



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 19, 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 19, 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 18, 2009 through November 25, 2009** are:

1. Order and Report Vaccines in accordance with Vaccine Allocation and Ordering Plan 2009
 - a. Continue Allocation Process and evaluate expanded distribution
 - b. Develop application for tracking and reporting of who has been vaccinated by geography and category
 - c. Communicate vaccine distribution
 - d. Continue monitoring and reporting and reduce unapproved providers (e.g. Pediatricians, OBGYN’s, Family practice, etc.) by 1000 and take action to get them approved as appropriate (in order to direct ship).
2. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration
3. Report to CDC and/or EOC:
 - a. School and Child Day Care closings
 - b. County reporting of dispense rate (burn rate) of state and federal cache Antivirals & PPE
 - c. Daily surveillance on Hospitalizations and Pediatric Deaths

- d. Medical Surge and Provide HAvBed
 - (1) OHA to request hospitals provide Surgnet/HaveBed website updates on hospital status
 - (2) Reporting on 1135 waivers
 - (3) Hospital reporting of consumption of PPE and antivirals
 - e. Monitor commercial antiviral dispensing from Retail Pharmacy Chains (RPC) for action
 - f. Report Call Center statistics
 - g. Regional Hospital Coordinators issue weekly report on existing supply of N95 PPE in Regional Caches
 - h. Report on vaccine administered by county, provider and against priority group
4. Update information on Current Location and Timing of Vaccine distribution
[Map of Flu clinic and county search functions that includes locations and timing]
Maintain links to locals with same information
 5. Ship Antiviral Oral Suspension to RPC
 6. Complete Plan (due by 11/20) for Call Center to cover through January 15, 2010 (current contract ends 11/30). Include schedule and requirements for coverage.
 7. Monitor the EPI assessments on trends or associations of Hospitalizations and Deaths and identify interventions or next steps as necessary.
 8. Develop 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
 9. Finalize plan for the distribution of state cache ventilators

JOINT INFORMATION CENTER (JIC) ACTIVITIES

From Monday, November 16 to Thursday, November 19 at Noon, the JIC has received and responded to 11 media calls.

Stakeholder Communications

- The JIC is composing a press release to send to statewide media concerning second doses for children aged 10 years and younger, and a template release for local health departments to issue at their convenience. Both are awaiting approval.

Media Trends

- ***Clinic Held/ Scheduled (16 articles)*** – Clinics continue to be held across the state. Some physicians, OB/GYN offices have started to receive shipments. Schools continue to host vaccine clinics for students across the state.
- ***Santas Want H1N1 Vaccine (8 articles)*** – Men portraying Santa Claus believe they should be included in the H1N1 priority group because they will have to interact with up to 400 children a day.
- ***H1N1 Flu Deaths (4 articles)*** – Three articles about a 55-year-old Columbiana woman who died from complications of H1N1 on Wednesday. One article on a Brooke County, WV resident who died of complications related to influenza. The health department is not releasing additional information at this time.
- ***Dayton-Area WalMarts Offering \$15 H1N1 vaccine (3 articles)*** – Walmart and Mollen Immunization Clinics announced that Mollen healthcare professionals will administer the

vaccine in select stores for \$15 beginning November 18. Customers can find dates, times and locations at www.flushotsusa.walmart.com.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 general flu information line received 401 calls on Monday, November 16; 395 calls on Tuesday, November 17; and **343** calls on Wednesday, November 18. The total number of calls received since inception: **18,307**.

The call center will be closed Thanksgiving Day. Hours of operations on Friday, November 27 will be: 8 a.m. – 5 p.m.

- **Technical Information Line:** The ODH H1N1 technical flu information line received the following calls this week: **140** calls on Wednesday, November 18; 142 calls on Tuesday, November 17; 162 calls on Monday, November 16. Center is receiving calls from pediatric and OB/GYN offices upset that they've received incomplete orders.
- **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 Thanksgiving (November 26).

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.

