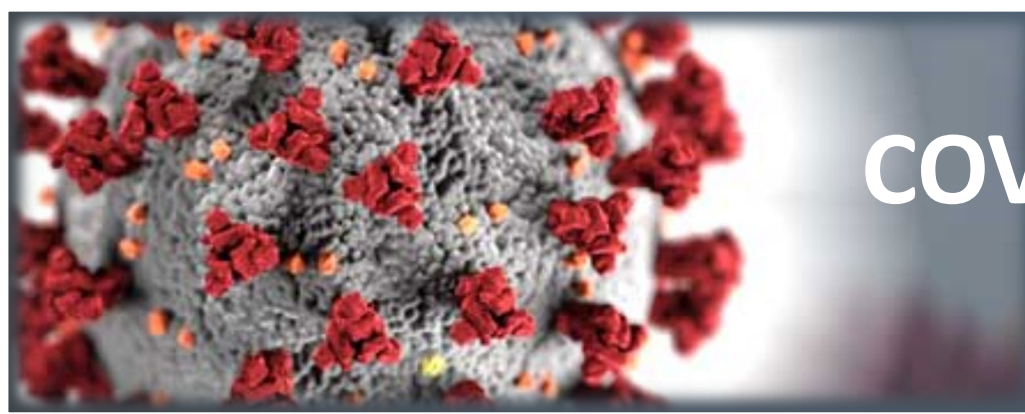




**TEXAS**  
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**Texas Department of State  
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# COVID-19 Pandemic Response and Vaccine Update

March 3, 2021

**John W. Hellerstedt, MD, Commissioner**  
**Imelda M. Garcia, Associate Commissioner**  
**Texas Department of State Health Services**

# Overview

- Agency Overview
- COVID-19 Timeline & Statistics
- Pandemic Response
  - Overview
  - Capacity and Reporting
  - Public Health Follow Up
  - Addressing Hospitalizations
- Vaccine Rollout
- Vaccine Communication

# Agency Overview



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# Agency Overview

**DSHS Mission:** To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

**DSHS Vision:** A Healthy Texas

## DSHS Goals:

- Improve health outcomes through public and population health strategies, including prevention and intervention.
- Optimize public health response to disasters, disease threats, and outbreaks.
- Improve and optimize business functions and processes to support delivery of public health services in communities.
- Enhance operational structures to support public health functions of the state.
- Improve recognition and support for a highly skilled and dedicated workforce.
- Foster effective partnership and collaboration to achieve public health goals.
- Promote the use of science and data to drive decision-making and best practices.



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# Agency Overview: Divisions & Functions

## Chief State Epidemiologist

- ◆ Health statistics
- ◆ State epidemiologist

## Laboratory and Infectious Disease

- ◆ State public health laboratory
- ◆ Infectious disease

## Consumer Protection

- ◆ Emergency Medical Services & trauma care system
- ◆ Environmental health
- ◆ Food and drug safety
- ◆ Radiation control

## Community Health Improvement

- ◆ Environmental epidemiology & disease registries
- ◆ Maternal and Child Health
- ◆ Health promotion & chronic disease prevention
- ◆ Vital statistics

## Regional and Local Health Operations

- ◆ Healthcare emergency preparedness and response
- ◆ Regional public health clinics
- ◆ Texas Center for Infectious Disease
- ◆ Border health



