TEXAS
Health and Human Services

Texas Department of State Health Services

DSHS Pandemic Response

Senate Health and Human Services

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Outline

- **Pandemic Response Functions**
  - Typical Public Health Response
  - COVID-19 Response
- **COVID-19 Trends & Response Timeline**
  - Trends & Interventions Overview
  - Trends by COVID Wave

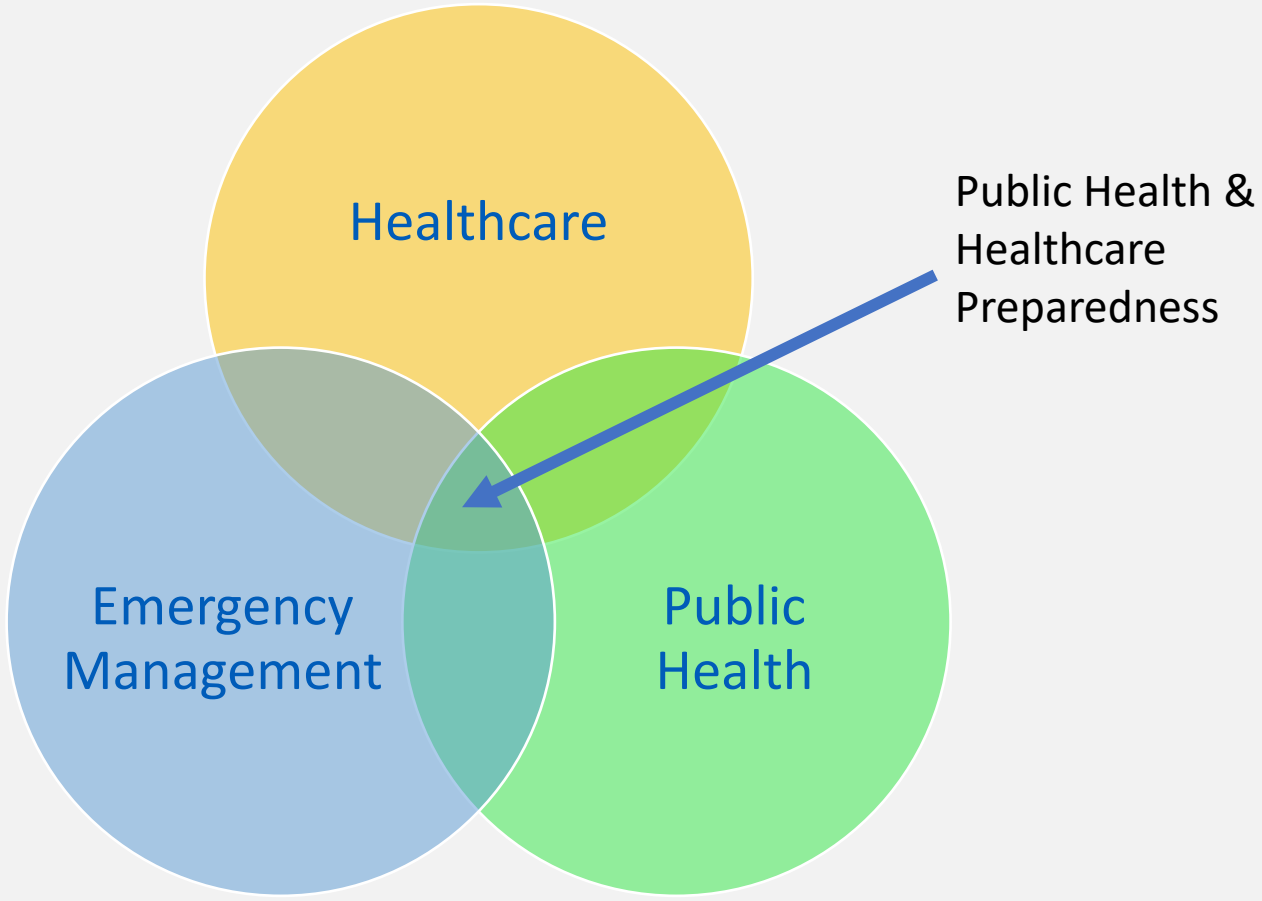
Pandemic Response Functions

Types of Emergency Response

- **Texas takes an all-hazards approach to preparedness and response, which includes:**
  - Natural events
  - Biological events
  - Hazardous material spills
  - Radiological accidents
  - Terrorist acts
  - Man-made disasters
- **Texas Division of Emergency Management (TDEM) is the lead agency for state disaster response in Texas:**
  - State of Texas Emergency Management Plan (State Plan)
  - State Operations Center (SOC)

