

**Task Force on Infectious Disease Preparedness and Response  
FINAL DRAFT Meeting Minutes  
Friday, January 8, 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 meeting and notes that this is the 10<sup>th</sup> meeting of the Task Force on Infectious Disease Preparedness and Response.

Mr. John Chacón, 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 Friday, January 8, 2021 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.	X		Steve McCraw		X
Toby Baker* - Kelly Cook	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		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	X		Gerald Parker, D.V.M., Ph.D.	X	
Harrison Keller *Ray Martinez	X		David Slayton	X	
Nim Kidd	X		Victoria Sutton, Ph.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		The Honorable 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

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

**Agenda Item 2: Approval of December 7, 2020 meeting minutes**

Dr. John Hellerstedt called for a motion to review and approve the minutes of the December 7, 2020 meeting.

**Motion:**

Dr. David Lakey moved to approve the minutes from the December 7, 2020 meeting as presented. Dr. Ogechika Alozie seconded the motion. Mr. John Chacón conducted roll call

vote and announced the Task Force members approved the minutes unanimously, with 25 approves, no disapproves, and no abstentions.

### **Agenda Item 3: COVID-19 Situation Update**

Commissioner John Hellerstedt, M.D., Chair, provided an update on the COVID-19 Situation and referenced a PowerPoint entitled "COVID 19 Situation Update". Highlights of the update and task force member discussion included:

#### New Cases by Day in Texas:

- These are cases that are discovered by testing. You can see we had a peak back in the summer and since October, we have had a steady rise in cases. We are testing more, but I think you can think of this rise in positives as proportional to what's going on out there. We are still not close to herd immunity – our best bet is an immunization program.

#### Hospitalizations over time:

- The scale of the chart underplays dramatic changes we have experienced. All along, our primary goal has been to preserve the ability of inpatient hospital systems to care for everybody who needs inpatient care. We have stretched incredibly to increase capacity. We have provided close to 10,000 workers to hospitals all over the state to expand capacity. In the end, ICUs can only be expanded so much. We should be concerned because in addition to COVID-19, we have all sorts of other emergent medical needs that require hospital beds and ICU space. When you look at these trends, that's why we send out the message that when COVID-19 patients take up 10-15% of beds for over 7 days, we want to implement stricter distancing measures. As of today, Texas is approaching 14,000 COVID-19 hospitalizations. We must continue to observe the non-pharmaceutical interventions: masking, hand-washing, and surface cleaning work – our mild flu season is evidence. At this point, a lot of transmission is taking place in homes and at private gatherings – the hidden danger is that asymptomatic individuals are spreading the virus.

#### DSHS Roles during a pandemic:

- Coordination, lab testing, public awareness, sourcing and allocating medication, etc. Texas is doing a relatively good job with therapeutics and getting them out.

#### COVID-19 Expenditures:

- \$2.5 billion – the vast majority in medical staffing mentioned earlier

#### DSHS COVID-19 Vaccine Webpage:

- Leading up to this pandemic, there was some concern that there was increased vaccine hesitancy out there. Now, we are seeing a lot of vaccine eagerness – that people really want to be vaccinated. Ultimately, the vaccine is going to be the thing that will halt the advancement of COVID-19. You can learn about our allocation plan, the panel of vaccine enrollments on our website.

#### Vaccine Dashboard:

- The latest data that we have – 614,000-plus doses administered (combo of first and second doses).
- Constantly improving everything about vaccine distribution. We know that going forward we need to have a high level of information to make the best decisions about allocations.

#### Vaccine Provider location map:

- Will become even more functional as we move forward.

#### Vaccine Market Research:

- We are trying to drive interest in vaccine – see market research slide.

#### Vaccine Campaign:

- Safety, effectiveness, addressing vaccine-hesitancy. The ongoing campaign will include many different forms of media. We do have a vaccine communication toolkit on our webpage.

### **Agenda Item 4: COVID-19 Vaccine Update**

Dr. Saroj Rai, Ph.D., Resident Vaccinologist, DSHS, provided an update on the COVID-19 Vaccine and referenced a PowerPoint entitled “COVID-19 Vaccine Update”. Highlights of the update and task force member discussion included:

Last time, Pfizer and Moderna were in the queue to be approved and as you can see, they are now approved. Both share mRNA as the platform. Second-dose intervals are different between the two. Moderna is approved for 18 and up and Pfizer is approved for 16 and up. They cannot be used interchangeably.

