channels to reflect expansion beyond the Tier 1 population and additional providers.

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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 Personal Protective Equipment (PPE) to hospitals, upon receipt of requests.
6. Develop and disseminate allocation plan for Strategic National Stockpile (SNS) ventilators.
7. Finalize plan for demobilization issues and guidance.

OBJECTIVES UPATE

The following is a status report on the State's objectives from the previous operational period, December 2-9, 2009:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering procedures, 2009. *{Ongoing - this is done on a weekly basis, if not more frequently. Allocation information is contained in the Interventions portion of this SITREP}*
 - a. Continue allocation process and evaluate expanded distribution. *{Completed for the December 2-9, 2009 operational period}*
 - b. Develop application for tracking and reporting of who has been vaccinated by geography and category. *{Estimated completion 12/10/09}*
 - c. Communicate vaccine distribution. *{Completed - accomplished via the Joint Information Center's (JIC) distribution press release each Monday}*
 - d. Continue monitoring and reporting and reduce unapproved providers (pediatricians, OBGYNs, family practice) by 1,000 and take action to get them approved as appropriate (in order to direct ship). *{Ongoing through December 17, 2009. The number of Pre-Registered Providers approved by LHDs is contained in the Intervention portion of this SITREP}*
2. Provide general information to the public, and technical assistance to providers/patient registration. *{Completed – provided through press releases and reported in the JIC portion (under H1N1 Call Center Activities) of this SITREP}*
 - a. Develop and implement communication plan for vaccine to African American populations. *{Objective revised to reflect multi-cultural populations. Plan is developed and implementation is underway}*
 - b. Continue communication to LHDs on need for children less than 10 years of age to get second dose and remind LHDs of the availability of technology tools (e-mail notification, reminder/recall notices) to notify parents when to return for this vaccination. *{Accomplished via the Joint Information Center's (JIC) distribution press release each Monday}*
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix). *{Completed - reported in the various data elements contained in this SITREP}*
4. Assure that H1N1 Vaccine Application displays only data for currently scheduled and future clinics. *{Completed}*
5. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary. *{Ongoing - contained in the Impact on People portion of this SITREP}*

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6. Distribute PPE to hospitals, upon receipt of requests. *{No current requests}*
7. Develop and disseminate allocation plan for SNS ventilators. *{In progress - moved to next operational period}*
8. Complete plan for demobilization issues and guidance. *{In progress – initial draft developed, currently being reviewed}*
9. Contact CDC to discuss Ohio’s expectations for, and schedule for making vaccine available to the general public. *{Completed}*

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The JIC has issued the news release, *ODH/Large Retailers Partner to Provide Antiviral Medications*, as ODH announces a partnership with Giant Eagle, Kroger, Meijer and Walgreens pharmacies to ensure antiviral medication for H1N1 influenza.

Stakeholder Communications

Media Trends

- ***Vaccine restrictions lifted/Clinic planned for general public (24 stories)***
Health departments across Ohio are scheduling general flu clinics, including Montgomery County, Cuyahoga County, Medina County, Morgan County, and Hamilton County. Local Health departments are expecting long lines and are brainstorming the most effective way to get people vaccinated quickly and keep the lines moving.
- ***Clinic Held/ Scheduled for CDC priority groups (8 stories)***
Vaccines available to most Ohioans in the target groups including pregnant women, people who live with/care for infants under 6 months; health care workers and emergency services who provide direct patient care; young people 6 months – 24 years; and people 25-64 years old with chronic health disorders or compromised immune systems. Several local health departments are also finishing up school clinics or second dose clinics. Ohio University is also planning a clinic for the high risk individuals who work at the University.
- ***British Study says Tamiflu not effective flu fighter (4 stories)***
British researchers are saying there is little evidence that Tamiflu stops complications in healthy people that catch the flu. The study only looked at the use of Tamiflu on symptoms of the seasonal flu. The WHO disagrees with the study and says that studies show Tamiflu if given early can help reduce H1N1 and flu symptoms.
- ***H1N1 Victims include some pets (2 stories)***
There have been several cats and ferrets diagnosed with H1N1 over the past few months and some veterinarians are saying there are likely to be more animals infected with H1N1. The American Veterinary Medical Association says there is no evidence that humans can catch H1N1 from their pets but pets can catch it from their owners. The AVMA will continue to monitor species and will be keeping an eye out for the transmission patterns.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 combined technical/general information line received **520** calls on **12/08/09**. Calls relate to where vaccine is available, pre-registration help, and providers checking on status of vaccine delivery.
- **Hours of Operation:** The state of Ohio Joint Information Center (JIC) is only handling media inquiries regarding H1N1 information. JIC and call center hours of operations are 8 a.m. to 5 p.m., Monday through Friday.

