



STATE OF OHIO
Emergency Operations Center
SITUATION REPORT

Nancy J. Dragani, Executive Director
Emergency Management Agency

2855 W. Dublin Granville Rd.
Columbus, Ohio 43235

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 1, 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 1, 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 25, 2009 to December 2, 2009** are:

1. Order and report vaccines in accordance with ODH 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, OB/GYN’s, Family Practice) 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.
 - a. Develop and implement communication plan for vaccine to African American populations
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix).

4. Assure that H1N1 Vaccine Application displays only data for currently scheduled and future clinics.
5. Ship Antiviral Oral Suspension to remaining Retail Pharmacy Chains (RPCs), as required
6. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
7. Distribute Personal Protective Equipment (PPE) to hospitals, upon receipt of requests.
8. Develop 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.
9. Develop allocation plan for Strategic National Stockpile (SNS) ventilators.
10. Set up and plan for demobilization issues and guidance.

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The Joint Information Center is awaiting approval for the following 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. The JIC anticipates distribution to statewide media before the end of this week.

Stakeholder Communications

Media Trends

- ***CDC: Number of H1N1 cases dropping (7 stories)*** - According to new numbers released by the CDC on Monday, H1N1 infections are dropping across the nation while the number of children who have died from the illness has risen by about 30. Widespread activity has decreased across the country, but officials are expecting an increase sometime over the next few months.
- ***ODH orders additional vaccine (6 stories)*** - On Wednesday, ODH ordered 259,800 doses of H1N1 vaccine. The majority of the stories on this subject were done by local television stations. This is the lowest amount of press we have received for vaccine ordering since we switched protocol to send the press release out on Monday.
- ***Children younger than 10 need a second dose of vaccine (4 stories)*** - Several local health departments are holding second dose clinics for young children, including Clark County and Hamilton County.
- ***Spaghetti Dinner to honor Preble County Sheriff (3 stories)*** - The Preble County Sheriff's department will hold a dinner on Saturday to help the family of the Preble county sheriff who died from H1N1 flu complications.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 general flu information line received **49** calls on Friday, November 27 and **170** calls on Monday, November 30. The total number of calls received since inception: **19,888**.
- **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.

According to CDC, visits to doctors for influenza-like illness (ILI) nationally decreased sharply this week over last week with all regions showing declines in ILI. This is the fourth consecutive week of national decreases in ILI after four consecutive weeks of sharp increases. While ILI has declined, visits to doctors for influenza-like illness remain high.

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 = **2,299,200**

Public Population Pre-Registered for Vaccine Population = **751,347***

Pre-Registered Provider approved by Local Health Department (LHD) = **2968*** out of 4967*

* - 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 1, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	602,900	536,500
Novartis adult PFS	264,400	236,900
Sanofi MDV	795,500	750,100
Novartis MDV	635,200	528,300
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	51,300	51,300
CSL MDV	12,000	12,000
Sanofi .50 PFS	39,900	19,000
Total	2,570,300	2,299,200

Vaccine Clinic Locations

Vaccine clinic information can be obtained at:

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

Vaccine orders placed on November 25 were directed to local health departments, OB/GYN 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.

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) has completed its distribution of Pediatric Tamiflu suspension to pharmacies and local health departments to make it accessible throughout Ohio.

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 Ohio Hospital Association (OHA) and ODH. ODH, in conjunction with the OHA, has disseminated a guidance document on the hospital N-95 Respirator Request Process. This document outlines the steps for hospitals to request their allocation of N95 respirators. The process requires hospitals to verify that they are maximizing their use of N95s and that they have exhausted several avenues to procure N-95s. The Ohio SNS program has N-95 respirators ready for deployment when the agreed upon N-95 hospital levels are reached and local/regional caches are exhausted. Currently, no hospitals have completed the request process for N-95 respirators.

ODH continues to monitor usage for any reports of shortages of antivirals and Personal Protective Equipment (PPE). 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.

