Task Force on Infectious Disease Preparedness and Response
APPROVED Meeting Minutes
Tuesday, June 29, 2021
1:00 p.m.

TEAMS Live Events Virtual Meeting

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:01 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the twelfth meeting of the Task Force on Infectious Disease Preparedness and Response.

Mr. Gilbert Chavez, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and asked each task force member to briefly introduce themselves after they confirm attendance. He announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1 notes Task Force member attendance.

Table 1: IDTF member attendance at the Tuesday, June 29, 2021 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.	X		Steve McCraw * Freeman Martin	X	
Toby Baker* - Michelle Havelka	X		Michael Morath	X	
James Bass		X	Kristy Murray, D.V.M., Ph.D.	X	
Christopher R. Frei, Pharm.D.	X		Major General Tracy Norris *Colonel Peter Caldwell, PH.D.	X	
Sheila Haley, Ph.D.		X	Patrick O'Daniel	X	
John Hellerstedt, M.D.	X		Dorothy Overman, M.D.	X	
Peter Hotez, M.D., Ph.D.	X		Daniel Owens	X	
Ruth R. Hughs* - Joe Esparza	X		Gerald Parker, D.V.M., Ph.D.	X	
Harrison Keller		X	David Slayton	X	
Nim Kidd		X	Victoria Sutton, Ph.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		Nancy Tanner	X	
David Lakey, M.D.	X		Surendra Kumar Varma, M.D.	X	
Binh-Minh "Jade" Le, M.D.		X	Bobby Wilkinson	X	
James Le Duc, Ph.D.	X		Executive Commissioner Cecile Young	X	
Scott Lillibridge, M.D.	X		Edward E. Yosowitz, M.D.	X	
Tony Marquardt	X		The Honorable Ben Zeller		X

Yes: Indicates attended the meeting
No: Indicates did not attend the meeting
P: Indicates phone conference call
* Designee in attendance on behalf of Task Force Member.

Agenda Item 2: Approval of April 23, 2021 meeting minutes

Dr. John Hellerstedt called for a motion to review and approve the minutes of the April 13, 2021 meeting.

Motion:

Dr. David Lakey moved to approve the minutes from the April 23, 2021 meeting as presented. Dr. Peter Hotez seconded the motion. Mr. Gilbert Chavez conducted roll call

vote and announced the Task Force members approved the minutes unanimously, with 23 approves, no disapproves, and no abstentions.

Agenda Item 3: COVID-19 Situation Update

Commissioner John Hellerstedt, M.D., Chair, and Dr. Jennifer Shuford, Chief State Epidemiologist, provided a situational update on the COVID-19 pandemic and referenced a PowerPoint presentation entitled "COVID-19 Update". Highlights of the update and task force member discussion included:

- COVID-19 Epi Trends
  - Data tools – public case count dashboard, vaccination dashboard
- Texas COVID-19 Cases/Fatalities by day
  - There are likely 3-5 times as many infections in Texas as have been tested for
  - There is a downward trend in cases beginning in March and continuing
  - Fatalities have also followed the same downward trend but lag by 2-3 weeks
  - There are issues with reporting that we would like to see changed and automatic reporting may fix these issues
- Hospitalizations
  - Downward trend and no pressing threat to hospital capacity at this time
- COVID-19 Trends Full Picture
  - 51,060 total COVID-19fatalities in Texas
    - For context a severe flu season leads to about 50,000 fatalities nationwide
  - COVID-19 Fatalities by race/ethnicity
    - Hispanic – 46.4%
    - White – 40.6%
    - Moved to using death certificates for race/ethnicity data and now there is a much smaller proportion of "unknowns"
  - COVID-19 Fatalities by Age
    - 80+ disproportionately affected
    - 2,584 40-49yr
    - 890 30-39yr
    - 269 20-29yr
    - No age group is free of risk of death and severe disease
  - Fatalities by Gender
    - 58% male
    - Tracks with national gender proportions
  - Variants
    - Need to pay close attention to variants
  - DSHS's Emerging and Acute Infectious Disease Unit:
    - Unit works collaboratively across DSHS to gather data and COVID-19 team runs 12 daily and weekly reports
    - Investigates sequencing data and builds COVID-19 sequencing surge capacity
    - 755 reinfection cases
    - 1,306 vaccine breakthrough cases
    - 97 MIS-C cases
  - Variants
    - COVID-19 Variant Tracker online has detailed information with the new nomenclature from WHO for the variants
  - Response Activities – DSHS Roles
    - DSHS was the lead agency in the response with Texas Division of Emergency Management coordinating across agencies
  - DSHS Activities Update

