



STATE OF OHIO

Emergency Operations Center

SITUATION REPORT

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MEMORANDUM

TO: Ted Strickland, Governor
FROM: Ohio Emergency Management Agency
SUBJECT: H1N1 Incident – September 2009
DATE: November 12, 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 November 12, 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 November 11, 2009 through November 18, 2009** are:

1. Order and Report Vaccines in Accordance with Vaccine Allocation Ordering Plan 2009.
 - a. Continue Allocation Process and evaluate expanded distribution beyond local health departments 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, Obstetricians/Gynecologists, Family Practitioners, 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 local health departments for notifying unapproved providers.
2. Provide general information to the public and technical assistance to providers/patient registration

3. Report to CDC and/or State EOC:
 - a. School and Child Day Care closings
 - b. County reporting of dispense rate (burn rate) of state and federal cache Antivirals and Personal Protective Equipment (PPE)
 - c. Daily surveillance on Hospitalizations and Pediatric Deaths
 - d. Medical Surge and Provide HAvBed
 - (1) Ohio Hospital Association (OHA) to request hospitals provide Surgnet/HAvBed 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 (RPCs) for action
 - f. Report Call Center statistics
 - g. Regional Hospital Coordinators issue weekly reports on existing supply of N-95 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 (RPCs)
 - b. County drop sites
7. Ship Antiviral Oral Suspensions to RPCs and necessary county drop sites
8. Complete Plan for Call Center to cover through January 15, 2010. The current contract ends on November 30, 2009. [Include schedule and 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.

JOINT INFORMATION CENTER (JIC) ACTIVITIES

Ohio EMA executive director and members of the JIC staff met with the Governor's Press Office staff today to review and define the approval process for State Emergency Operations Center JIC press releases.

From Monday, November 9, 2009, through this morning, the JIC has received and responded to **16** media calls.

Media Trends

- **Clinics Held/Scheduled (32 articles)** – Most clinics are now available to healthy children. Cincinnati plans to have month-long H1N1 vaccine clinics for “Tier One” individuals, Monday-Thursday through Dec. 17 at specified locations.
- **Healthy Practices (6 articles)** – Varying stories on how to protect yourself from H1N1.
- **Sick Leave for H1N1 (3 articles)** – There are federal hearings planned for guaranteeing paid sick leave for workers who have the flu.

- **WHO: Will Vaccine Get to Poor Countries? (4 articles)** – The World Health Organization will work with vaccine providers to ensure that 156 million doses of the H1N1 vaccine is sent to poor countries across the globe by May 2010.

H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 general flu information line received 378 calls on Friday, November 6; 472 calls on Monday, November 9; **420 calls on Tuesday**, November 10; and **363 calls on Wednesday**, November 11. The total number of calls received since the call center was activated is **16,284**. Majority of calls were general questions, vaccine availability and clinic locations.
- **Hours of Operation:** The JIC is only handling media inquiries regarding H1N1 information. JIC hours of operations are 8 a.m. to 5 p.m., Monday through Friday. The JIC was closed on November 11, 2009 for the Veterans' Day holiday. The JIC point of contact received no calls during the holiday.

DISEASE PARAMETERS

The influenza A H1N1 pandemic strain circulating since April 2009 demonstrates characteristics similar to seasonal influenza with the exception that people age 65 and older, are less likely to become infected. It is believed that immunity in this population is related to exposure to a similar virus in the remote past, but H1N1, like any influenza infection in the elderly, is likely to lead to more serious illness.

The Ohio Department of Health reports H1N1 surveillance data on a weekly basis to CDC.

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

Due to the limited availability of vaccine at this time, the Ohio Department of Health recommends that local health departments give priority to vaccinating the following groups:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Health care and emergency medical services personnel with direct patient contact
- Children 6 months through 4 years of age
- Children 5 through 18 years of age who have chronic medical conditions

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.

Some individuals have progressed to extreme illness, although this is not common. Individuals are encouraged to see their primary physician if they need treatment, or if their illness progresses.