DSHS Responsibilities in Emergency Response

- **DSHS primary responsibility falls under the State Plan:**
  - **Emergency Support Function 8:** coordinating public health and medical response during emergencies
  - **Annex D:** radiological emergencies



Emergency Public Health Response: COVID-19 in Focus

- The statewide scope and scale of COVID-19 required different approaches to disaster response functions typically implemented at local or regional levels
- Resource scarcity felt nationwide and globally led to different approaches at the federal level, requiring states and public health to adapt to changing expectations for disaster response needs
- Evolving understanding of the disease at national and global levels resulted in ever-changing needs for communications to the public, providers, and public health partners at state and local levels
- DSHS had more direct interaction with healthcare settings (surge staffing support on a statewide scale) and patient care (therapeutics distribution)

Context: Typical vs. COVID Response

Typical Disaster Response

- **Event Type:** Weather-based disasters are overwhelming majority, fires
- **Scope:** Local or regional
  - Redirect existing assets to affected areas
  - Use existing equipment/supplies to assist in operations limited to the needs of event responders
  - Regional partners (HPPs) directly handle healthcare setting and patient care-related coordination
- **Duration:** Limited time periods
  - State Medical Operations Center activations of 30 days or less
- **Communication:** information directed to specific communities about a specific issue
- **Response Approach:** Not novel in most cases
  - Events follow familiar scripts regarding preparedness, response

COVID-19 Disaster Response

- **Event Type:** Novel infectious disease
- **Scope:** Statewide
  - Existing assets could not be deployed for simultaneous needs occurring statewide
  - National/international resource scarcity meant all sectors in need of same equipment/supplies
  - More direct involvement with healthcare setting (hospital surge staff) and patient care (therapeutics) needs at statewide level
- **Duration:** Extended duration
  - Approaching 900 days of continuous State Medical Operations Center activation
- **Communication:** information directed statewide to address multiple issues
- **Response Approach:** Novel epidemiology, response
  - Impact of changing asset availability and federal requirements/guidelines/initiatives required constant adaptation

COVID-19 Pandemic: Emergency Response by DSHS

- **Coordination and Control**
  - SMOC activated for 868 days as of June 27, 2022
  - Over 2,700 DSHS employees supporting response
  - Over 1,400 reports and plans produced and over 900 maps and GIS products produced
- **State of Texas Assistance Requests (STARs)**
  - 16,431 STARs processed by DSHS:
    - 2,079 facilities/organizations receiving resources
    - 3,299 staffing requests filled by SMOC
- **Total Cost of Response as of June 16, 2022: $10.1 billion**

