



Task Force on Infectious Disease Preparedness and Response

Department of State Health Services
Moreton Building – Room M-100
1100 W. 49th St., Austin, Texas
Wednesday, November 16, 2016
1:00 p.m.

Members Attending: By Teleconference:

Brett Giroir, M.D. Texas Medical Center Health Policy Institute
Janet Glowicz, MPH, Ph.D. (C), RN, CIC – phone - CDC
Rich McMonnell for James Bass – TxDot
Raymond Paredes, Ph.D. – HECB - Victoria Sutton – Texas Tech
Jerry Parker, D.V.M., Ph.D. – Texas A&M HSC
Kristina Stillsmoking, Ph.D., MSN – UT Rio Grande Valley School of Medicine
Victoria Sutton, Ph.D., JD., Center for Biodefense, Law and Public Policy, Texas Tech University

Members Attending In Person:

John Hellerstedt, M.D. – Department of State Health Services
Charles Smith – Texas Health and Human Services
Carlos Cascos – Texas Secretary of State
Christopher R. Frei, Pharm.D. – UT Austin, College of Pharmacy
Peter Hotez, M.D., Ph.D. – Baylor College of Medicine
Richard Hyde – Texas Commission on Environmental Quality
Tim Irvine – Texas Department of Housing and Community Affairs
Nim Kidd – Texas Department of Emergency Management
Binh-Minh “Jade” Le, M.D. – UT Southwestern Medical Center
James LeDuc, Ph.D. – UT Medical Branch
Muriel Marshall, D.O., Dr.PH – Collin County Health Authority
Tony Marquardt – Austin/Travis County Emergency Medical Center
Michael Morath, Delegate – Commissioner of Education
Kristy Murray, D.V.M., Ph.D. – Baylor College of Medicine and Texas Children’s Hospital
Major General John Nichols, Delegate – Texas Adjutant General
Dorothy Overman, M.D. – Comal County Health Authority
Edward E. Yosowitz, M.D. – Baylor College of Medicine
Ben Zeller – Victoria County Judge

Members Not Attending:

Ed Emmett – Harris County Judge
Thomas Ksiazek, D.V.M., Ph.D. – UT Medical Branch Galveston
David Lakey, M.D. – Population Health, UT
Scott Lillibridge, M.D. – Texas A&M Health Science Center

Steve McCraw – Texas Department of Public Safety
David Slayton – State Office of Court Administration
William Tierney, M.D. – Population Health UT Austin, Dell Medical School
Dale Wainwright – Texas Board of Criminal Justice

Visitors:

Craig Manifold, M.D. – Texas Military Deputy
Alicia Pierce – Texas Secretary of State
Troy Alexander - Texas Medical Association
Margaret Mendez – Texas Medical Association

Call to Order – Commissioner Hellerstedt called the meeting to order at 1:05

1. Review and Approval of Minutes – May 6 and August 8, 2016, Meetings* - Task Force Members
A motion was made approve the minutes by Tim Irvine, seconded by Richard Hyde. Motion passed.
Question would you approve minutes on a non-official meeting? Yes
2. Zika Update - Dr. Hellerstedt
Zika continues to move northward, about 250 cases so far.
Requires a lot of attention in planning.
Hope to receive additional federal funding.
Put efforts on public awareness and outreach.
True cures are probably many years off.
Efforts need to be on sentinel surveillance.
Check people who do not travel, not sexual exposure, no symptoms.
Moving northward in Mexico. Border communities are highest risk communities.
Highest risk is still those who have traveled.
Zika right at our border is a big game changer.
On a daily basis there are hundreds of thousands of people legally crossing the border.
We will try to increase monitoring of mosquito locations, map out were the *Aedes aegypti* is located, testing pesticide resistance.
One of the lessons learned is contrary to conventional thought that aerial spraying was not working.
Tried knocking on doors, handing out mosquito nets and repellent, used low volume spraying from the street, according to Florida and Centers for Disease Control they noted an immediate effect on the mosquito population.
If we notice an increase in *Aedes aegypti*, we may go to the earlier spraying.
Trying to get out information to city and county partners regarding funding that is coming from federal government.

Questions and Comments:

- How big of an area did they spray in Florida? Originally 1 sq. mile. Went to 100 square miles
- Would we have that capability in the border towns? Do we have the trucks? We do have a contract with a vendor for spraying.
- Statewide contract has not been utilized too much; do we know what if there was a big demand, how expensive, and what would the wait time be? Would there be a benefit to using crop dusters?
- We have not discussed assisting local jurisdiction to having that technology. Ultra low volume spray.

