



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 16, 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 16, 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 16, 2009 to December 23, 2009** are:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering procedures, 2009.
 - a. Continue allocation process distribution to the general population.
 - b. Implement the application for tracking and reporting of who has been vaccinated by geography and category.
 - c. Communicate vaccine distribution and expansion to the general population and additional provider types.
 - 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.

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- b. Continue 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.
 - c. Confirm that all communication channels reflect expansion to the general population and to 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 PPE to hospitals, upon receipt of requests.
 6. Develop and disseminate allocation plan for SNS ventilators.
 7. Finalize plan for demobilization issues and guidance.
 8. Finalize and communicate holiday schedule for EOC.
 9. Develop strategy for promoting vaccination of state employees.

OBJECTIVES UPDATE

The following is a status report on the State's objectives **from the previous operational period, December 9-16, 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 beyond Tier 1 population. *{Ongoing. Completed for the December 9-16, 2009 operational period}*
 - b. Implement the application for tracking and reporting of who has been vaccinated, by geography and category. *{Ongoing. Moved to the next operational period}*
 - c. Communicate vaccine distribution and expansion. *{Ongoing. Completed - accomplished via the Joint Information Center's (JIC) distribution press release each Monday}*
 - d. Complete action to approve providers. *{Completed}*
2. Provide general information to the public, and technical assistance to providers/patient registration. *{Ongoing - provided through press releases and reported in the JIC portion (under H1N1 Call Center Activities) of this SITREP}*
 - a. Implement communication plan for vaccine to 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. *{Ongoing. Completed for the December 9-16, 2009 operational period. Accomplished via the Joint Information Center's (JIC) distribution press release each Monday}*

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- c. Update all communication channels to reflect expansion beyond the Tier 1 population and additional providers. *{Completed}*
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix). *{Ongoing. Completed for the December 9-16, 2009 operational period and reported in the various data elements contained in this SITREP}*
4. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary. *{Ongoing. Completed for the December 9-16, 2009 operational period and contained in the Impact on People portion of this SITREP}*
5. Distribute PPE to hospitals, upon receipt of requests. *{No current requests}*
6. Develop and disseminate allocation plan for SNS ventilators. *{In progress. Moved to next operational period}*
7. Finalize plan for demobilization issues and guidance. *{In progress. Draft developed. Awaiting discussion}*

JOINT INFORMATION CENTER (JIC) ACTIVITIES

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.

The JIC also drafted press releases and media advisories for the holiday schedule for the call center and JIC respectively. Awaiting approval of those as well.

Stakeholder Communications

- Continuing to work on getting H1N1 information out to hard to reach populations.

Media Trends

- **H1N1 pediatric vaccine recall (37 stories)** - 800,000 doses of pediatric H1N1 vaccine were voluntarily recalled because they were not strong enough. There is no safety hazard and children are not required to get a third dose of the vaccine. Most stations/newspapers featured an AP story with a few paragraphs about whether or not the vaccine had been available locally. It appears as though there was vaccine in Hamilton County and at Columbus City Health Department, however most doses were unused and sent back.
- **Clinic Held/ Scheduled (25 stories)** - Clinics were held in Columbus, Cleveland, and many other counties across Ohio. Turnout in Columbus was steady and the clinic reached capacity shortly before it was supposed to close. Turnout in Cleveland was also steady and everyone who wanted the vaccine was able to receive one. Other clinics also seemed to run smoothly and many local health departments are reported to still have vaccine to use.
- **Drug stores giving H1N1 vaccine (4 stories)** - Kroger pharmacies across the state will be holding appointment only H1N1 vaccination clinics. Those interested in getting the vaccine can call or register online to set up an appointment. Appointments will be scheduled until the pharmacies run out of vaccine, to cost for administering the vaccine is \$10.

H1N1 Call Center Activities

- The ODH H1N1 flu combined general/technical information line received 321 calls on 12/15/09. The following issues were identified from callers: 1. Questions regarding recall and lot numbers affected, 2. Locations/sites when the shots are available, and 3. 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.

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 less than ten 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**

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As of 5:00 p.m. Tuesday, December 15th Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	787,500	738,600
Novartis adult PFS	319,800	301,600
Sanofi MDV	1,112,500	1,112,500
Novartis MDV	821,500	781,800
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	57,900	51,300
CSL MDV	17,900	14,000
Sanofi .50 PFS	86,600	43,600
Total	3,368,300	3,251,500

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)

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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 **49 (December 6 to December 12, 2009)**, there were **72** hospitalized cases of influenza reported in Ohio. From August 30 through **December 16, 2009**, the cumulative total for Ohio influenza confirmed hospitalizations is **3,061** 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 12/15/2009 4:00 PM ¹				Electronic Death Registration System (EDRS), Data as of 12/14/2009 ²			
	Hospitalized Cases of Influenza Reported MMWR (12/06/2009 to 12/12/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 12/12/2009) ³	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (12/06/2009 to 12/12/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 12/12/2009)	Influenza Deaths (11/29/2009 to 12/05/2009)	Cumulative Influenza Deaths (9/13/2009 to 12/05/2009) ⁴	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) ⁴
0-4	9	531	3	171	0	1	1	9
5-18	11	697	6	295	0	6	0	8
19-24	7	229	4	123	1	2	1	6
25-49	24	828	13	446	2	16	7	94
50-64	11	557	4	280	2	23	24	258
65+	10	230	5	113	3	25	137	1,544
Unknown	0	3	0	3	0	0	0	0
Total	72	3,075	35	1,431	8	73	170	1,919

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. Data was backfilled on records from September 1, 2009 forward.

³ Removed two 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 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.

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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>.