DISEASE PARAMETERS

The influenza A H1N1 pandemic strain circulating since April 2009 demonstrates characteristics similar 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.

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

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 Plan 2009.

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

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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 = 2,675,700

Public Population Pre-Registered for Vaccine Population = **821,958***

Pre-Registered Provider approved by Local Health Department (LHD) = **3026*** out of **4902***

* - Pre-registered provider and public population numbers have changed due to the elimination of duplicate entries in the system. These numbers will continue to change as this is an ongoing process.

As of 5:00 p.m. Tuesday, December 8 Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	737,100	636,000
Novartis adult PFS	292,300	286,700
Sanofi MDV	990,500	802,500
Novartis MDV	753,200	678,500
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	51,300	51,300
CSL MDV	12,000	12,000
Sanofi .50 PFS	86,600	43,600
Total	3,088,100	2,675,700

Vaccine Clinic Locations

Vaccine clinic information can be obtained at:

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

Vaccine orders have been directed to local health departments, OBGYN providers, internal medicine, pediatricians, family physicians, and federally qualified health centers. Some hospitals will be allocated vaccine based on assuring adequate vaccine doses for the highest risk children, especially at Ohio’s children’s hospitals.

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.

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ODH is extending the opportunity to local health departments willing to register allergists as providers of the H1N1 influenza vaccine. According to the CDC, a regimen has been developed for administering influenza vaccine to asthmatic children with severe disease and egg hypersensitivity. In order for an allergist to become a registered provider of H1N1 vaccine, the allergist should contact their local health department regarding becoming a provider.

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 3, 2009. The Ohio Department of Health (ODH) distributed this Pediatric Tamiflu suspension to pharmacies and designated local health departments to make it accessible throughout Ohio.

Antivirals and Personal Protective Equipment (PPE) continue to be commercially available with only spot shortages of pediatric Tamiflu antiviral suspension. Currently spot shortages of pediatric Tamiflu antiviral suspension have been successfully filled with the use of Tamiflu capsules being compounded.

IMPACT ON PEOPLE

During week **48 (November 29 to December 5, 2009)**, there were **153** hospitalized cases of influenza reported in Ohio. From August 30 through December 9, 2009, the cumulative total for Ohio influenza confirmed hospitalizations is **3013** individuals per Ohio Disease Reporting System (ODRS).

At least **43** people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (6), Franklin (12), Greene (2), Licking (2), Fayette (2), Wood (2), Mahoning (3) and one each in Athens, Carroll, Columbiana, Geauga, Guernsey, Hamilton, Lorain, Montgomery, Ross, Stark, Summit and Warren 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.

Ohio's influenza activity level, an indicator of geographic spread, has been downgraded to "regional." 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 (The week of October 18-24). The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus.

Surveillance sources indicate a downward trend for emergency department visits for constitutional and respiratory symptoms.

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

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 12/08/2009 4:15 PM ¹				Electronic Death Registration System (EDRS), Data as of 11/30/2009 ^{2,5}			
	Hospitalized Cases of Influenza Reported MMWR Week 48 (11/29/2009 to 12/05/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 12/05/2009) ³	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported MMWR Week 48 (11/29/2009 to 12/05/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 12/05/2009) ^{3,4}	Influenza Deaths (11/29/2009 to 12/05/2009)	Cumulative Influenza Deaths (9/13/2009 to 12/05/2009)	Influenza and Pneumonia (P&I) Deaths (11/29/2009 to 12/05/2009)	Cumulative Influenza and Pneumonia (P&I) Deaths (9/13/2009 to 12/05/2009)
0-4	16	522	6	168	0	1	0	9
5-18	19	686	7	289	0	6	1	8
19-24	8	222	4	119	0	0	0	5
25-49	46	804	25	433	1	14	12	88
50-64	39	546	21	276	2	27	24	243
65+	24	222	18	108	5	40	203	1,452
Unknown	1	3	1	3	0	0	0	0
Total	153	3,005	82	1,396	8	88	240	1,805

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.

3 Removed eight 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 Increase in weekly and cumulative counts for week inclusive of the dates 11/29/09 to 12/05/09 may be due to recovery of data entry from the Thanksgiving 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.

Since November 1, 2009, there have been no reported outbreaks. Cumulatively there have been 73 outbreaks (confirmed, probable and suspect) affecting 2,498 Ohioans. 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. Currently, no school or child day care center closures are reported.

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Monitoring Service Impact Levels to State Agencies

Of the 16 cabinet departments and 14 agencies, boards and commissions who completed the services impact assessment this week, all reported:

- No impact to services due to employee absences relating to illness
- No need to implement alternative staffing plans
- No additional information that required the attention of the Interagency Coordinating Group

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, Michigan, Pennsylvania, Kentucky 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.

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