



STATE OF OHIO
Emergency Operations Center
SITUATION REPORT

Nancy J. Dragani, Executive Director
Emergency Management Agency

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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 11, 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 11, 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.

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The JIC will issue its weekly distribution release on Monday.

Stakeholder Communications

- Continuing to work on getting H1N1 information out to hard to reach populations.
- Drafting a stakeholder communication to state employees letting them know about the vaccine being available to the general public.

Media Trends

- ***Clinic Held/ Scheduled (16 stories)*** - Several local health departments have scheduled clinics for the general public next week. Others are also finishing up school clinics or second dose clinics today and through the weekend.
- ***Vaccine restrictions lifted (10 stories)*** - On December 14, 2009 local health departments and private practitioners will be allowed to vaccinate people outside of the priority group for the first time. Most of the major papers and television stations reported on this story over the weekend. The JIC release went out a week ago.
- ***CDC Reports 10,000 have died in US from H1N1 so far (7 stories)*** - During a press briefing Thursday afternoon CDC Director Thomas Frieden said that 1 in 6 Americans has had the H1N1 virus and that 50 million Americans have been sickened by the disease. He also said that they estimate about 10,000 Americans have died from the virus. In the report Frieden said that there were a high number of hospitalizations in October but that for the first part of November hospitalizations rates were similar to a normal flu season. They also reported that Native Americans and Alaskan Natives have died from H1N1 at a rate 4 times higher than other Americans.
- ***British Officials say Swine flu less deadly than first thought (4 stories)*** - On Thursday British officials stated that the H1N1 virus is 100 times less lethal than the 1918 Spanish Flu. The report comes from studying hospitalizations, symptoms, death rates and the presence of pre-existing conditions in those affected by the virus. The stories also noted that some American officials are saying H1N1 may be the mildest pandemic on record.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 flu combined general/technical information line received **223** calls on **12/10/09**. Majority of callers requested information about where to get shots.

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They have also identified the following issues from callers:

- *LHD refusing to accept surplus vaccine from private providers in their jurisdiction
- *Providers having too much vaccine, creating a surplus and storage issues.
- *Providers refusing to give vaccine to folks who are not pre-registered.

- **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.

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.

On Monday, December 14, 2009, the H1N1 vaccination program will open to the general public (*See ODH Ohio Department of Health Director's Order, attached*). However, members of the priority groups are still encouraged to be vaccinated. In addition, the public is encouraged to ensure that children under nine 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 = 2,675,700

Public Population Pre-Registered for Vaccine Population = **907,653***

Pre-Registered Provider approved by Local Health Departments (LHDs) = **3038*** out of **4707***

*- 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.

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As of 5:00 p.m. Thursday, December 11 Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	737,600	636,000
Novartis adult PFS	301,600	286,700
Sanofi MDV	1,112,500	802,500
Novartis MDV	779,600	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	3,246,300	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. Orders placed on December 11 will tentatively include all registered and approved providers, including pharmacies, colleges/universities, and those registered with a provider type of “unspecified.”

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

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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 remain available on the national and state level. Pediatric Oral suspension may still be unavailable in some areas; in those instances Tamiflu capsules have been compounded. There are indications that production of Pediatric Oral Suspension will soon meet demand. In Ohio, county antiviral usages of SNS antivirals remain steady from last week with only a few counties reporting additional usage. The consumption rate remains low. As in the past week, a handful of counties, mostly rural, have distributed up to 20 - 30% of one type (generally Tamiflu 75 mg) of their antiviral shipment. Two counties have used 40-50% of Tamiflu 75 mg. Of those counties that received Pediatric Oral suspension, one county has used all of their allocation, and the remaining counties have not used a significant amount.

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 11, 2009, the cumulative total for Ohio influenza confirmed hospitalizations is **3,035** individuals per Ohio Disease Reporting System (ODRS).

At least 44 people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (7), 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.

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 "widespread" to "regional." 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 12/08/2009 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) ⁶
0-4	16	522	6	168	0	1	0	8
5-18	19	686	7	289	0	6	1	8
19-24	8	222	4	119	0	1	0	5
25-49	46	804	25	433	1	14	12	87
50-64	39	546	21	276	2	21	24	234
65+	24	222	18	108	5	30	203	1,415
Unknown	1	3	1	3	0	0	0	0
Total	153	3,005	82	1,396	8	73	240	1,757

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.