        - Demobilized 13,737 medical surge staff due to lower COVID-19 hospitalizations
        - SMOC is demobilized
        - Providing vaccines to nursing homes and assisted living facilities
    - Texas Health Trace
        - 1,334 state and local contact tracers
        - 60 local and 8 regional office teams
    - Vaccine Allocation and Distribution Strategies
        - Initial strategy – during high demand and low supply
            - Mass vax sites
            - FEMA mega sites
            - Long-term care facilities (LTCF)
        - Current Strategy – low demand and high available supply
            - Retail pharmacies
            - Individuals and community-based providers
            - Initiatives to reach homeless, individuals with disabilities
    - Phased Approach to Vaccine Eligibility
        - Medical staff and LTCF staff/residents in early phase
        - Individuals with comorbidities in second phase
        - Individuals 50-64
        - All individuals 16+
        - Still waiting for FDA/CDC approval for 12-17 for Moderna, Pfizer is currently approved for adolescents 12-15
    - Texans Reasons to Get Vaccinated
        - Used professional resources to understand which messages work best to reach different populations
        - Messages have been targeted to certain populations, gender-based, hesitancy messaging to reach those populations
    - Research-Based Vaccine Messages
    - Communications Efforts
        - TV, Radio, Social Media
        - Rural LED Trucks --> messaging from trusted sources like doctors and people from the community
        - Pop-up large video wall
    - Getting the vaccine
        - There are still millions of people in Texas that have access to the vaccine but have still not gotten the vaccine. Hoping that their social group can help convince these people to get vaccinated
        - If current rates continue, we should make good progress
    - Public Health in Action: Getting Vaccine to all communities
        - 92 vaccinate teams statewide that are available to vaccines
        - 2,147 DSHS-sponsored vaccination events
    - Vaccines in Community Settings
        - Faith-based organizations, county jails and private detention centers, ISDs, public libraries, flea markets/farmers markets, truck stops
    - Accessing Vaccine by phone
        - People can call to get information on where they can sign up for an appointment, there is enough supply
    - Collaborations and partnerships have allowed DSHS to fully respond to the COVID-19 pandemic
    - DSHS Engaging Partners
        - Weekly legislative calls
        - Bi-weekly statewide calls
        - Weekly vaccine provider webinars

        - State agencies
        - Texas Medical Association
        - Texas Hospital Association
    - DSHS Engaging Cross Functional Partnerships
        - Partners with Texas Association of Businesses to reach out to chambers of commerce to sponsor vaccine clinics
        - 193 businesses have requested vaccine support
- The Impact of COVID-19 Vaccinations on Hospitalizations and Fatalities
    - Positive PCR Rates
        - In the first wave and into the second wave, the rates were consistent as to how the age groups were affected
        - As vaccinations began there were changes in patterns in the reported confirmed cases:
            - The top four age groups 18-29/30-39/40-49 remained the same but the 60-69/70-79/80+ age groups drop dramatically following vaccination and fell below case rates for the 0-9 age groups
            - These changes confirm case rates have been affected by vaccinations in a positive way, and even when the case rates have increased in younger age groups, the 70-79/80+ case rates have remained very low
    - Hospitalization Rate with COVID-19 lab confirmed
        - 70+ have had the highest hospitalization rates throughout the pandemic but several weeks after the vaccines became available to the older populations, the hospitalization rates in the older age group dropped dramatically and have almost come down to baseline along with the other age groups
    - Fatalities
        - 70+ age groups were disproportionately affected with severe disease and death, but after rollout of the vaccines there were huge improvements, and fatalities in these groups have been coming down and merging with other age groups
    - CDC: Nationwide Commercial Lab Seroprevalence Survey
        - Test sero remnants for COVID-19 positivity
        - 33-34% of Texas have been infected
    - Texas CARES – Preliminary Findings
        - Sero-survey that DSHS has been doing in partnership with UT School of Public Health
        - Wanted to know which communities and age groups were being affected
        - Rise in seroprevalence over time – testing different people at different places at different times
            - Current data shows 33% of the population has been infected
            - Tracks with CDC data
    - Vaccination in Texas
        - 57% of population has had at least one dose (12+)
        - 49% of population is fully vaccinated (12+yrs eligible population)
    - Estimated Population Immunity
        - Herd immunity is resistance to spread of infection when a large proportion of population has immunity
        - Natural immunity about 1/3 of the Texas population
        - Vaccine Immunity about 41% of Texas population
            - ~17% of Texans are not eligible for vaccine