# COVID-19 Timeline & Statistics



# COVID-19 Timeline

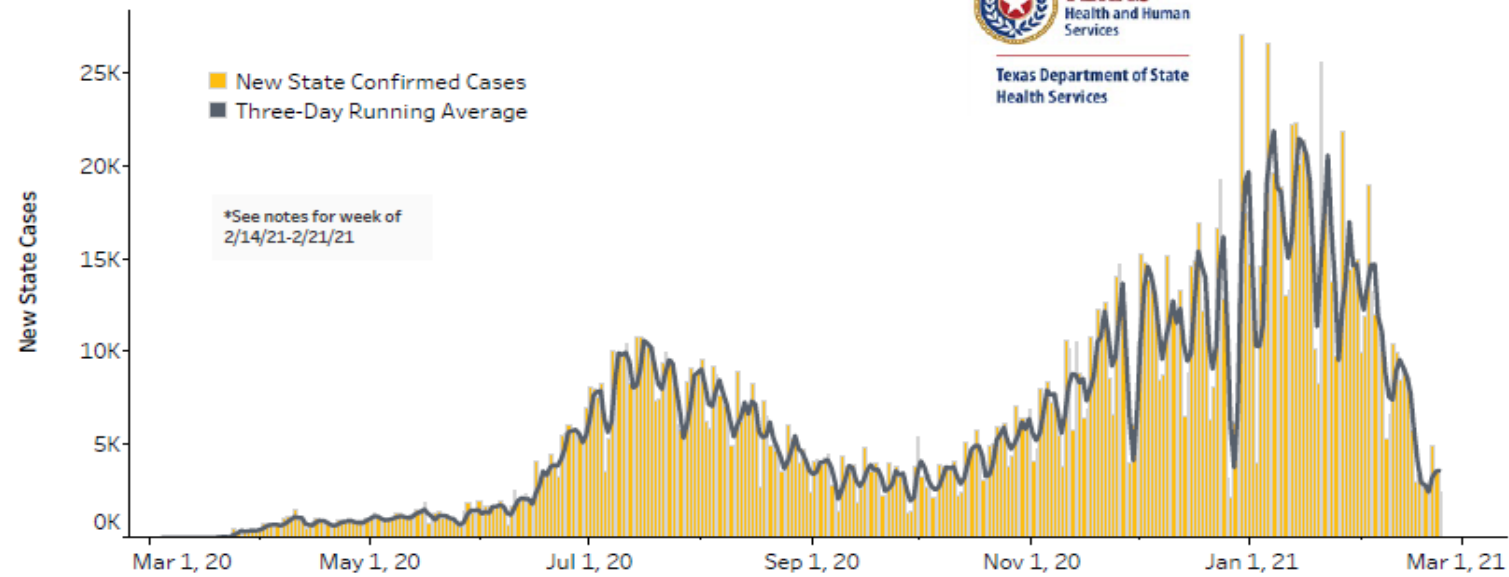
- **December 31, 2019:** Municipal Health Commission reported cases of pneumonia with an unknown cause in Wuhan City, Hubei Province, China
- **January 7, 2020:** Chinese authorities identified a new (novel) type of coronavirus
- **January 21:** Centers for Disease Control and Prevention (CDC) confirmed first case of novel coronavirus in the U.S. in Washington state
- **January 23:** DSHS launched the [dshs.texas.gov/coronavirus/](https://dshs.texas.gov/coronavirus/) website and prepared #TexasDSHS social media campaigns
- **January 31:** DSHS activated the State Medical Operations Center (SMOC)



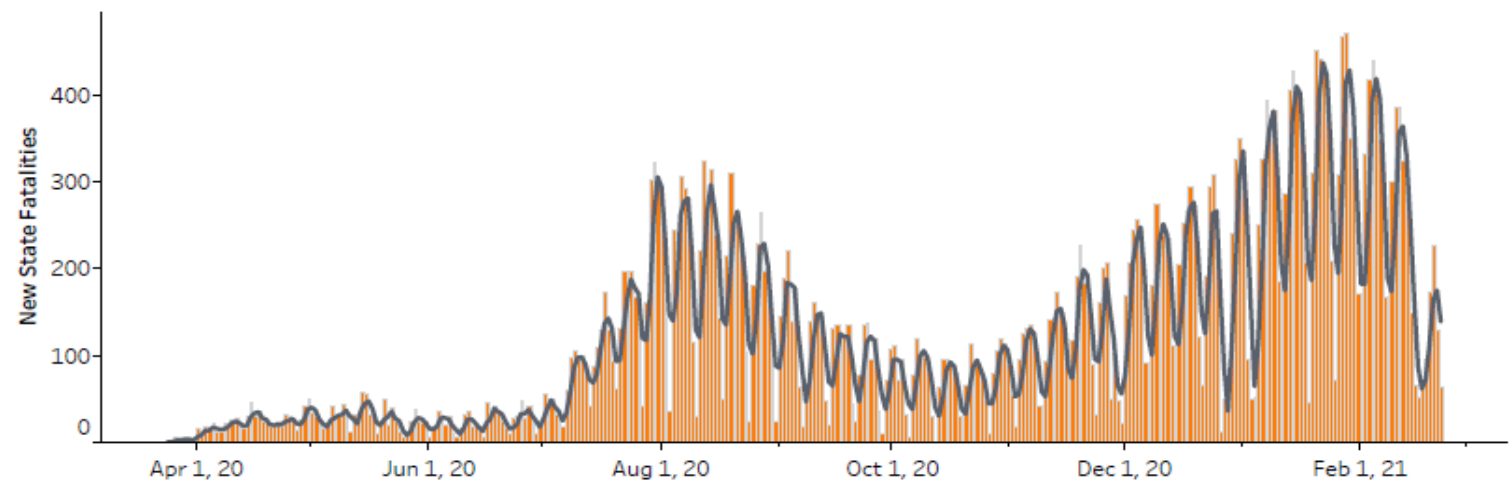
# COVID-19 Timeline

- **March 4:** DSHS announced the first positive test result for COVID-19
- **March 17:** DSHS announced the first lab-confirmed COVID-19 death
- **March 19:** DSHS Commissioner Hellerstedt declared a Public Health Disaster for Texas
- **October:** DSHS assembled the Expert Vaccine Allocation Panel (EVAP)
- **November 10:** DSHS launched a COVID-19 Vaccine Information Website
- **December 14:** DSHS distributed the first COVID-19 vaccine doses
- **February 12, 2021:** 1 million people fully vaccinated in Texas
- **March 2, 2021:** 2,292,097 confirmed COVID-19 cases reported in all 254 Texas counties with 42,995 fatalities

## New Confirmed Texas Cases by Day



## New Texas Fatalities by Day



These preliminary data are current as of 1:00pm on 2/22/2021.

