



## OHIO DEPARTMENT OF HEALTH DEPARTMENT OPERATIONS CENTER

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### SITUATION REPORT

**Report Date:** 1100 November 17, 2009

**Event Type:** Public Health Emergency

**Operational Period:** November 11 through November 18, 2009

#### Ohio Public Health Situation

<b>Disaster/Hazard/Disease Type:</b>	H1N1
<b>WHO Phase:</b>	6 - Widespread Human Infection
<b>Governor Emergency Proclamation:</b>	Yes, on October 7, 2009
<b>State EOC:</b> OPEN	CAS Level 1
<b>ESF 8:</b> YES	POC: Number: (419) 564-9192
<b>OEMA Assessment Room:</b> YES	Number: (614) 799-3903
<b>ODH ICS activated:</b> YES	IC: Roger Suppes Number: (614) 752-9871
<b>ODH DOC activated:</b> YES	POC: Dan Deskins Number: (614) 644-3435

#### World Health Organization:

In the United States, influenza transmission remains geographically widespread and intense but largely unchanged since the previous reporting week; rates of hospitalizations among persons aged 0-4 years, 5-17 years, and 18-49 years have now exceeded those seen during recent previous influenza seasons.

#### The Centers for Disease Control and Prevention:

Forty-six states are reporting widespread influenza activity at this time. Almost all of the influenza viruses identified so far are 2009 H1N1 influenza A viruses. 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.

CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza.



During the 2009-2010 influenza season, pneumococcal vaccines can be useful in preventing secondary pneumococcal infections and reducing illness and death among those infected with influenza viruses.

### **Disease Parameters:**

The Pandemic strain of H1N1 2009 continues to demonstrate similar characteristics to seasonal influenza. The exception is the elderly, above 65, demonstrate less severe illness. Some individuals have progressed to extreme illness.

Individuals are encouraged to see their primary physician if they need treatment or if their illness progresses. 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.

ODH is conducting daily surveillance on Hospitals, Outbreaks, and Deaths and reporting them to the CDC by noon Wednesdays.

First Tier 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

### **Impact on Individuals:**

- As of 9:08 a.m. on 11/17/2009, the Ohio influenza confirmed hospitalizations are 2,437 individuals per ODRS.
- To date, 42.8% of those hospitalized are between the ages of 0 and 18 years.
- Influenza activity continues to **DECLINE** in Ohio. Most data sources indicate that the peak was reached during the week of October 18th.

### **Incident Potential:**

- Ohio anticipates continual "widespread" influenza activity over the next month.
- Visits to doctors for influenza-like illness (ILI) nationally decreased this week over last week. This is the second week of national decreases in ILI after four consecutive weeks of sharp increases.

### **Current Status:**

- CDC has indicated that they do not anticipate achieving the projected supply of vaccine this week or next. They are trying to get additional information on the magnitude and reasons for this problem. CDC will release revised projections.
- The GSK vaccine has now been licensed by the FDA. GSK anticipates producing about 7.5 million doses that will be available in late December.



- Doses available for Ohio to order on November 13 are a total of 182,700 doses, down from 434,800 doses last week, in the following presentations: 28,300 in .25 ml prefilled syringes; 67,100 in .5 ml prefilled syringes; 77,100 in multi-dose vials; 10,200 LAIV (mist).
- The tentative plan is to include approved local health district, hospital, OB/GYN, pediatric, family practice, and FQHC providers in the orders that will be placed on November 13. ODH tentatively plans to begin processing orders for pharmacy providers on December 4 or 11. This plan is based on vaccine availability.
- An upload feature for HDIS data is now available in the H1N1 vaccine web application. The upload feature can be accessed from the drop-down menu bar at the top of your home page. ODH will be providing detailed instructions.
- The ODH H1N1 GENERAL flu information line received **401** calls on Monday, **11/16/09**. The total number of calls received since inception stands at **17,569**. The ODH H1N1 TECHNICAL flu information line received **162** calls on **11/16/09**.
  - The calls continue to involve how to register, where can I get the vaccine, system being down, patient pre-registration challenges, pharmacies checking on their status, when will we receive vaccine, when will we receive vaccine, how to get the vaccine inventory into the system.
- Finally, some of the LHDs are not informing parents when the second dose of H1N1 should be administered to children; there is also a discrepancy with the waiting time between doses. The CDC is recommending 28 days, but some of the LHDs are telling parents 14 to 21 days.
- As of 11/17/09, over 583,046 individuals have pre-registered on the ODH H1N1 Vaccine Application Site.
- Reported pre-registered providers approved by local health departments are 2,909 out of 5,549 as of November 17, 2009.
- No schools or child care centers are reported closed today.

