



**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:** November 25, 2009

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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 25, 2009 unless otherwise noted.

**The next State Situation Report will be distributed on Monday November 30, 2009. The State Assessment Room will be closed on November 26 and November 27, 2009.**

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 25, 2009 to December 2, 2009** are:

1. Order and report vaccines in accordance with ODH Vaccine Allocation and Ordering Plan, 2009
  - a. Continue allocation process and evaluate expanded distribution
  - b. Develop application for tracking and reporting of who has been vaccinated by geography and category
  - c. Communicate vaccine distribution
  - d. Continue monitoring and reporting and reduce unapproved providers (e.g. Pediatricians, OB/GYN’s, Family Practice) by 1000 and take action to get them approved as appropriate (in order to direct ship)
2. Provide general information to the public and technical assistance to providers/patient registration.

- a. Develop and implement communication plan for vaccine to African American populations
3. Report critical information to CDC and/or EOC (as found in H1N1 Critical Information Matrix).
4. Assure that H1N1 Vaccine Application displays only data for currently scheduled and future clinics.
5. Ship Antiviral Oral Suspension to remaining RPC, as required
6. Monitor the EPI assessments on trends or associations of hospitalizations and deaths and identify interventions or next steps as necessary.
7. Distribute PPE to hospitals, upon receipt of requests.
8. Develop 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.
9. Develop allocation plan for SNS ventilators.
10. Set up and plan for demobilization issues and guidance.

### **JOINT INFORMATION CENTER (JIC) ACTIVITIES**

Call centers and state offices are closed Thanksgiving Day (Thursday, November 26<sup>th</sup>).

This week, the JIC has received and responded to five media calls as of 11:00 a.m. today.

### **Stakeholder Communications**

#### **Media Trends**

- ***Clinic Held/ Scheduled (3 articles)*** – Vaccine clinics continue to open across the state for other groups, to include children and young adults, 6 months to 24 years; adults 25-64 with chronic medical conditions; pregnant women; caregivers of babies younger than 6 months; health care workers. The public can check locations on the Ohio Dept. of Health web site or contact their local health departments' sites.
- ***H1N1 toll in Cincinnati detailed (3 articles)*** – The Cincinnati Health Department gave an H1N1 update to city council on Tuesday. A total of 25,000 people have been vaccinated, with 20,000 of them being children. Clinics have been held at more than 100 schools and health centers. Cincinnati reports two H1N1-related deaths and more than 20,000 residents have been ill with the flu.
- ***CDC warns: Holiday could bring more swine flu (2 articles)*** – AP article ran in two media outlets. CDC urges public to do everything possible to stay healthy during this flu season. Flu viruses could be at Thanksgiving tables, crowded airports and shopping malls. CDC urges people to travel only if they're well; get vaccinated against seasonal and swine flu; wash hands often; cover coughs and sneezes with tissue or sleeve; have plenty of hand sanitizer available.
- ***Vaccine may trigger severe allergies (2 articles)*** – GlaxoSmithKline has advised its staff not to use a batch of the H1N1 vaccine because it has caused more allergic reactions than normal. The batch contained 172,000 doses of the vaccine. Right now, it appears to be confined to Canada.

### H1N1 Call Center Activities

- **General Information Line:** The ODH H1N1 general flu information line received 274 calls on Friday, November 20; 339 calls on Monday, November 23; and **345 calls** on Tuesday, November 24. The total number of calls received since inception: **19,551**. The call center will be closed Thursday, November 26.

Effective Wednesday, November 25, the call center's hours will be 8 a.m. to 5 p.m., Monday through Friday.

- **Technical Information Line:** The ODH H1N1 technical flu information line received 115 calls on Friday, November 20; 108 calls on Monday, November 23 and **128** calls on Tuesday, November 24.
- **Hours of Operation:** The state of Ohio Joint Information Center (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 will be closed Thursday, November 26.

### DISEASE PARAMETERS

The influenza A H1N1 pandemic strain circulating since April 2009 demonstrates characteristics similar to seasonal influenza. The exception is 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 past, but H1N1, like any influenza infection in the elderly, is likely to lead to more serious illness.

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

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 Plan 2009.

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 = **2,038,100**

Public Population Pre-Registered for Vaccine Population = **731,819\***

Pre-Registered Provider approved by Local Health Department (LHD) = **2949\*** out of **5108\***

\* - Pre-registered provider and public population numbers have changed due to the elimination of duplicate entries in the system. These numbers will continue to change as this is an ongoing process.