#### Other vaccines:

- AstraZeneca
  - Viral vector
  - Different from Moderna and Pfizer in that they are easier to store and handle and can be stable in refrigeration for six months.
  - 2 doses, given about a month apart
  - Has received an emergency use authorization in the U.K. In the U.S., it is still considering its phase 3 trials. EUA might happen end of first quarter, beginning the second quarter this year.
- Janssen
  - Viral Vector
  - Single dose, have been very quiet so far. They have one of the largest studies – 60,000 participants
- Novavax
  - Recombinant subunit adjuvant
  - Just started phase 3 trials at the end of December. They are doing a placebo control trial with a 2:1 ratio, with two people getting vaccine for every placebo.

Pfizer and Moderna share the same platform, so one can discuss them as a “class effect.” The CDC has summarized the vaccine components of both vaccines – included in slide.

The reason I share the ingredient list is that I want to share guidelines from the CDC specific to allergic reactions. When we started out with approval of vaccines, there were already some cases of allergic reactions. Subsequently, since we’ve had some adverse reactions in the U.S., the guidelines have become stricter.

- If an individual gets a first dose of vaccine and has any sort of allergic reaction, even if not severe, they are not recommended to receive the second dose.
- List on the CDC website of medications that should be at vaccination sites.

#### Safety of approved vaccines:

- Jan. 6<sup>th</sup> MMWR that the CDC released last week – two weeks’ worth of data
  - Summarized the adverse anaphylactic reactions that have occurred – 21 cases

- Moderna not out long enough for data to be included in this
- Anaphylaxis onset within 30 minutes of vaccination
- 81% of cases – had history of allergic reactions

Vaccine Adverse Reporting System (VAERS):

- Data 12/13/20-1/7/21
  - As of yesterday, 541,000 doses have been administered and 105 adverse events reported. This is small and consistent with other areas of the U.S.

### **Agenda Item 5: COVID-19 Vaccination Plan**

Dr. Saroj Rai, Ph.D., Resident Vaccinologist, DSHS, provided an update on the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Plan".

Highlights of the update and task force member discussion included:

Phases and Timeframe of vaccine distribution:

- Right now, we are still in the phase of limited doses being available. We do anticipate the supply chain to increase over time

Recap – The last meeting we shared overall approach. I want to highlight where we are right now. We are still within phase 1. This was really targeted early on for our healthcare workers. This is where the vaccines are shipped directly to providers focusing on healthcare providers. I am happy to say that the federal long-term care facility (LTCF) program has recently started in Texas.

Looking forward, phase 2 will probably begin in March, when increased numbers of doses will likely be available. We will also be using specialized vaccine teams to target gaps across the state. Phase 3 possibly beginning in mid-summer. Phase 4 where providers will be able to order vaccine on their own without state involvement (October).

Just as a reminder – Dr. Hellerstedt did appoint EVAP to develop guidelines/principles for allocation recommendations.

Allocation Guiding Principles:

- These are things that as we talk about week-to-week allocations, EVAP often assess how things align with guiding values and principles.
- Adjustments on week-to-week basis.

In December, Phase 1A definition was driving allocations. I want to point out that while we did tier out Phase 1A, anyone who is in 1A is eligible and will continue to be eligible for vaccine.

Phase 1B population:

- We are trying to identify people 65 and older and those with certain medical conditions for this phase.
- I want to spend some time talking about the 1B definition – last time we met this was not out. Texas has taken a different approach from the CDC and ACIP. We talked about this for several weeks in many meetings for many hours. We looked at data and debated wholeheartedly what populations should go first.
- We prioritize those who were the most vulnerable for hospitalizations and death.
  - 65 and older
  - 16 and older with at least one chronic medical condition that puts them at increased risk for severe illness from COVID-19.
- Our pivot from the CDC and ACIP is significant but it is rooted in data and a desire to vaccinate the most vulnerable.

At the end of the day, the amount of people that get vaccinated is wholly driven by the allocation that Texas receives. December 14 stands out as the first day we started receiving our Pfizer vaccines. You'll notice that for weeks 2, 3, 4, and 5, to start the federal program that allows LTCF to obtain vaccines, Texas had to direct a portion of the allocation to the federal LTFC program. Starting in week 6, Texas no longer must take those 120,000+ doses off the table. Those doses are going to come back for us to be able to distribute to providers across the state. This will ensure that we can continue to add providers in communities that need them and to provide vaccine to providers who are enrolled but have not received doses yet.