### **Incident Objectives:**

1. Order and Report Vaccines in accordance with Vaccine Allocation and Ordering Plan 2009.
  - a. Continue Allocation Process and evaluate expanded distribution beyond LHD's and Hospitals
  - b. Develop application for tracking and reporting of who has been vaccinated by geography and category
  - c. Develop application to show vaccine distributed
  - d. Communicate vaccine distribution
  - e. Identify all unapproved providers (e.g. Pediatricians, OBGYN's, Family practice, etc.) and take action to get them approved as appropriate (in order to direct ship).
  - f. Identify and issue guidance to those who have been approved and have requested less than 100 doses.
  - g. Develop guidance to LHD's for notifying unapproved providers.
2. Provide General Information to the Public and Technical Assistance to Providers/Patient Registration.
3. Report to CDC and/or EOC:
  - a. School and Child Day Care closings
  - b. County reporting of dispense rate (burn rate) of state and federal cache Antivirals & PPE



- c. Daily surveillance on Hospitalizations and Pediatric Deaths
  - d. Medical Surge and Provide HAVBed
    - (1) OHA to request hospitals provide Surgnet/HaveBed website updates on hospital status
    - (2) Reporting on 1135 waivers
    - (3) Hospital reporting of consumption of PPE and antivirals
  - e. Monitor commercial antiviral dispensing from Retail Pharmacy Chains(RPC) for action
  - f. Report call center statistics
  - g. Regional Hospital Coordinators issue weekly report on existing supply of N95 PPE in Regional Caches
4. Complete and publish ODH Website Redesign for H1N1.
    - a. Update information on Current Location and Timing of Vaccine distribution.  
[Map of Flu clinic and county search functions that includes locations and timing]
    - b. Maintain links to locals with same information
  5. Evaluate status of data sets and critical information and confirm dissemination.
  6. Develop communication plan around release of Antiviral Oral Suspensions:
    - a. Large Retail Pharmacy Chains
    - b. County drop sites
  7. Ship Antiviral Oral Suspension to RPC and necessary county drop sites.
  8. Complete Plan for Call Center to cover through January 15, 2010 (current contract ends 11/30). Include schedule and what are the requirements for coverage.
  9. Develop a report that identifies interventions or next steps based on EPI assessments on trends or associations of Hospitalizations and Deaths.

### **Expenditures:**

As of 11/17/09, the total payroll cost is \$650,622.78 for 177 staff and total procurement cost is \$536,708.00. (This reflects staff's time entered into the MOSS portal on the ICS 252 electronic forms).

### **Resources:**

As of November 17, 2009, 497 ODH personnel have been mobilized for the ODH H1N1 response; of those mobilized, 236 ODH staff is currently assigned and scheduled.

### **Planning Updates:**

H1N1 MOSS/Ohio Situational Awareness Portal access (read only access) was provided last week to the Ohio Hospital Association, Regional Hospital Coordinators and Local Emergency Management Agencies in an effort to keep essential partners informed of timely H1N1 information.

### **Safety Message for Public:**

Dr. Jackson has released a statement to the public regarding long-lines at the various H1N1 vaccination clinics. He stated people should dress appropriately for the weather, carry hand sanitizer and gave the following preventative measures to avoid spreading germs:

- o Wash your hands frequently; use alcohol-based hand sanitizers if soap and water are unavailable
- o Cover your coughs and sneezes with tissue, or cough or sneeze into your elbow.



- If you are sick, stay home until free from fever for 24 hours without taking fever-reducing medication.

**Weather and Effects:**

Over the next ten days, the weather forecast will not impede transportation of vaccine and ancillary supplies.