

**Task Force on Infectious Disease Preparedness and Response  
Meeting Minutes**

**Wednesday, October 3, 2018  
1:30 p.m.**

**Moreton Building - Room M-100  
1100 West 49th Street, Austin, TX 78756**

**Agenda Item 1: Call to Order**

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:33 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the meeting.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and noted that a quorum was not present for the meeting. A quorum of the Task Force was noted at 1:37 pm. Table 1 notes Task Force member attendance.

**Table 1. IDTF member attendance at the Wednesday, October 3, 2018 meeting**

<b>MEMBER NAME</b>	<b>YES</b>	<b>NO</b>	<b>MEMBER NAME</b>	<b>YES</b>	<b>NO</b>
Baker, Toby		X	McCraw, Steven		X
Bass, James	P		Morath, Commissioner Mike		X
Emmett, The Honorable Ed		X	Murray, Dr. Kristy	X	
Frei, Dr. Christopher	P		Nichols, Major General John* (Trey North)		X
Glowicz, Janet	P		Overman, Dr. Dottie	X	
Hellerstedt, Dr. John	X		Pablos, The Honorable Rolando* (Samuel Taylor)		X
Hotez, Dr. Peter	X		Paredes, Commissioner Raymund		X
Irvine, Tim	X		Parker, Dr. Gerald	X	
Kidd, W. Nim* (Chuck Finny)		X	Slayton, David	P	
Ksiazek, Dr. T.G.	P		Stillsmoking, Dr. Kristina	P	
Lakey, Dr. David	X		Sutton, Dr. Vickie	P	
Le, Dr. Jade (P.M. Only)	P		Tierney, Dr. Bill		X
Le Duc, Dr. James	P		Wainwright, The Honorable Dale		X
Lillibridge, Dr. Scott		X	Young, Interim Executive Commissioner Cecile	X	
Marquardt, Tony	X		Yosowitz, Dr. Edward	X	
Marshall, Dr. Muriel	P		Zeller, The Honorable Ben	X	

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

P: Indicates phone conference call

\* Other designated member was in attendance on behalf of Task Force Member.

## **Agenda Item 2: Approval of Meeting Minutes from February 27, 2018 Task Force on Infectious Disease Preparedness and Response meeting**

Dr. John Hellerstedt called for a motion to review and approve the minutes of the February 27, 2018 meeting.

### **Motion:**

Dr. David Lakey moved to approve the minutes from the February 27, 2018 meeting as presented. Dr. Peter Hotez seconded the motion. The Task Force members unanimously approved the minutes by voice vote, with no nays and no abstentions.

## **Agenda Item 3: Rapid Assessment Subcommittee**

Dr. John Hellerstedt provided an update on the Rapid Assessment Subcommittee. Highlights of the update and task force member discussion included:

- Dr. Hellerstedt designated the following members to the Rapid Assessment Subcommittee to provide him with advice and council on short notice:
  - Dr. Peter Hotez
  - Nim Kidd
  - Dr. David Lakey
  - Dr. James Le Duc
  - Dr. Muriel Marshall
  - Dr. Dottie Overman
  - Dr. Gerald Parker
  - The Executive Commissioner of the Health and Human Services Commission. Cecile Young is currently the Interim Executive Commissioner. On October 19th, Dr. Courtney Phillips will become the new Executive Commissioner for the Health and Human Services Commission.
- Dr. Lakey, former DSHS Commissioner, commented on the usefulness of the scientific expertise within the Task Force on Infectious Disease Preparedness and Response during the Dallas Ebola event. He supports the staffing of this subcommittee.

## **Agenda Item 4: Texas Ebola Treatment Centers and Assessment Hospitals**

Dr. John Hellerstedt provided an update on Texas Ebola Treatment Centers and Assessment Hospitals and referenced the following: "Texas Ebola Treatment Centers and Assessment Hospitals" PowerPoint, "Ebola Outbreak in the Democratic Republic of the Congo Health Advisory" handout, "Identify, Isolate, Inform Flow Chart" handout, and "Texas Ebola Testing Process Algorithm" handout. Highlights of the presentation and Task Force member discussion included:

- Dr. Hellerstedt described the difference between present-day Ebola surveillance and response and surveillance and response during the 2014 Ebola outbreak, including the current lack of airport surveillance. Therefore, it's more likely that travelers could show up at any hospital emergency department in a symptomatic state. Additionally, since 2015, fewer hospitals have self-designated as assessment hospitals.
- Texas has two Ebola Treatment Centers (ETCs): University of Texas Medical Branch (UTMB) at Galveston and Texas Children's Hospital in Houston, Texas (which will only see pediatric cases of Ebola for treatment). The ETCs are available for treatment; however, all hospitals should be aware of the protocol for

diagnosing, alerting public health authorities, testing, and managing these patients prior to transfer to an ETC.