            - There is a proportion of Texans that refuse vaccination and must be considered in these estimates
    - Important Consideration for Population Immunity
        - Varying transmissibility between variants
            - As the virus mutates the variants have varying transmissibility, ranging from 50-80% more transmissible, which affects estimates for population immunity
        - Waning immunity after natural infection and vaccination
        - Varying levels of protection from vaccines
        - Uneven vaccination coverage
        - Attainability – is herd immunity even attainable with all these contributing factors?
        - Even if it is not attainable to reach herd immunity, vaccination helps to control COVID-19 spread in the community. There was a report from Israel that percentage points of vaccination coverage in a community translate to decreases in COVID-19 spread.

Agenda Item 4: COVID-19 Legislative Update

Ms. Donna Sheppard, CFO, DSHS and Ms. Jordan Hill, Legislative Liaison, DSHS provided an update on COVID-19 related legislative and references PowerPoint presentation entitled "DSHS Post Session Update". Highlights of the update and task force member discussion included:

- 2022-2023 Biennial Budget: All Funds by Goal
    - Total Budget $1.9 billion
    - Current biennium is twice this amount due to the COVID-19 funding during the pandemic, so funding has returned to pre-pandemic levels
    - 5% reduction plan was put in place as per requested for all state agencies

- 2022-2023 Biennial Budget: general revenue by goal
    - $850.5 million total
- FTE by Goal
    - Total of 3,318.9 staff – 30 fewer than what we had before COVID-19 but that is just staffing caps
- Exceptional Items
    - HIV program asked for over $100 million but was only given $36.3 million, there are federal funds they are hoping for that will make up the difference
    - Rural clinics/mobile clinics –not adopted
    - Contract/fiscal management FTEs – not adopted
    - Health registries – not adopted
    - Food safety –given half of what was asked for
    - Overall - 91 FTEs added and $40 million added
- Rider and Technical Adjustments
    - All items were adopted
    - Unfunded bills – there were four items that were not funded that they are looking for money to cover the items
- Pandemic Response Bills
    - Special session will begin on 7/8/2021
    - Highlights of Pandemic Bills
        - H.B. 4272 did not pass – relates to the Immunization Registry, would have retained opt-in nature and would have streamlined how electronic health reporting systems interact with the registry
        - S.B. 437 – PPE reserve advisory committee, TDEM to lead committee

        - S.B. 464 – reporting on deaths from reportable diseases to county health authorities and local health departments
        - S.B. 967 – length of local public health orders now 15 days
        - S.B. 1780 – Texas Epidemic Public Health Institute established by UT School of Public Health
- Powers / Functions Addressed
    - Senate Bills 966/968/969/984
        - Public health emergencies – now defined
        - Public health disasters – requires legislative oversight for renewing public health disasters and requires lab/hospital reporting
        - Codifies the office of the Chief State Epidemiologist
        - Requires legislative collaboration during public health disasters/emergencies
        - Requires collaboration with the Task Force on Infectious Disease
    - Senate Bills 966/968 – Task Force Bills
        - Speaks to the role of the Task Force during a public health emergency/disaster
        - Structure of the Task Force – requires at least one epidemiologist
        - Meeting frequency – at least annual meetings
    - Review/Reports/Studies
        - COVID-19 Response Review – after action report
            - Subcommittee has been assembled and is planning to meet
        - Study of DSHS Regions
        - Study of healthcare system – planning and response capacities
        - Study of Data Standardization
        - COVID-19 Immunization Equity Report – was a rider in the bill to look at access and vaccine distribution
    - Effective Dates
        - Senate Bills 966/968 – effective immediately
            - COVID-19 response report pushed to 9-1-2023 or 9 months following termination of public health disaster
        - S.B. 969 – effective 9-1-2021
            - 3 studies have 9-1-22 due dates
            - Lab compliance reporting requirements are limited to public health disasters but would be effective 9-1-21 if public health disaster is in effect
            - Hospitals/labs required to report via electronic format 1-1-23
    - Public Health Disaster
        - Important additions – health condition that is noncommunicable, chemical, biological, radiological, or electromagnetic exposure