6 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.

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.

STATE AGENCIES, BOARDS AND COMMISSIONS SUPPORT

STATE EXPENDITURES

For the period October 28, 2009 to December 5, 2009 state agencies, boards, and commissions report a total of \$1,628,295 in personnel, personal protective equipment, vaccine-related distribution, and miscellaneous supply costs. Of the total costs incurred for the period, 92% 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 Alcohol and Drug Addiction, 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, 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 State School for the Blind, Department of Public Safety, Public Utilities Commission of Ohio, Department of Rehabilitation and Corrections, Department of Transportation, Department of Taxation, Department of Veterans 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

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>.

MEMORANDUM

TO: Alvin D. Jackson, MD, Director of Health *AJ/ms*

THROUGH: Carol Ray, Chief Legal Counsel *CR*

Michele Shipp, MD, Assistant Director *ms*

FROM: Roger L. Suppes, Chief, Division of Prevention *RS*

SUBJECT: Modification of Director's Order H1N1 Provider Agreement

DATE: December 9, 2009

Attached for your signature is a Modification of the Director's Order issued September 23, 2009, regarding immunizations for H1N1 Influenza. The Director's Order placed limitations on who providers could immunize for H1N1 based on the availability of vaccine and the overall recommendations of the Centers for Disease Prevention and Control. Based on review of available data including the extent and concentration of cases of H1N1 influenza, we believe that the restrictions issued in September are no longer required. Other provisions of the Provider Agreement that was also signed by all providers remain unchanged by this modification. We have also reviewed this recommendation with the Governor's Office and notified CDC regarding our plans. The attached modification of the Director's September 23, 2009, order is effective December 14, 2009. Upon your signature we will issue notifications to all providers regarding the modification of the September 23, 2009 order.

If you have questions regarding this modification, please contact me.

CF: Steve Wagner

Amy Bashforth



OHIO DEPARTMENT OF HEALTH

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Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

In Re: Modification of the 2009 Provider Agreement for H1N1 Vaccine.

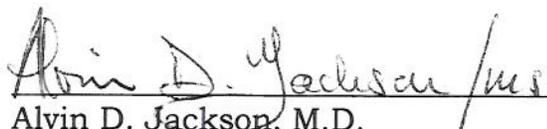
Director's Journal Entry

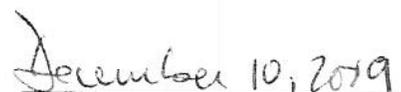
I, Alvin D. Jackson, M.D., Director of the Ohio Department of Health (ODH), have reviewed the most recent information provided by the Centers for Disease Control and Prevention (CDC) of the United States Department of Health and Human Services, by staff of the Ohio Department of Health, and by other interested parties relative to the administration of the 2009 Influenza A (H1N1) vaccine. The 2009 Influenza A (H1N1) vaccine has been administered to a significant number of persons in the initial CDC designated target groups. Additionally, the 2009 Influenza A (H1N1) vaccine is now more readily available in Ohio. Pursuant to CDC recommendations in the August 21, 2009 "Use of Influenza A (H1N1) 2009 Monovalent Vaccine, Recommendations of the Advisory Committee on Immunization Practices (ACIP)," once vaccination programs and providers are meeting the demand for vaccine among the persons in the five initial target groups, vaccination should be expanded to all appropriate persons.

ACCORDINGLY, pursuant to R.C. 3701.13, I hereby REPLACE my September 23rd, 2009 Order, which was Attachment One to the 2009 Provider Agreement for H1N1 Vaccine and incorporated therein by reference, with this Journal Entry.

FURTHERMORE, based on the most recent information and EFFECTIVE Monday, December 14, 2009, while approved providers should continue to give high risk individuals priority consideration, unless medically contraindicated, all individuals wishing to be vaccinated are now eligible to be vaccinated.

Pursuant to R.C. 3701.352, this order is to prevent a threat to the public's health; no person shall fail to follow this order.


Alvin D. Jackson, M.D.
Director of Health


Date

Director's Journal Entry
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I hereby certify this to be a true and correct copy of the Journal Entry of the Director of the Ohio Department of Health.

12-10-2009
Date

Brenda M. Adams
Custodian of the Director's Journals
Ohio Department of Health