- Upon conclusion of the presentation, Dr. Hellerstedt reflected on his experience at an Ebola Assessment Facility during the 2014 outbreak. He emphasized that any front-line hospitals should be ready to perform an assessment of an Ebola patient.
- Dr. Peter Hotez reminded the Task Force that the ETCs were established to handle a variety of rare high-consequence infectious diseases (HCIDs) such as Lassa fever, Middle East Respiratory Syndrome (MERS), Marburg virus disease, and other novel diseases, in addition to Ebola.
- Dr. David Lakey discussed the possibility of delayed treatment if facilities are hesitant to treat patients presenting with Ebola-like symptoms. He said the guidance provided in the handout is critical in the effort to minimize the time to treatment for these patients.
- Dr. Susan McLellan (UTMB) commented on how the treatment centers are not only set up to respond to Ebola, but should also be able to respond other emerging diseases as they have a responsibility to public health. Dr. McLellan suggested having a traveling team with subject matter expertise in personal protective equipment to deploy for assistance to address high risk cases. She also stressed the importance of regular infection control practices at all times. Upon confirmation from Dr. Hellerstedt, Dr. Susan McLellan added that decisions to send patients to the Ebola Treatment Centers should consider a recommendation from the State and Centers for Disease Control and Prevention (CDC), not just the result of an algorithm.
- Dr. Vicki Sutton, Dr. Hellerstedt, Dr. McLellan, and Dr. Jade Le discussed concerns over the confidentiality of these transfer patients and the measures that the ETC have in place to protect identity of these patients.
- Dr. Le stressed the importance of practicing with PPE and maintaining a strong relationship with the local health department.
- Dr. Kristy Murray stated Texas Children's Hospital is willing to take suspect cases in addition to confirmed cases. She also asked about the turnaround time for Ebola testing and the State protocol for transporting patients. Dr. Grace Kubin, DSHS Laboratory Director, indicated that Ebola testing takes a maximum of four hours of lab time depending on the time specimen is received. Mr. Jeff Hoogheem, Director of Health Emergency Preparedness and Response Section, commented the protocol for transferring Ebola and other HICD cases and specimen. Most scenarios in Texas require air transportation.
- Dr. Lakey asked if Texas has an adequate number of Ebola assessment facilities. He expressed concern over the ability and willingness of these facilities to handle a pregnant woman with an HCID. Dr. McLellan indicated that being able to diagnose and treat pregnant women was a requirement for an Ebola Treatment Facility and UTMB has trained for this.
- Dr. Hellerstedt stated his biggest fear regarding this topic is a person under investigation presenting to a facility that will not agree to treat such a patient. He is concerned that most hospitals feel the Ebola Assessment Facilities are responsible for these patients without making arrangements with an assessment facility beforehand.
- Dr. Dottie Overman and Dr. John Hellerstedt discussed the absence of airport screening even though transmission of Ebola is occurring. Dr. John Hellerstedt indicated it is the CDC's decision to oversee airport screening but the lower case

load occurring now and the political situation in the affected countries is likely affecting response to the current Ebola situation.

- Dr. Tom Ksiazek informed the Task Force that the World Health Organization (WHO) has not declared it an international concern but rather a regional concern.
- Dr. Le commented that many of the hospitals dropped out of the assessment list in 2014. She emphasized on presenting a list of hospitals that are only truly interested in being included. Dr. Hellerstedt expressed a need to look further into this.