INTERVENTIONS

Vaccines

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 to date = **1,418,200**

Public Population Pre-Registered for Vaccine Population = 489,349

Pre-Registered Provider approved by Local Health Department (LHD) = **2887** out of 5549

The Ohio Department of Health (ODH) continues to coordinate the distribution of all H1N1 vaccines, anti-virals, 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.

As of 5:00 p.m. Tuesday, November 10, Ohio has allocated and distributed the following:

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	399,600	399,600
Novartis adult PFS	208,500	147,400
Sanofi MDV	531,400	531,400
Novartis MDV	230,800	202,900
Sanofi .25 PFS	118,300	97,200
CSL Biotherapies adult PFS	45,700	39,700
Total	1,534,300	1,418,200

Vaccine Clinic Locations

A list of vaccine clinic locations can be obtained at:

<http://www.odh.ohio.gov/features/odhfeatures/h1n1vaccinefinder.aspx>.

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 plans to distribute this Pediatric Tamiflu suspension basing the allocation on community needs and reported spot shortages.

The Ohio Department of Health will continue to monitor for any reports of a shortage of antivirals and Personal Protective Equipment (PPE). Currently, commercial supplies of these countermeasures continue to be available with only spot shortages of Pediatric Antiviral suspension being reported, as noted above. Currently spot shortages of pediatric antiviral suspension have been successfully filled with the use of Tamiflu capsules being compounded.

The Ohio SNS program has received 10,954 cases, or approximately 2,294,040, of varying size N-95 respirators from the CDC SNS program. The vast majority of the respirators are manufactured by Kimberly Clark and a small percentage are Inovel respirators. The program completed inventorying the shipment and is currently working on an apportionment formula. A decision process for requests of N-95 respirators is being developed. These materials are also being prepared for shipment.

IMPACT ON PEOPLE

During week 44 (November 1 to November 7, 2009), there were **686** hospitalized cases of influenza reported in Ohio. At least **26** people hospitalized with H1N1 infection have died in Ohio. Reported deaths are from Butler (2), Cuyahoga (5), Franklin (10) and one each in Carroll, Fayette, Greene, Hamilton, Licking, Lorain, Ross, Stark, 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. These statistics reflect the delay.

Ohio’s influenza activity level, an indicator of geographic spread, remains at “widespread.” The number of people infected with influenza remains elevated, but some surveillance data sources indicate that activity may have peaked during Morbidity and Mortality Weekly Report (MMWR) Week 42 (October 18-24). The predominant strain in Ohio and nationally is the 2009 influenza A (H1N1) virus.

Surveillance sources indicate continued high levels of hospital admissions and outpatient visits related to influenza-like illness not typical for this time of the year.

Hospitalized Influenza Cases and Pneumonia and Influenza Deaths, State of Ohio

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 11/10/2009 4:25 PM‡				Electronic Death Registration System (EDRS), Data as of 11/9/2009	
	Hospitalized Cases of Influenza Reported (11/01/2009 to 11/07/2009)	Cumulative Hospitalized Cases of Influenza Reported (8/30/2009 to 11/07/2009)*	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (11/01/2009 to 11/07/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 11/07/2009)*†	Influenza and Pneumonia Deaths (11/01/2009 to 11/07/2009)	Influenza and Pneumonia Deaths (8/30/2009 to 11/07/2009)
0-4	129	369	40	109	0	4
5-18	162	572	76	239	2	5
19-24	56	155	32	79	0	4
25-49	163	536	81	290	13	50
50-64	124	352	57	155	26	138
65+	51	126	18	51	139	907
Unknown	1	2	1	2	0	0
Total	686	2,112	305	925	180	1,108

* Removed **40** 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.

† Removed **23** records that was marked "Confirmed Pandemic H1N1 strain" as laboratory results did not support the finding.

‡ 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.

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 71 outbreaks (confirmed, probable and suspect) affecting 2,422 Ohioans. The decrease in number of outbreaks from the previous reporting period is due to a suspected outbreak being changed to “not an outbreak” upon investigation. 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 and no day cares report closures.

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

There will NOT be a State Agency H1N1 Briefing this Friday November 13. These briefings will be held only on an as-needed basis.

All agencies should email their daily 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>.