**As of 5:00 p.m. Tuesday, November 25, Ohio has allocated and distributed the following:**

	Vaccine Doses Available for the Period	Vaccine Doses Already Distributed to Registered Providers
Flumist	<b>526,500</b>	<b>487,100</b>
Novartis adult PFS	<b>236,900</b>	<b>227,400</b>
Sanofi MDV	<b>750,100</b>	<b>700,500</b>
Novartis MDV	<b>528,300</b>	<b>400,100</b>
Sanofi .25 PFS	<b>165,100</b>	<b>153,400</b>
CSL Biotherapies adult PFS	<b>51,300</b>	<b>50,700</b>
CSL MDV	<b>12,000</b>	<b>12,000</b>
Sanofi .50 PFS	<b>19,000</b>	<b>6,900</b>
<b>Total</b>	<b>2,299,200</b>	<b>2,038,100</b>

Vaccine Clinic Locations

Vaccine clinic information can be obtained at:

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

Vaccine orders placed on November 25 were directed to local health departments, OB/GYN providers, Internal Medicine, pediatricians, family physicians, and federally qualified health centers. Some hospitals will be allocated vaccine based on assuring adequate vaccine doses for the highest risk children, especially at Ohio’s children’s hospitals.

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) began distributing this Pediatric Tamiflu suspension on November 18, 2009 to pharmacies and local health departments to make it accessible throughout Ohio.

The Ohio SNS program received 10,954 cases, or approximately 2,294,040, of varying size N-95 respirators from the CDC SNS program. The N-95 respirator inventory has been allocated to hospitals in Ohio in coordination with Ohio Hospital Association (OHA) and ODH. ODH, in conjunction with the OHA, has disseminated a guidance document on the hospital N-95 Respirator Request Process. This document outlines the steps for hospitals to request their allocation of N95 respirators. The process requires hospitals to verify that they are maximizing their use of N95s and that they have exhausted several avenues to procure N-95s. The Ohio SNS program has N-95 respirators ready for deployment when the agreed upon N-95 hospital levels are reached and local/regional caches are exhausted.

ODH continues to monitor for any reports of shortages of antivirals and personal protective equipment (PPE). Commercial supplies of these countermeasures continue to be available with only spot shortages of pediatric antiviral suspension being reported. Currently spot shortages of pediatric antiviral suspension have been successfully filled with the use of Tamiflu capsules being compounded.

#### IMPACT ON PEOPLE

During week 46 (November 15 to November 21, 2009), there were 315 hospitalized cases of influenza reported in Ohio. From August 29 through November 21, 2009, the cumulative total for Ohio influenza confirmed hospitalizations is 2,754 individuals per Ohio Disease Reporting System (ODRS).

At least 34 people hospitalized with H1N1 infection have died in Ohio. Counties reporting deaths are Butler (2), Cuyahoga (6), Franklin (11), Greene (2), Licking (2), and one each in Carroll, Columbiana, Fayette, Guernsey, Hamilton, Lorain, Mahoning, Ross, Stark, Warren and Wood counties. One person previously reported from Butler County was removed as there was no confirmation of the person's H1N1 status. 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.

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 (The week of 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.

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

Age Group	Ohio Disease Reporting System Data (ODRS), Data as of 11/24/2009 4:30 PM <sup>1</sup>				Electronic Death Registration System (EDRS), Data as of 11/23/2009 <sup>2</sup>			
	Hospitalized Cases of Influenza Reported (11/15/2009 to 11/21/2009)	Cumulative Hospitalized Cases of Influenza (8/30/2009 to 11/21/2009) <sup>3</sup>	Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 Reported (11/15/2009 to 11/21/2009)	Cumulative Hospitalized Cases of Influenza with Confirmed Pandemic H1N1 (8/30/2009 to 11/21/2009) <sup>3,4</sup>	Influenza Deaths (11/15/2009 to 11/21/2009)	Cumulative Influenza Deaths (9/13/2009 to 11/21/2009)	Influenza and Pneumonia (P&I) Deaths (11/15/2009 to 11/21/2009)	Cumulative Influenza and Pneumonia (P&I) Deaths (9/13/2009 to 11/21/2009)
0-4	53	486	17	153	0	1	2	8
5-18	28	647	8	274	0	6	0	7
19-24	27	207	15	105	0	0	0	5
25-49	100	735	40	380	6	12	14	73
50-64	67	488	34	233	6	21	36	203
65+	40	188	14	78	9	33	129	1,166
Unknown	0	3	0	3	0	0	0	0
<b>Total</b>	<b>315</b>	<b>2,754</b>	<b>128</b>	<b>1,226</b>	<b>21</b>	<b>73</b>	<b>181</b>	<b>1,462</b>

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 11 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 eight records that was marked "Confirmed Pandemic H1N1 strain" as laboratory results did not support the finding.

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 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.

## **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**

In the state of Indiana, LaPorte, Grant, and Morgan County EMAs have activated their Emergency Operations Centers at Level IV, and Whitley County EMA has its EOC elevated to Level III in order to monitor the H1N1 outbreak. 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](mailto: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>.