### **Agenda Item 5: West Nile Virus and Other Arboviruses Affecting Texas**

Dr. Kristy Murray provided an update on the West Nile Virus (WNV) and Other Arboviruses Affecting Texas and referenced PowerPoint entitled "Epidemiology and Clinical Impact of West Nile in Texas." Highlights of the presentation and Task Force member discussion included:

- Dr. Murray provided a description of disease surveillance for WNV, symptoms, economic impact of WNV disease, long-term clinical outcomes research, and lab cross reactivity of WNV with other arboviruses.
- Dr. Murray highlighted the 2012 and 2014 seasons as the height of WNV impact to Texas, with 1,868 cases in 2012 resulting in \$47 million in acute care costs and lost productivity; the outbreak in 2014 was even larger for Harris County than in 2012. She discussed a vaccine that is in testing but having trouble getting approval and suggested it may be due to lack of perceived need.
- Dr. Murray provided statistics for long-term implications of the disease with the following highlights: survival analysis indicates persons experiencing symptoms two years post infection, such as kidney disease, central nervous system malfunction, regional brain atrophy, and cortical thinning, will most likely not recover from those symptoms. Texas should expect to see cases continue to occur in coming years.
- Dr. Murray indicated a need for education of physicians to test for WNV and other flaviviruses in patients experiencing meningitis or encephalitis.
- Dr. Edward Yosovitz and Dr. Murray discussed the possibility of WNV affecting the fetus, similar to Zika virus. This is currently being researched and the results are unknown as of now.
- Dr. David Lakey expressed that mosquito control resources vary greatly across the state. Houston stands out as a leader in mosquito control nationwide. Other areas of Texas could implement methods Houston uses when resources are available but both Dr. Lakey and Dr. Murray recognized that resources vary greatly across Texas jurisdictions.
- Dr. Peter Hotez commended Dr. Murray's group's research and suggested they have a good financial case for the need of a vaccine, but challenges could still exist with uptake.

### **Public Comment:**

Ms. Rosalee Kibby, representing her deceased grandson with West Nile Virus (WNV), provided public comment and described her grandson's illness and death due to WNV, the lack of availability of a human vaccine, and the WNV support group she participates in. Ms. Kinney left the Task Force with a plea for the availability of a human WNV vaccine.

### **Agenda Item 6: Hurricane Crisis Cooperative Agreement**

DSHS Associate Commissioner David Gruber for Regional and Local Health Operations provided an overview on the Hurricane Crisis Cooperative Agreement and referenced handouts entitled "Hurricane Crisis Cooperative Agreement Overview and Hurricane Crisis Cooperative Agreement Funds Available to Local Entities." Highlights of the overview and Task Force member discussion included:

- On February 9, 2018 Congress approved and the President signed a bill that appropriated \$200 million to the CDC for response, recovery, preparation, mitigation, and other expenses directly related to Hurricanes Harvey, Irma, and Maria through the CDC's Hurricane Crisis Cooperative Agreement.
- Texas applied for \$37 million and was awarded \$16.7 million among 15 project categories, \$11 million of which it allocated for local jurisdiction use.
  - Local funding will go toward vector control; immunization capacity during disaster response; fungal, waterborne, and foodborne disease surveillance; community assessment for public health emergency response (CASPER) programs; maternal and child health outcomes; healthcare-associated infection control training; and tuberculosis prevention and control.
  - DSHS solicited applications from the 60 jurisdictions affected by Hurricane Harvey; an exception was in the immunization of first responder project, which was open to jurisdictions statewide.
- The City of Houston independently applied for Hurricane Crisis Cooperative Agreement funds and received approximately \$6 million, for a grand total of \$23 million awarded to Texas jurisdictions.
- Dr. Gerald Parker asked and Associate Commissioner Gruber confirmed that the funding is from the CDC.

### **Agenda Item 7: DSHS 86<sup>th</sup> Legislative Session Exceptional Items**

Dr. John Hellerstedt provided an update on the DSHS 86<sup>th</sup> Legislative Session Exceptional Items and referenced PowerPoint entitled "DSHS 86<sup>th</sup> Legislative Session Exceptional Items." Highlights of the update and Task Force member discussion included:

- Dr. Hellerstedt described the purpose of exceptional items as funding for items or activities DSHS hasn't previously been funded to do, while the base budget takes carry of recurring items. Exceptional items for the 86<sup>th</sup> Session include competitive pay for state laboratory staff and technical staff, tuberculosis control program enhancements, updating the infectious electronic disease reporting system, replacement of state vehicles at the end of their lifecycle, and garage storage for high-value state vehicle assets.
- Dr. Peter Hotez commented on how these did not seem like exceptional items, but rather there would need to be ongoing support for the items listed. Dr. Hellerstedt agreed and emphasized this is the first time we would ask for the funding for the items in order to incorporate them in the budget in future years.

