



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 28, 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 28, 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 23, 2009 to January 6, 2010** are:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering procedures, 2009:
 - a. Continue allocation process and 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.
 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 <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.
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. Finalize and disseminate allocation plan for SNS ventilators.
7. Evaluate demobilization considerations in accordance with the plan.
8. Begin development of alternative strategies for promoting increasing vaccination of the general public.

JOINT INFORMATION CENTER (JIC) ACTIVITIES

The JIC issued the weekly distribution release. The JIC will also issue a release on Tuesday to announce its call center hours for the New Year's Day holiday.

Stakeholder Communications

Media Trends (*No trends today – Dec. 28. There were 31 H1N1-related articles found*)

- ***Clinic held/ scheduled (11 stories)*** - Several clinics are scheduled for this week as LHDs continue to encourage people to get their H1N1 vaccine.
- ***4.6 million Doses of H1N1 nasal vaccine recalled (10 stories)*** - Drug maker MedImmune has recalled 4.6 million doses of H1N1 nasal spray vaccine because the vaccine appears to lose strength over time. According to the FDA the vast majority of the recalled vaccine has already been used. FDA officials also said they don't think the slight decrease in potency will have an effect on the outcome of vaccination and they are not recommending revaccination for anyone who received recalled vaccine. Local newspapers/TV stations are reporting this vaccine was given to people in Coshocton County, Licking County, Jefferson County, and Warren County clinics.
- ***NASCAR crew member dies of H1N1 complications (7 stories)*** - A 37-year old tire changer for NASCAR Driver Kevin Harvick died of H1N1 complications late Friday. He had been in the hospital for several weeks battling acute respiratory distress syndrome aggravated by H1N1 flu.
- ***Studies show pregnant women and children most at risk for H1N1 (3 stories)*** - A recent study of H1N1 victims found that both pregnant women and new mothers are at high risk for the virus. The study released by the New England Journal of medicine and conducted by the California

Department of Public Health involved 94 pregnant women and 8 new mothers who were hospitalized for H1N1 before the vaccine was available. A second study was also released that looked at pediatric deaths from H1N1 in Argentina. The study compared death rates of seasonal flu vs. H1N1 flu and found that the death rate for H1N1 flu was 10 times higher than seasonal flu.

H1N1 Call Center Activities

- The ODH general/technical information call centers were closed Christmas Day. There are no current reports of calls posted on the ODH portal.
- **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 New Year's Day.

INTERVENTIONS

Vaccines

The CDC announced Friday, December 23 that there would be a non-safety-related voluntary recall of several lots of MedImmune's nasal spray vaccine. 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 = 3,584,000

Public Population Pre-Registered for Vaccine Population = 1,191,562

Pre-Registered Providers approved by Local Health Departments (LHDs) = 3217

As of 5:00 p.m. Thursday, December 24, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	821,500	782,900
Novartis adult PFS	349,300	318,500
Sanofi MDV	1,436,000	1,319,800
Novartis MDV	891,100	819,500
Sanofi .25 PFS	165,100	165,100
CSL Biotherapies adult PFS	64,800	58,000
CSL MDV	17,900	17,900
Sanofi .50 PFS	189,900	102,300
Total	3,935,600	3,584,000

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/after 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.

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.

ODH continues to monitor antiviral and PPE 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. 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. Two Ohio counties are reporting that they have used all of their PPE. All Ohio counties are able to request the SNS supply of PPE available through ODH.

ODH and the Centers for Disease Control and Prevention (CDC) are noticing stability in inventory numbers. The CDC has adjusted its Medical Countermeasure Situation Reporting consistency from weekly to monthly; ODH has decided to follow the CDC reporting timeframe. This will allow leadership to continue to receive the project area data while at the same time take some of the burden off the frequency of reporting.

Local Health Departments will no longer be required to report on a weekly basis as of Tuesday, December 29, 2009. A monthly report will be due on the last Tuesday of each following month. ODH will continue with this timeframe unless CDC adjusts its reporting schedule or ODH determines that more frequent reporting times are needed.

IMPACT ON PEOPLE

During week 50 (December 13 to December 19, 2009), there were 33 hospitalized cases of influenza reported in Ohio. From August 30 through **December 28, 2009**, the cumulative total for Ohio influenza confirmed hospitalizations is **3,087** individuals per Ohio Disease Reporting System (ODRS).

At least 47 people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (8), 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 "regional" to "sporadic." 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 12/22/2009 4:00 PM ¹				Electronic Death Registration System (EDRS), Data as of 12/21/2009 ²			
	Hospitalized Cases of Influenza Reported MMWR (12/13/2009 to 12/19/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 12/19/2009) ³	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (12/13/2009 to 12/19/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 12/19/2009)	Influenza Deaths (12/13/2009 to 12/19/2009)	Cumulative Influenza Deaths (9/13/2009 to 12/19/2009) ⁴	Influenza and Pneumonia (P&I) Deaths (12/13/2009 to 12/19/2009)	Cumulative Influenza and Pneumonia (P&I) Deaths (9/13/2009 to 12/19/2009) ⁴
0-4	10	539	3	172	0	1	0	9
5-18	5	699	3	295	1	7	2	10
19-24	0	229	0	123	0	2	0	6
25-49	10	834	8	451	6	22	14	108
50-64	6	561	1	279	4	27	21	278
65+	2	232	0	113	3	27	155	1,697
Unknown	0	3	0	3	0	0	0	0
Total	33	3,097	15	1,436	14	86	192	2,108

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.
5. Cumulative counts were reviewed and corrected if the death certificate did not meet the criteria for inclusion of "influenza" or "Influenza 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 EXPENDITURE REPORTS

For the period October 28, 2009 to December 18, 2009 state agencies, boards, and commissions report a total of \$1,886,530 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, Board of Regents, 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, Kentucky, and Michigan, Pennsylvania, 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.

HOLIDAY HOURS

The SEOC Assessment Room and Joint Information Center will be closed on New Year's Day. Otherwise, both will be open on weekdays 8:00 a.m. to 5:00 p.m. until further notice.