



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 15, 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 15, 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.
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 press release: *ODH Orders Additional H1N1 Flu Vaccine – Restrictions Lifted; H1N1 Vaccine Available to All Ohioans* was distributed to statewide media, Monday. Media outlets are running the press release information, but calls concerning H1N1 have dwindled considerably. As of 11:30 today, the Joint Information Center received two media calls.

The JIC has drafted a press release that encourages the public to get vaccinated over the holiday shopping season, and encourages college students who have yet to receive their flu vaccination to do so over the winter break. Approval is pending.

Stakeholder Communications

- **Minority Outreach** – The Ohio Department of Health and Joint Information Center have scheduled two teleconferences on December 21 for ODH Director Dr. Alvin Jackson to address minority populations in regards to receiving the H1N1 influenza vaccine.
 - During the 1 p.m. call, ODH will introduce its outreach strategies to help dispel myths about the H1N1 vaccine that are circulating throughout African-American communities.
 - The 2:15 p.m. call will focus on issues health officials are facing as they encourage the Hispanic population to get the H1N1 vaccine. The call will also highlight the outreach strategies ODH has implemented.

Minorities are considered a priority risk group because many are affected by illnesses such as asthma, heart disease, diabetes and other chronic health issues. According to a study from the Centers for Disease Control and Prevention (CDC), African-Americans are four times more likely to be hospitalized for H1N1 than Caucasians.

Media Trends

- ***Clinic Held/ Scheduled (36 stories)*** - Clinics were held in Cincinnati, Dayton, and many other counties across Ohio. Turnout in the Dayton area (including the surrounding counties smaller clinics) was reported to be over 4,000. According to the Enquirer, turnout in Cincinnati was steady but not overwhelming. The first general population clinic for Columbus will take place this evening from 5-8pm at Vets Memorial. Cleveland Public Health will host another general population clinic.
- ***Vaccine restrictions lifted (11 stories)*** - Since yesterday was the first day the general public could receive the vaccine, many news stations and newspapers had reminders for people to contact their local health department to find a vaccine clinic.
- ***ODH orders additional vaccine (5 stories)*** – several media outlets printed information from yesterday's JIC press release.

H1N1 Call Center Activities

- **Combined General/Technical Information Lines:** The ODH H1N1 flu combined general/technical information line received 220 calls on Friday, December 11 and **328** calls on **Monday, December 14**. Majority of callers requested information about where to get shots and general registration questions.
- **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. The JIC will be closed on December 25 and January 1.

INTERVENTIONS

Vaccines

The CDC announced today that there would be a non-safety-related voluntary recall of several lots of Sanofi Pasteur's .25 pre-filled syringes. It was recognized that the potency of lots of this vaccine had dropped below pre-specified limits. There is no need to revaccinate children who received vaccine from one of these lots, as the antigen level in the vaccine is still expected to stimulate a protective response. The Ohio Department of Health has initiated an OPHCS alert, e-mail contact, and telephone calls to inform providers who have received this vaccine of the information received from the CDC.

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 procedures.

On Monday, December 14, 2009, the H1N1 vaccination program opened to the general public. 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 = **3,242,700**

Public Population Pre-Registered for Vaccine Population = **929,829**

Pre-Registered Provider approved by Local Health Departments (LHDs) = **3163** out of **4836**

As of 5:00 p.m. Monday, December 14th Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	787,500	737,600
Novartis adult PFS	319,800	301,600
Sanofi MDV	1,112,500	1,112,500
Novartis MDV	803,500	779,600
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	57,900	51,300
CSL MDV	17,900	12,000
Sanofi .50 PFS	86,600	43,600
Total	3,350,800	3,203,300

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 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.

The ODH continues to monitor antiviral usage and availability in 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 the usage of SNS antivirals remains steady from last week with only a few counties reporting additional usage. The consumption rate of antivirals in Ohio remains low. A few counties in Ohio 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 15, 2009**, the cumulative total for Ohio influenza confirmed hospitalizations is **3,051** individuals per Ohio Disease Reporting System (ODRS).

At least **46** 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, **Henry**, Lorain, Montgomery, Ross, Stark, Summit, Warren and Wayne 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 12/07/2009 ^{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.

**Ohio Emergency Operations Center
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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>.