There has been a lot of confusion in the field about second doses and we have heard of providers holding back portions of first dose allotments for second doses. **They do not have to do this.** Initial allotments should be used for all new people – every single dose. Once a vial has been punctured, it is only good for 6 hours – we need to be using every possible dose. A separate allocation will go to providers for second doses.

Vaccination Allocation Weeks 1-4 Map:

- With each week, we've had broader distribution.
- 214 counties out of 254 as of week 4.
  - One of the success stories of distribution – as of today, we have had residents of every single county who have received a COVID-19 vaccine. This is a huge success. I want to commend all of our providers on the ground for all of the hard work they are doing.

LTCF Program:

- 365,000 Pfizer doses dedicated to this program. We are working with the CDC to get better information about doses administered through that program.
- Last week was the first week, over 300 sites and this week over 700 sites scheduled for first doses.

Based on the data we have, we estimate about 1.6 million people eligible within 1A.

- Hospitals had pre-booked almost 700,000 doses for healthcare workers, so that was really our target.
- We have hit 94% of the need for hospitals, based on what was pre-booked.
- Over 500,000 doses have gone to non-hospital sites to vaccinate healthcare workers.

Vaccine Shipped and Administered Map:

- As if yesterday, 541,000 individuals across the state have been vaccinated.

Vaccine First and Second Dose Map:

- Last week was the first shipment of second-dose Pfizer allocations and this week is the first shipment of Moderna second doses.
- When we talk about doses administered and looking at the uptake, it is important to think about second doses – they are not available for additional people to be vaccinated. They are intended for people who have already received vaccine.

Populations (1A and 1B):

- Dr. Hellerstedt provided guidance that we want our providers to vaccinate 1A and 1B at the same time. We want to continue to reiterate this. This is intended to make sure that we are not leaving vaccine on the shelf. This directive is to help us maximize every single dose that is currently in Texas.

That is the latest information that we have. We continue to work on week 6 allocations for the week of Jan 18<sup>th</sup>. We are in the process of continuing to talk through allocation populations with EVAP. The allocations Texas is getting continue to drive our efforts and what we are able to accomplish. I want to reiterate that it is important to have a feedback loop from everyone. Comments and criticisms are welcome because we are trying to do the best possible job for Texas.

#### **Agenda Item 6: Public Comment**

John Chacon, Associate Director, Advisory Committee Coordination Office, Facilitator, stated that written comment had been shared with task force members prior to opening the floor for oral comments. The following are the written and oral public comments:

#### **Written Comments:**

**Dr. Beth Stalvey, Texas Council for Developmental Disabilities,** regarding COVID-19 Response and Vaccine Planning for Texans with Developmental Disabilities.

#### **Oral Public Comments:**

**Ms. Louise M. Joy, Joy & Young LLP, Healthcare Attorney,** regarding vaccine distribution and ImmTrac2 Bottlenecks and options to improve system for vaccine distribution. She stated that she was a healthcare attorney in Texas. She stated that when the effort was made to go from 1A to 1B so quickly, the hospitals were not really ready for 1B individuals to be receiving vaccinations. The map that we have for the state of Texas shows people who have gotten vaccine but does not show anything about what vaccine is available. One other question – since every individual who receives vaccine has to be in the ImmTrac system, do we know if every person who has received the vaccine is in ImmTrac? My clients are telling me they are having issues with ImmTrac. Is there any way to allow individuals to pre-register in ImmTrac? Is there any way for one provider to redistribute vaccines to others?

**Ms. Diane Rhodes,** stated that in December, the Texas Dental Association (TDA) submitted public comment to this committee to advocate for dental professionals to be included. In early January, the CDC stated that dentists are recommended to be included in the first phases of vaccine rollouts. Oral healthcare is integral to overall health. Making vaccines available to dental personal is crucial. Dentist and teams provide direct care that is key to the health of Texas. We request that you pass this along to EVAP.

Commissioner John Hellerstedt, M.D., Chair, stated that the recommendations will be made more firm as the process evolves, using the vaccine allocation panel guidance. It will depend on the vaccines the state receives.

Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services, DSHS, will address questions about allocations to different hospitals.

#### **Agenda Item 7: 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:

- Status report on each item discussed today, as well as a request to have discussions on the following topics:

- Emergence of variance of the virus
- Virus genomic sequencing
- The possibility of the need for annual vaccination
- High-volume vaccine distribution
- Request for a legislative update related to COVID-19 issues

**Agenda Item 9: Adjournment**

Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:30 p.m.

Below is the link to the archived video of the January 8, 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](#)

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