COVID-19 Pandemic: DSHS Expenditures

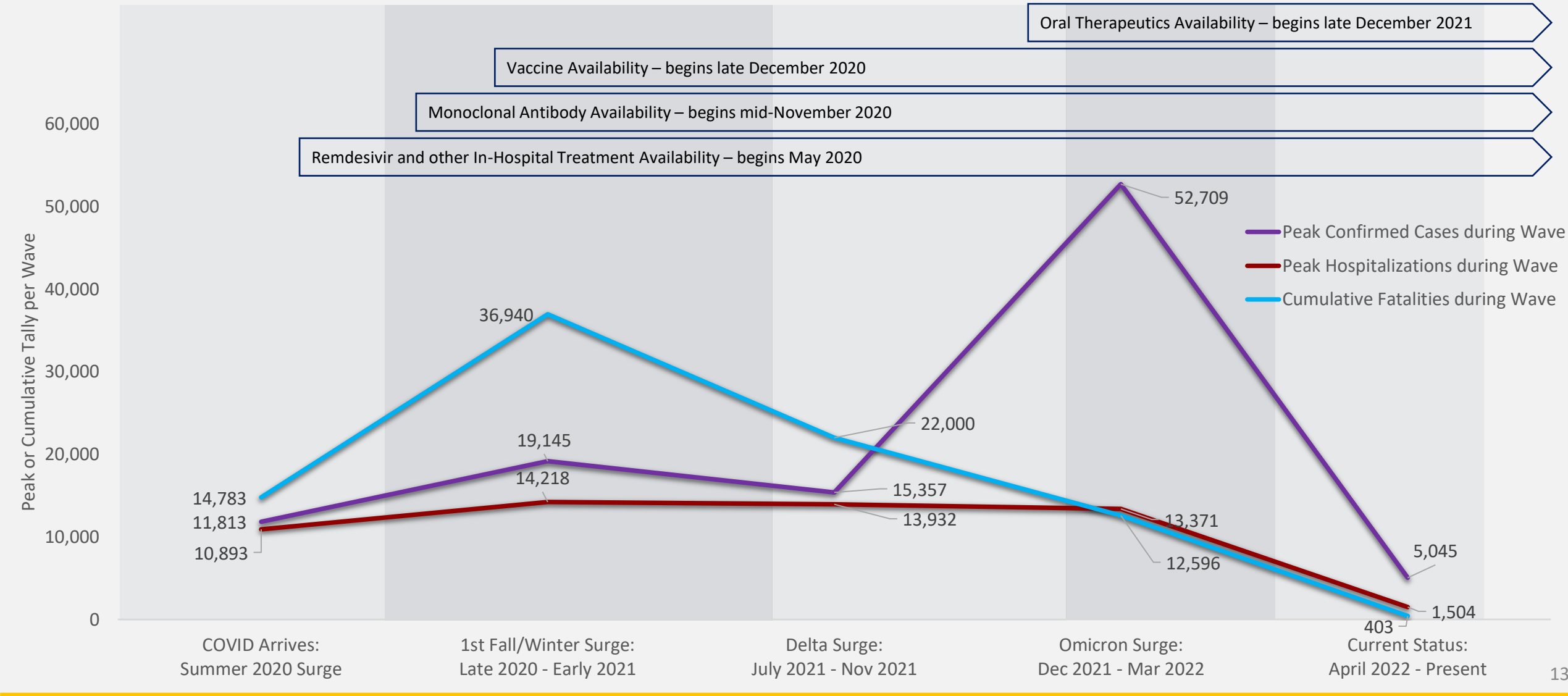
	Amount Obligated
Medical Surge Staffing	$8.4 Billion
Local Response	$906.8 Million
Local Contracts	$390.4 Million
COVID-19 Surveillance	$328.5 Million
Lab Costs	$56.9 Million
Repatriations	$5.6 Million
Other Cost	$0.3 Million
	$10.1 Billion

COVID-19 Pandemic: Emergency Response by the State

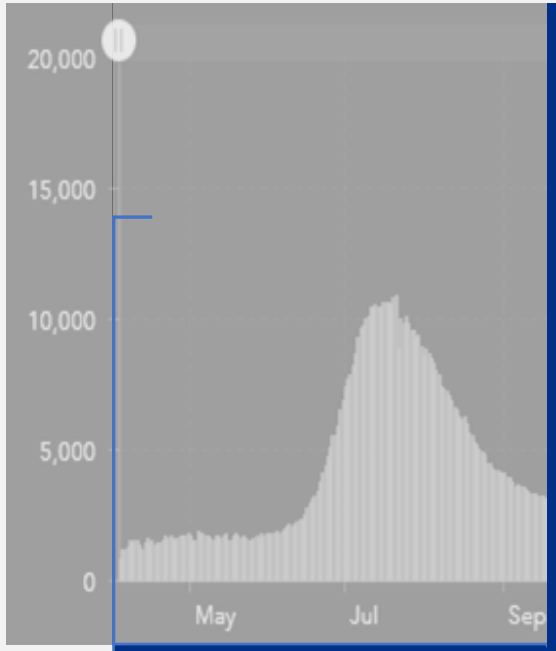
- **Missions Unique to COVID-19**
  - Over 13,600 infusions administered by mobile infusion teams
  - 379 Healthcare Acquired Infections-Epidemiology (HAI-EPI) nursing home missions completed
  - Over 5,500 homebound vaccinations completed
  - 108,000 calls/emails received by COVID Call Center
  - 1,700 EMTF nursing home testing/transfers
- **Vaccines**
  - 44,889,696 vaccine doses administered, 2,401,735 distributed by SMOC
- **Equipment/Supplies**
  - Over 400,000,000 pieces of PPE provided
  - Over 6,600,000 pieces of testing material provided
  - Over 54,000 DME deployments, 11,861 DME purchased
  - 54 fatality management trailers deployed
- **Patient Care**
  - 23 Alternate Care Sites and 16 Isolation and Quarantine sites opened; 2,211 individuals admitted
  - 16 Regional Infusion Centers opened with over 53,589 infusions given
  - 242 air medical transfers