IMPACT ON PEOPLE

During week 46 (November 15 to November 21, 2009), there were 315 hospitalized cases of influenza reported in Ohio. From August 29 through November 21, 2009, the cumulative total for Ohio influenza confirmed hospitalizations is 2,754 individuals per Ohio Disease Reporting System (ODRS).

At least **36** people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (6), Fayette (2), Franklin (12), Greene (2), Licking (2), and one each in Carroll, Columbiana, Guernsey, Hamilton, Lorain, Mahoning, Ross, Stark, Warren and Wood counties. One person previously reported from Butler County was removed as there was no confirmation of the person's H1N1 status. 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, 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. These viruses remain similar to the virus chosen for the 2009 H1N1 vaccine, and remain susceptible to the antiviral drugs oseltamivir and zanamivir with rare exception.

Surveillance sources indicate continued high levels of hospital admissions and outpatient visits related to influenza.

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

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 11/24/2009 4:30 PM ¹				Electronic Death Registration System (EDRS), Data as of 11/23/2009 ²			
	Hospitalized Cases of Influenza Reported (11/15/2009 to 11/21/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 11/21/2009) ³	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (11/15/2009 to 11/21/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 11/21/2009) ^{3,4}	Influenza Deaths (11/15/2009 to 11/21/2009)	Cumulative Influenza Deaths (9/13/2009 to 11/21/2009)	Influenza and Pneumonia (P&I) Deaths (11/15/2009 to 11/21/2009)	Cumulative Influenza and Pneumonia (P&I) Deaths (9/13/2009 to 11/21/2009)
0-4	53	486	17	153	0	1	2	8
5-18	28	647	8	274	0	6	0	7
19-24	27	207	15	105	0	0	0	5
25-49	100	735	40	380	6	12	14	73
50-64	67	488	34	233	6	21	36	203
65+	40	188	14	78	9	33	129	1,166
Unknown	0	3	0	3	0	0	0	0
Total	315	2,754	128	1,226	21	73	181	1,462

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 11 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 eight records that was marked "Confirmed Pandemic H1N1 strain" as laboratory results did not support the finding.

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.

Monitoring Service Impact Levels to State Agencies

The Ohio Department of Administrative Services (DAS) reports that of the 16 cabinet departments and 16 agencies, boards and commissions who completed the H1N1 state services impact assessment on November 24, all reported:

- No impact to services due to employee absences relating to illness (with the exception of 2 agencies who reported minimal impact)
- No need to implement alternative staffing plans
- No additional information that required the attention of the State Emergency Operations Center

STATE AGENCIES, BOARDS AND COMMISSIONS SUPPORT

STATE EXPENDITURES

For the period October 28, 2009 to November 21, 2009 state agencies, boards, and commissions report a total of \$1,394,629.20 in personnel, personal protective equipment, vaccine-related distribution, and miscellaneous supply costs. Of the total costs incurred for the period, 94% were incurred by the Ohio Department of Health for personnel and vaccine distribution.

Reports were received from the Department of Administrative Services, Department of Aging, Department of Agriculture, Ohio Board of Nursing, Bureau of Workers Compensation, Department of Development, Department of Developmental Disabilities, Ohio Environmental Protection Agency, Department of Health, Ohio Department of Insurance, Ohio Job and Family Services, Lottery Commission, State Medical Board, Ohio Department of Natural Resources, Office of Budget and Management, Ohio Architects Board, Ohio Arts Council, Ohio Expositions Commission, Ohio Rehab Services Commission, Ohio State School for the Blind, Department of Public Safety, Public Utilities Commission of Ohio, Department of Rehabilitation and Corrections, Ohio Department of Taxation, Department of Veteran's Services, and the Department of Youth Services.

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

In the state of Indiana, LaPorte, Grant, and Morgan County EMAs have activated their Emergency Operations Centers at Level IV, and Whitley County EMA has its EOC elevated to Level III in order to monitor the H1N1 outbreak. 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>.