- What are we saying as far as recreational travel? We did put out a health alert in October, we did not have to create a new routine for testing. If they fit our criteria for testing (pregnant women) we would test.
 - Has there been any consideration of the care of infants with encephalopathy?
 - It depends on what we see, local areas, smaller numbers, there are many causes for the birth defects we see in Zika; health care infrastructure is taking care of the infants involved.
 - If we see a small number, there would be no challenge, if we saw numbers like in Puerto Rico it would be a challenge.
 - Has heard within two years we should have a vaccination.
 - Ultra low volume is unique barrier type of spray.
 - **Can find out details of the contract and get it to the group dress when he arrives. In two years they can begin testing, clinical trials, one of the things that is becoming worrisome, is that if you only get a partial antibody response, if you get the virus again, it will be a worse case.
 - Sorting out whether you are doing more harm than good will require a lot of testing. The group that you would test it in is pregnant women.
 - When Florida did the aerial spraying what time of day did they do it, and what was the communication to the people? Believe it was done at night, and let the communities know.
 - More active sentinel surveillance in Texas, is there any now that is ongoing? Yes, all blood banks are required to do testing for the genetic signal of the virus. As of the end of September all blood banks were required to adopt new standards for blood testing. We have had two positives, one has been proven to be a false positive.
 - Extremely sensitive test, sometimes that makes it less specific.
3. Review and Approval of Task Force Report* - Summary of activities of the Task Force. Task Force Members were asked for options for approving and submitting the Task Force Report

Options

- The Task Force can nominate Dr. Hellerstedt to approve report and send out. This option does not allow time for feedback.
- Task Force can have a meeting as a conference call to discuss report, a quorum would need to be present.
- Can we do both, have a conference call, and if there is not a quorum, Dr. Hellerstedt can submit?
- Create a committee.
- Task Force members can review and send comments to Rachael.
- Is this inclusive of 2017 recommendations? This is different from the Public Health Action Plan.
- Would they need to come up with recommendations and vote on them today. We are not on a deadline to submit this report.
- If and when we submit a report to the legislature, will there be a fiscal note attached to it? It would be up to the legislature to determine if they would put forth a bill. If there is a fiscal impact, other agencies would have to have the opportunity to opine on it. If we are going to assist local governments will there be a dollar amount on that? As a group we could make recommendations as to cost, but the state agencies would do that also. Does not want to be blindsided on costs involved.
- We are expecting federal funding. We are looking at how this can be spread among local city and county governments. Let the legislature decide if they want to put a bill forth. Recommendations should be in a different report.

Motion made by Tim Irvine to have Dr. Hellerstedt appoint two or four members to be a subcommittee to review report and make recommendations received from committee members at large and formulate report on input and submit final report. Motion seconded by Peter Hotez, M.D., Ph.D. Motion passed. **Comments to Rachael by COB December 2. Subcommittee will meet and draft final report.**

4. Emerging Issues in Infectious Disease -Dr. Peter Hotez, M.D., Ph.D., provided a presentation on emerging infectious diseases.

Questions and comments:

- What is causing the huge rise in numbers of viruses in southern Europe? Economy, Travel, Poverty, global warming.
What does it mean that we are dealing with arbovirus and flavivirus – arbo – transmitted by insects, flavi includes Zika, dengue, not Chikungunya.
- Presence of vectors and poverty, climate changes and weather?
- Do larger cities that have more concentrated poverty levels have higher risks. Yes.
- GMO mosquitoes –Key Haven, Florida took a vote on GMO mosquitoes, 2/3 against 1/3 for. What activity does that area plan to take in view of that vote. Worry less about safety than if it is going to work.
- Agree that the mosquitoes themselves do not appear to have a safety risk, cost effectiveness reduction in mosquito transmission. What is value gained – unless proven to work use other means.
- It would take billions of GMO mosquitos to affect the area. Do an evaluation to determine best practices, opportunities, but it is far from proven.
- Vaccine preventable diseases on rise in Texas. Make sure all patients get TDAP vaccines now. Not sure family members will have enough immunity to protect them.
- Will get pretty heated in next legislative session. In California, the result was measles outbreaks and forced legislature to close schools.

5. Influenza in Texas - Imelda Garcia presented on influenza in Texas.

Impact of Influenza – many deaths due to influenza may be reported as pneumonia.

Morbidity – illness related to disease

Mortality – deaths related to disease

Questions and comments:

- What is the correlation to adult vaccines?
- What do we do with the data collected? We feed it to CDC for next year's flu vaccine.
- Vaccines have to be ordered a year in advance, so when CDC gives them the strains, they have to make them, sometimes they are very effective and sometimes not as effective, depending on the strains submitted.
- Flu Mist – data showed that this is less effective than shot, recommendation made not to use mist. ½ of the flu vaccines were the mist. On a national level, there is an issue with keeping up with that large of a shift.
- Change to rules making adult deaths reportable will be effective in March.
- How is this looking for flu season? – At this time it is low, across the state.
- Does it always start in the same section of the state? – no

- If we see a spike in disease, we would issue a health alert and notify government officials, add additional vaccines, whether we are the health authority, or the LHD is the health authority, we work in partnership with them.
- Thanksgiving and Christmas caused the spread of flu, due to travel.
- RSV Surveillance – when it came out the system we have in Texas is considered one of the best surveillance systems in the states, in coverage for kids for Medicaid.