COVID-19 Trends & Response Timeline

COVID-19 in Texas: Trends & Interventions Timeline



COVID-19 in Texas: Trends & Response
COVID Arrives-Summer 2020 Surge



COVID Arrives – Summer 2020 Surge

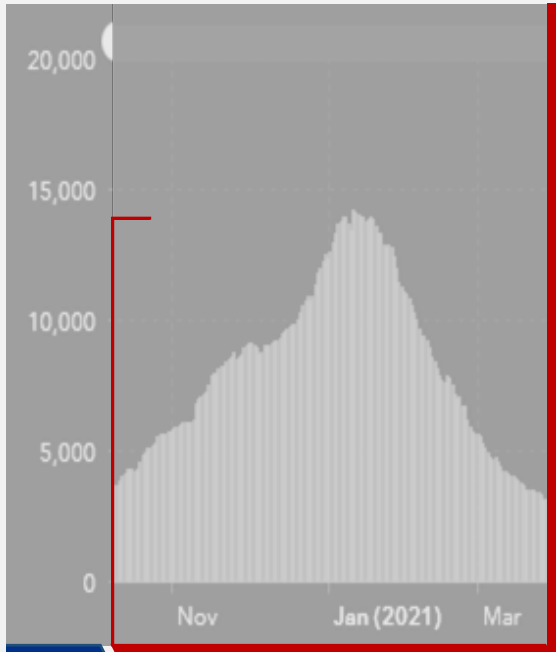
Data Peaks

- **Cases**: 11,813 (7-day rolling average - 8/10/20)
- **Positivity**: 20.54% (7/7/20)
- **Hospitalizations**: 10,893 (7/21/20)
- **Fatalities**: 256 (7-day rolling average – 7/28/20)

Major response activities:

- Securing supplies for PPE, testing
- Allocating remdesivir (~57,000 doses) – states required to allocate limited supply to hospitals
- Addressing IT needs to collect needed data to assess disease spread
- Beginning of medical surge staff support
- Messaging regarding hygiene and non-pharmaceutical interventions
- Starting testing efforts to support local communities and long-term care facilities

COVID-19 in Texas: Trends & Response
1st Fall/Winter Surge



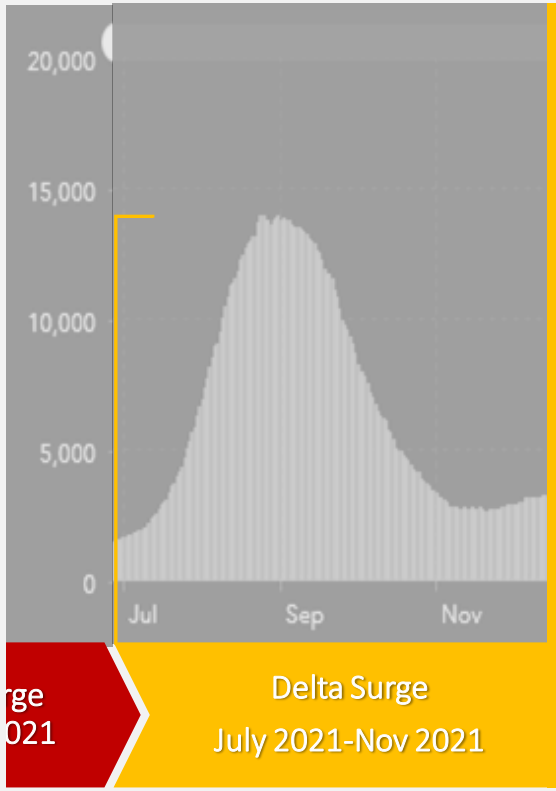
Data Peaks

- **Cases**: 19,145 (7-day rolling average – 1/17/21)
- **Positivity**: 20.80% (1/3/21)
- **Hospitalizations**: 14,218 (1/11/21)
- **Fatalities**: 352 (7-day rolling average) (1/14/21)

Major response activities:

- Vaccine rollout preparations and targeted solutions for specific populations (IT and logistics)
- Formation of the Expert Vaccine Allocation Panel
- Allocation of monoclonal antibodies
- Allocation and distribution of Pfizer/Moderna/J&J COVID-19 Vaccines authorized
- Medical surge staff support
- Messaging regarding vaccines
- Continuing testing efforts
- Establish large vaccination sites (Hubs) to administer high volume of vaccines
- Vaccine effort to target long-term care residents and elderly Texans