Agenda Item 5: COVID-19 Vaccine Update

Dr. Jennifer Shuford, Chief State Epidemiologist, provided an update on the COVID-19 Vaccine and referenced a PowerPoint presentation entitled "COVID-19 Vaccine Update". Highlights of the update and task force member discussion included:

- Pfizer & Moderna mRNA vaccines
    - Pfizer extended how long you can keep in refrigeration and reduced the minimum order size from 1,170 doses to 450 doses
    - Pfizer emergency use authorization (EUA) has expanded to include everyone 12+
    - mRNA vaccines have had a warning added for myocarditis
        - US VAERS reports have shown an increase in myocarditis cases following mRNA vaccination

        - CDC Advisory Council on Immunization Practices (ACIP) did a benefit/risk analysis by age group and decided to continue to recommend COVID-19 vaccine for everyone 12+
    - Moderna has also requested expansion to 12-17 ages and they are hoping for approval before school year
    - Moderna has also increased minimum order from 100 doses to 140 doses
    - Pfizer and Moderna have both applied for biologics license application (BLA)
- Johnson & Johnson / Janssen viral vector vaccine
    - Increase to 4.5 months in refrigeration, up from 3 months
    - Warning on thrombosis with thrombocytopenia added to fact sheet
        - Continued to allow use in all age groups just with added language in the fact sheet
- AstraZeneca viral vector
    - Widely used in Europe
    - Finished clinical trials in US but have not yet filed with the FDA
- Novavax
    - Clinical trials completed in US but have not filed with FDA
    - Might skip EUA and just file BLA with FDA
    - Co-admin with influenza vaccine study with promising results
- COVID-19 Vaccine and Variants
    - Delta B.1.617.2
        - Studies that we have about delta variant and vaccines come from the UK
            - UK had a surge of cases of delta variant, delta variant has replaced the alpha b.1.1.7 variant
        - Vaccine effectiveness against symptomatic disease for delta variant
            - Pfizer vaccine
                - After dose 2 the Pfizer vaccine was 88% effective at preventing disease against delta, even though it is lower it is still high and effective
                - After dose 1 the effectiveness is much lower
        - Vaccine effectiveness against hospitalization for delta variant
            - Pfizer vaccine
                - After second dose there is high effectiveness at preventing hospitalization, 94-96% which is close to the clinical trial data
                - Very promising
        - Reduced antibody neutralization activity of vaccine sera relative to wild-type strain
            - Beta b.1.351 – 5-10-fold reduction, highest reduction
            - For other variants it is not as affected
        - Real-world vaccine effectiveness
            - People that are fully vaccinated are still well protected against all the variants
            - Need to continue to promote vaccination
- Booster doses of COVID-19 Vaccine
    - Immunogenicity and antibody response
        - Need to figure out the correlate of protection
            - Immune response that allows prediction of the degree of protection against infection or disease
            - Work ongoing, no correlate established yet
        - Duration of protection
            - Monitor antibody response
- Robust correlation between vaccine efficacy against symptomatic disease

- Predicted duration of immunity varies with initial vaccine efficacy
    - Initial efficacy may be useful in predicting time until boosting may be needed
- Protection from severe infection predicted to persist longer than protected against mild infection
- Antibody persistence demonstrated up to 8 months after infection and some studies show up to 11 months, and 6 months following vaccination
- Booster Doses
    - ACIP doesn't think there is a need for boosters for the general population for this fall but there are special populations that might be considered for boosters
        - Special populations – older and immunocompromised populations
- Percent antibody response after 2 doses of mRNA vaccine
    - Organ transplant patients most affected but cancer, dialysis and persons on immunosuppressive medications show responses close to healthy controls
- Mix and match vaccination approach is being investigated to determine if immune response is more robust following vaccination with different vaccines, results are expected by the end of summer 2021
- All vaccine manufacturers have clinical trials ongoing for younger ages, and Pfizer/Moderna are expected to submit the data to the FDA sometime in fall 2021