The ODH reports H1N1 surveillance data by noon on Wednesdays to CDC. Surveillance includes data on Hospitals, Outbreaks and Deaths.

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

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 = **1,600,500**

Public Population Pre-Registered for Vaccine Population = **517,190***

Pre-Registered Provider approved by Local Health Department (LHD) = **2888*** out of **5108***

* - 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. Wednesday, November 18, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	473,900	409,800
Novartis adult PFS	218,400	208,100
Sanofi MDV	630,300	580,600
Novartis MDV	397,300	230,800
Sanofi .25 PFS	143,900	125,500
CSL Biotherapies adult PFS	51,300	45,700
CSL MDV	6,000	0
Sanofi .50 PFS	7,200	0
Total	1,928,300	1,600,500

Vaccine Clinic Locations

Vaccine clinic information can be obtained at:

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

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) began distributing this Pediatric Tamiflu suspension on November 18, 2009.

ODH continues to monitor for any reports of shortages of antivirals and Personal Protective Equipment (PPE). Currently, commercial supplies of these countermeasures continue to be available with only spot shortages of Pediatric Antiviral suspension being reported. Currently spot shortages of pediatric antiviral suspension have been successfully filled with the use of Tamiflu capsules being compounded.

The Ohio SNS program received 10,954 cases, or approximately 2,294,040, of varying size N-95 respirators from the CDC SNS program. The N-95 Respirator inventory has been allocated to hospitals

in Ohio in coordination with OHA and ODH and is ready for deployment when agreed N-95 hospital levels are reached and local/regional caches are exhausted.

IMPACT ON PEOPLE

During week 45 (November 8 to November 14, 2009), there were **385** hospitalized cases of influenza reported in Ohio. As of 8:35 a.m. on 11/18/2009, the Ohio influenza confirmed hospitalizations are **2,615** individuals per ODRS. To date, 42.3% of those hospitalized are between the ages of 0 and 18 years.

At least **31** people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (6), Franklin (11), Licking (2) and one each in Carroll, Fayette, Greene (2), Hamilton, Lorain, Mahoning, Ross, Stark, 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. These statistics reflect the delay.

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 (The week of October 18-24). The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus. Influenza activity continues to **DECLINE** in Ohio; visits to doctors for influenza-like illness (ILI) nationally decreased this week over last week. This is the second week of national decreases in ILI after four consecutive weeks of sharp increases.

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

Ohio Disease Reporting System Data (ODRS), Data as of 11/17/2009 4:00 PM ‡					Electronic Death Registration System (EDRS), Data as of 11/16/2009	
Age Group	Hospitalized Cases of Influenza Reported MMWR Week 45 (11/8/2009 to 11/14/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 11/14/2009)*	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported MMWR Week 45 (11/8/2009 to 11/14/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 11/14/2009)* †	Influenza and Pneumonia (P&I) Deaths (11/8/2009 to 11/14/2009)	Cumulative Influenza and Pneumonia (P&I) Deaths (8/30/2009 to 11/14/2009)
0-4	76	435	30	138	2	6
5-18	61	620	35	269	2	7
19-24	28	182	12	91	1	5
25-49	115	639	53	340	9	59
50-64	77	422	46	201	29	167
65+	27	149	14	64	130	1,037
Unknown	1	3	1	3	0	0
Total	385	2,450	191	1,106	173	1,281

* Removed 47 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 10 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 1, 2009, 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. Currently, no school or child day care center closures are reported.

Monitoring Service Impact Levels to State Agencies

The Department of Administrative Services (DAS) is monitoring trends and impacts on *state services and operations* due to employee absenteeism related to illness. Each department, agency, board and commission is asked to complete a weekly assessment on Tuesdays until further notice. The assessment is online and is available at <http://www.zoomerang.com/Survey/?p=WEB229W2BZLMXC>. Each week, only one assessment should be completed per agency.

Eleven cabinet departments and 22 agencies, boards and commissions 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 SEOC

The next assessment is due on Tuesday, November 24, at 12 noon.

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.

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>.