6. Planning and Discussion of Future Meeting Topics* - Task Force Members

- The Task Force will take a hiatus during the legislative session.
- When the Task Force meets again, we will have, and understand the direction from the Legislature.
- Depends on what is happening.
- Understand scheduling will be different with legislative session, brings on new issues, unfortunately infectious diseases will not take a hiatus.
- If we see something emerging that is crucial, Dr. Hellerstedt can call a meeting.
- What if we are asked to testify if vaccine issues are going badly? – Individually, they can testify.
- Cannot speak on behalf of the Task Force, would have to go on record as being recommended by the Task Force.
- One option would be to schedule a short teleconference to discuss outstanding issues.
- We are an open meeting, would have to post the meeting, and post the agenda.
- Seven days to post a meeting.
- Employees of state agencies cannot by law testify for or against any pending legislation. Our role is to respond to the legislature with factual information when asked.
- Since we do have a quorum, and we are in session, two members have spoken about the importance of vaccinations. Can we as a Task Force make a generic statement in support of vaccines? Committee supports and encourages vaccines. Recognizes that duly approved and licensed vaccines are a foundation of public health for Texans and the Committee supports this. Motion made by Dr. LeDuc, Ph.D, seconded by Jade Le, M.D.. Motion passed. Texans for Vaccination choice are lobbying legislature now.
- The subcommittee that we created for finalizing the report would also be responsible for coming up with a statement from the Task Force in support of vaccination. Need to be able to state position as clear but non combative. Not enough time to hammer it out here. Anyone who does not want to go on record does not need to participate in the subcommittee.
- Is the intent to have this incorporated into the meeting notes today? Or a separate report from what was presented today?
- Future meeting issue – position statement should be incorporated into the report.
- Subcommittee to be appointed by physician centered and subject matter experts. Need to be very smart about what we say and how we say it, can make very strong statements that will not diminish our position. Science based – intelligently constructed and worded.
- Can we recommend that the Governor's office and legislature want to be able to continue to exercise parental rights and not vaccine, the worry is that it is an ongoing situation in procedures that makes it easier for kids not to get vaccines?
- The course of action that is wisest is committee reaffirm the safety and value of vaccines in children.
- Should not try to influence or identify specific legislation. We are most effective when we stick to the science, not make statements of our mandating, or interfering personal or parental rights.
- Very broad statement of value and safety of vaccines and foundational nature.

- Role of committee is different, if we aren't judicious in the way we choose our words, it will erode our authority.
- As it stands now, Dr. Hellerstedt will appoint four members to finalize the document, and to craft the discussion.
- Dr. Hellerstedt – Two groups one to finalize the report, the second physicians, and SMEs to approve a broad statement for the group on vaccines.

The majority of the committee preferred to pound out the language now for broad statement in favor of vaccines.

Position Statement for Report: At its November 16, 2016 meeting, the TIDTF recognizes that its health and science SME's have universally expressed confidence in the safety, efficacy and importance of broad based public health immunization programs for the prevention of vaccine preventable diseases. Motion made by Edward Yosowitz, M.D., seconded Richard Hyde. Motion passed.

Further discussion amended language – in favor of adding “adherence to” to language. Motion to add “adherence to” to current language made by Tony Marquardt seconded by Kristy Murray, D.V.M., Ph.D. Not accepted.

Proposed hiatus during legislative session, with caveat if there is a compelling reason for the committee to meet, they will call a meeting, as prescribed by open meetings. If members see something that merits attention, please bring to Dr. Hellerstedt's attention.

Future topics

Vaccine problem – how strongly doctors feel about this.

EMS and Infectious Disease for future meetings.

At last meeting it was discussed to have a discussion about subgroups that are not related to legislative session. Did we get enough response – If the group wants to form an EMS subcommittee would want to gear up for next meeting, not to be brought up during the session. GETAC meeting in Dallas next week, could we reach out to them on infectious disease? Email centered around how we could get recommendations from GETAC and responses from our group that EMS has traditionally not been involved in. With formation of new medical school, working on developing relationships, get ideas in front of GETAC and have them weigh in on it. Identify a means of communicating with Dr. Hellerstedt, and he can share with the group to establish the questions to be brought to GETAC. GETAC give us an EMS perspective on surveillance and infectious disease. Chief Kidd will attend the GETAC meeting and report back to Dr. Hellerstedt and group when they meet again.

Motion to adjourn made by Richard Hyde seconded by . Meeting adjourned at 4:19 p.m.

There was no public comment.

* Denotes possible action items.

For additional information, contact Rachael Hendrickson, P.O. Box 149347, Mail Code 1911, Austin, Texas 78714-9347, (512) 776-2370, or at TaskForceID@dshs.state.tx.us. Persons with disabilities who

plan to attend this meeting and require auxiliary aids or services are asked to contact Anne Mosher at (512) 776-2780, at least 72 hours prior to the meeting so that appropriate arrangements may be made.