### **Agenda Item 8: 2018/2019 Flu Season Update**

Dr. John Hellerstedt provided an update on the 2018/2019 Flu Season and referenced PowerPoint entitled "2018/2019 Flu Season Update." Highlights of the update and Task Force member discussion included:

- Dr. Peter Hotez asked if Texas flu vaccine trends are similar to national averages. Dr. Hellerstedt consulted Ms. Imelda Garcia, Director of DSHS' Infectious Disease Prevention Section, to affirm the trends in Texas are similar to the national trends.

Dr. Hotez and Dr. Hellerstedt continued to discuss reasons for low uptake and messaging around annual flu vaccine.

- Dr. Hellerstedt commented on the 2009 pandemic, suggesting the possibility of seeing another such pandemic in the future.
- Dr. Hotez and Ms. Garcia discussed the number of flu deaths in Texas during the 2017-2018 season exceeded 11,000 including pneumonia deaths.
- Mr. Tony Marquardt suggested that provider education would be useful among emergency medical services (EMS) providers as this is not currently recommended. Ms. Garcia informed the Task Force that there are \$2 million in grant funds available from the Hurricane Crisis Cooperative Agreement to address vaccination of first responders. The Texas Medical Association is also planning to pursue legislation for this topic in the upcoming 86<sup>th</sup> Legislative Session.
- Dr. David Lakey acknowledged gaps in response that existed during pandemic influenza. He stated that discussions still need to be had on reaching out to minorities for flu vaccination, the roles of agencies and county judges in influenza response, the challenges with vaccine and pediatric Tamiflu, and identifying areas of need to plan around. Dr. Lakey suggested the idea of having a concentrated time to discuss what the big gaps are in influenza planning and proposing legislation as a solution to having the resources needed to address an influenza pandemic.
- Dr. Gerald Parker discussed the possibility of not having enough vaccine available given another pandemic. Dr. Parker asked how this Task Force can be of help in education regarding the need for influenza vaccine.
- Dr. Hellerstedt added that crisis planning is difficult and potentially damaging if overly specific.
- Ms. Garcia proposed a pandemic flu table top exercise as an agenda item for the next Task Force meeting

### **Agenda Item 9: Public Comment**

Mr. John Chacón provided a point of clarification regarding Task Force members asking clarifying questions directed only to person providing public comment and not agency staff or other Task Force members. Items not on the agenda may not be discussed during the Task Force meeting.

Ms. Andrea Woodruff, representing herself, provided oral and written public comment regarding Lymexix, vaccine choice, and transparency. Ms. Woodruff spoke about her history as a professional who sold and received Lymexix vaccine. She recounted her experience with an autoimmune disease unable to be diagnosed and felt shunned by the medical community. She feels that people need to be given the ability to choose which products they're going to use. Ms. Woodruff asked for the Task Force to seek out public views and comments when making decisions and giving more choice and transparency regarding vaccine.

### **Agenda Item 10: Planning and Discussion of Future Meeting Topics**

Dr. John Hellerstedt led the discussion and asked Task Force members to provide future meeting topics. Highlights of member discussion included:

- Dr. Hellerstedt mentioned a tabletop exercise about pandemic flu.

- Dr. Peter Hotez brought up the topic about vaccine exemptions in schools and the lack of information of vaccination rates in home-schooled children. He asked what would be the indicator that we will we need another discussion about vaccine exemptions and a tipping point for vaccine rates/exemption rates? Dr. Hellerstedt agreed this could be a future topic for discussion of the Task Force.
- Mr. Tony Marquardt recommended another topic on preparedness with discussion point on navigating an assessment of our level of preparedness, sufficient levels of resources and personal protective equipment, and a need to enhance communication at the state and local level. Dr. Hellerstedt agreed with these recommendations for topics and felt they would be a good fit for the pandemic influenza table top discussion.
- Dr. Hellerstedt announced that the next meeting is after the next session and to email Jodie Vanyo about any new topics.

**Agenda Item 11: Adjourn**

Dr. John Hellerstedt adjourned the meeting at 5:04 p.m.