COVID-19 in Texas: Trends & Response
Delta Surge



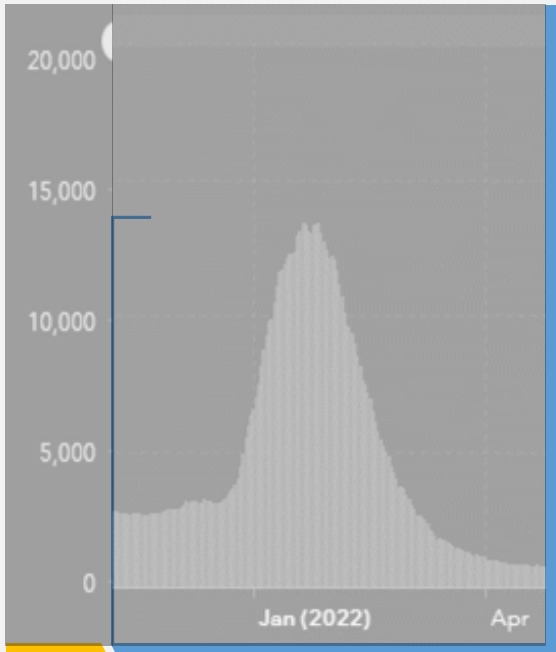
Data Peaks

- **Cases**: 15,357 (7-day rolling average – 9/14/21)
- **Positivity**: 18.73% (8/9/21)
- **Hospitalizations**: 13,932 (8/29/21)
- **Fatalities**: 317 (7-day rolling average – 9/31/21)

Major response activities:

- Vaccine rollout adapts as additional populations qualify for vaccine/need for additional doses/boosters
- Monoclonal antibody distribution continues
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences

COVID-19 in Texas: Trends & Response
Omicron Surge



Omicron Surge
Dec 2021-Mar 2022

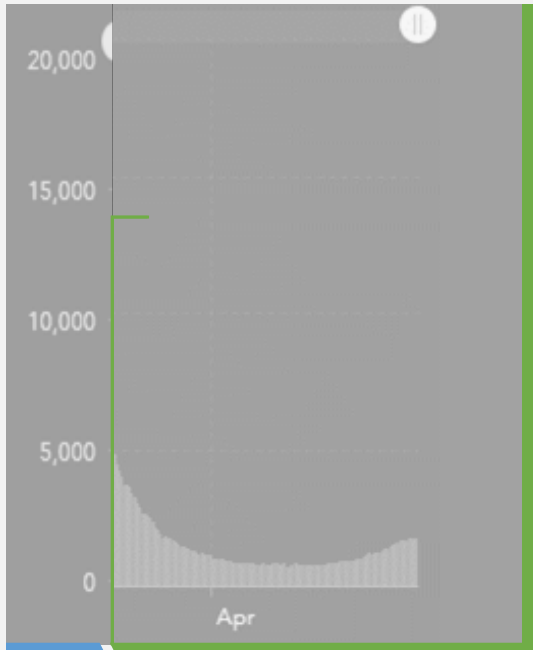
Data Peaks

- **Cases**: 52,709 (7-day rolling average - 1/17/22)
- **Positivity**: 35.98% (1/14/22)
- **Hospitalizations**: 13,371 (1/20/22)
- **Fatalities**: 244 (7-day rolling average - 1/28/22)

Major response activities:

- Vaccine efforts continue, including boosters
- Monoclonal antibody distribution adapts due to some therapeutics having less effectiveness against variant
- Allocations of new therapeutics (oral medications and pre-exposure monoclonal antibody)
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences
- Messaging regarding the changing virus

COVID-19 in Texas: Trends & Response
Current Status



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Current Status
April 2022-Present

Point in Time Data – June 20th

- **Cases:** 4,548 (7-day rolling average)
- **Positivity:** 22.60%
- **Hospitalizations:** 1,765
- **Fatalities:** 0.86 (7-day rolling average)

Major response activities:

- Rollout of pediatric vaccines
- Monoclonal antibody distribution – only one monoclonal therapy currently effective
- Oral therapeutics distribution – widely available through pharmacies
- Federal government establishes test to treat sites for oral medications