Agenda Item 6: COVID-19 Vaccination Distribution Plan Update

Ms. Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services, provided an update on the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Distribution Plan Update". Highlights of the update and task force member discussion included:

- Administration of COVID-19 vaccine phased approach
    - Due to the constrained vaccine supply at the beginning of the roll-out there was a phased approach
- COVID-19 Vaccine Texas Overall Summary
    - Over populations 65+ have had a high vaccine uptake
    - Concern as the state is looking at the 39 and below age groups and increasing their vaccine uptake
        - This age group is the latest that was added to vaccine eligibility
- 7-day rolling average doses administered by dose number
    - Main message throughout the vaccine roll-out is to make sure that all individuals come back for their second dose, even if it is outside of the recommended window
    - Early on there was a skew of first doses due to the interval between doses, now overall there are more second doses than first doses being administered
    - Total Texas population – 47%
    - Eligible population – 50%
    - Adults – 57%
    - Older population – 85%
- County Maps – Vaccination
    - Across the state there are regions that have strong vaccination coverage
        - Along the border and the urban centers
    - Rural areas and North Texas have lower vaccination coverage overall
- Vaccination race/ethnicity data
    - "Other" captures multi-racial individuals – 10% of people vaccinated / 2% of populations
- Save Our Seniors Initiative
    - Targeted those 65+
    - TDEM has rolling mobile vaccination clinics that target seniors
    - Strong results overall

- Race/Ethnicity for 65+
    - Same pattern of data skewing with Other/Unknown as the other age groups/total population
- 12-17 Vaccination Coverage County Maps
    - High coverage in border regions and urban city centers with lower coverage in North Texas and rural areas
- Race/Ethnicity 12-17
    - Same pattern of data skewing with Other/Unknown as the other age groups/total population
- 12-15 Vaccination Coverage County Maps
    - Pfizer Vaccine only
    - Strong uptake in border region with El Paso standing out
    - Travis county and Fort Bend doing well
- Race/Ethnicity 12-15
    - Proportion "other" is high, likely due to multi-racial
- There has been some hesitancy in certain age groups and there has been specific messaging created to target these populations
- COVID-19 Vaccine Texas Ordering Cadence
    - Used an allocation approach at first but have now moved to provider ordering
        - Providers have expressed that the large minimum orders are a barrier to ordering more doses
        - At the end of May, DSHS has allowed providers to place orders of small orders, even down to one vial, to increase provider orders
            - DSHS has hired contractors that help to break down the orders from CDC to repackage and send out to providers
            - CDC is no longer allocating out to states and is now allowing states to order the doses
                - States are no longer being measured on metrics related to ordering/allocations
    - Cadence has shifted but the Emergency Vaccine Allocation Panel is still meeting once a month
- Looking forward
    - Phase 3 starting in Oct 2021 – will be start of the pediatric series and potential boosters depending on the situation with variants
    - ACIP has allowed co-administration with other vaccines
    - Need to look to reaching the hesitant populations to increase vaccine coverage now with another push in the fall for pediatric and potential boosters

Agenda Item 7: Public Comment
Gilbert Chavez, Advisory Committee Coordination Office, Facilitator, stated that there were no registrations for public comment and no requests for public comment were received during the meeting.

Agenda Item 8: Planning and Discussion of Future Meeting Topics
Commissioner John Hellerstedt, M.D., Chair, led the discussion and asked task force members to provide future meeting dates and topics. Highlights of member discussion included:

- Dr. Hellerstedt expects the need to meet again sometime in September
    - There will be information regarding schools
    - There might be new vaccines to discuss
    - If something emerges in the meantime, a subcommittee can be called to discuss or the full committee

- Tony Marquardt states that he would like consideration for updating universal precautions to include 95s to PPE, every patient every time. The systemic practice is limited to gloves only; Dr. Hellerstedt agrees.

Agenda Item 9: Adjournment
Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:44 p.m.

Below is the link to the archived video of the June 29, 2021 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting posted on the website and in accordance to the HHS records retention schedule.

Task Force on Infectious Disease Preparedness and Response Meeting Agenda