Note: As of July 27, DSHS is reporting COVID-19 fatality data based on death certificates. The metric used in these charts reports total newly reported fatalities (as opposed to the date of death).

Note: During the week of Feb. 14-Feb. 21, 2021, case and fatality reporting was significantly impacted across the majority of Texas counties due to weather-related issues.

Hospitalizations Over Time

Total Texas Proportion of Lab-Confirmed COVID-19 Occupancy of General and ICU Beds out of Total Hospital Beds as of:



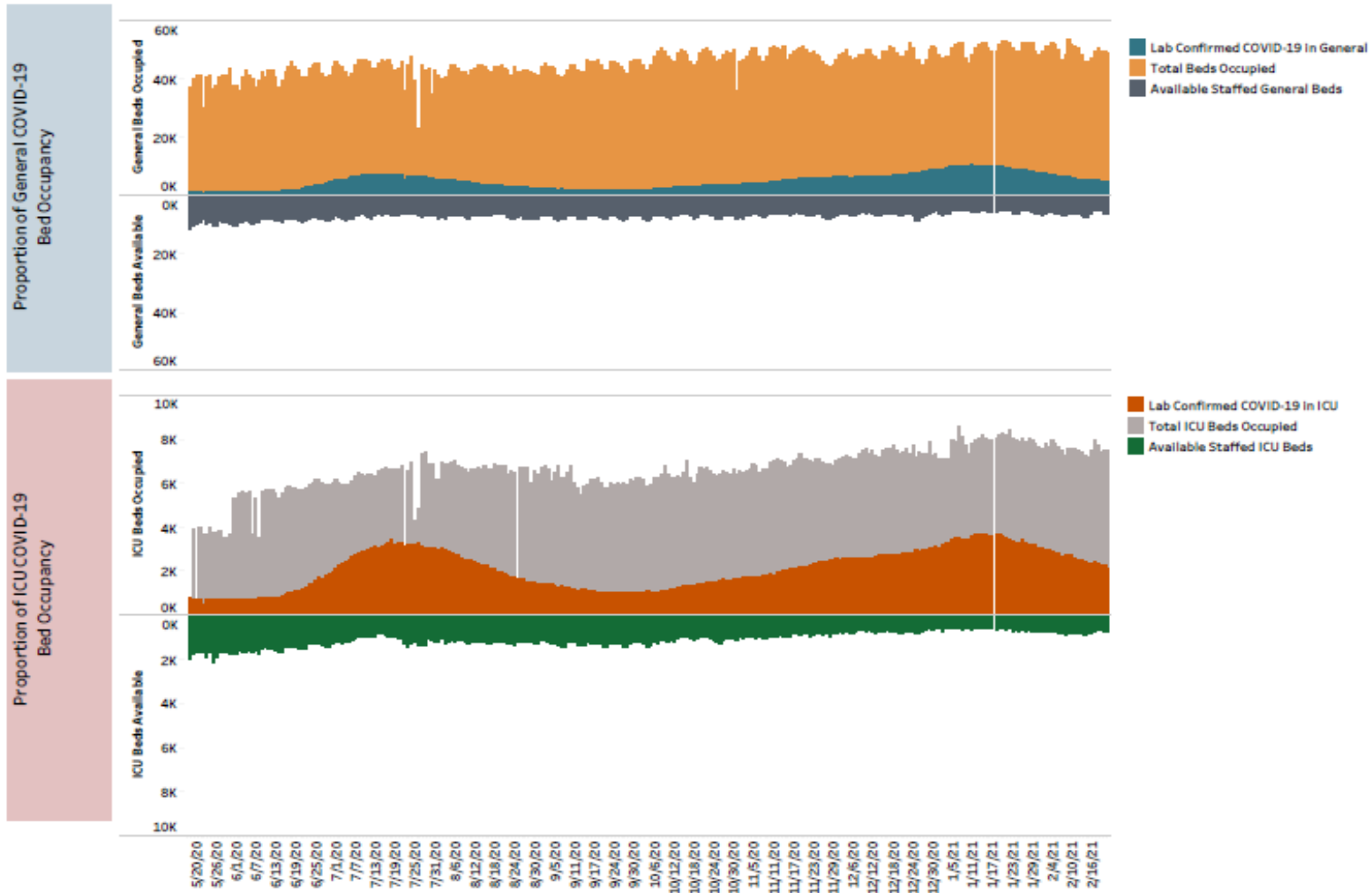
Texas Department of State Health Services

Sunday, February 21, 2021 Totals

Lab Confirmed COVID-19 in General	4,762
Lab Confirmed COVID-19 in ICU	2,114
Total Lab Confirmed COVID-19 Gen + ICU	6,876

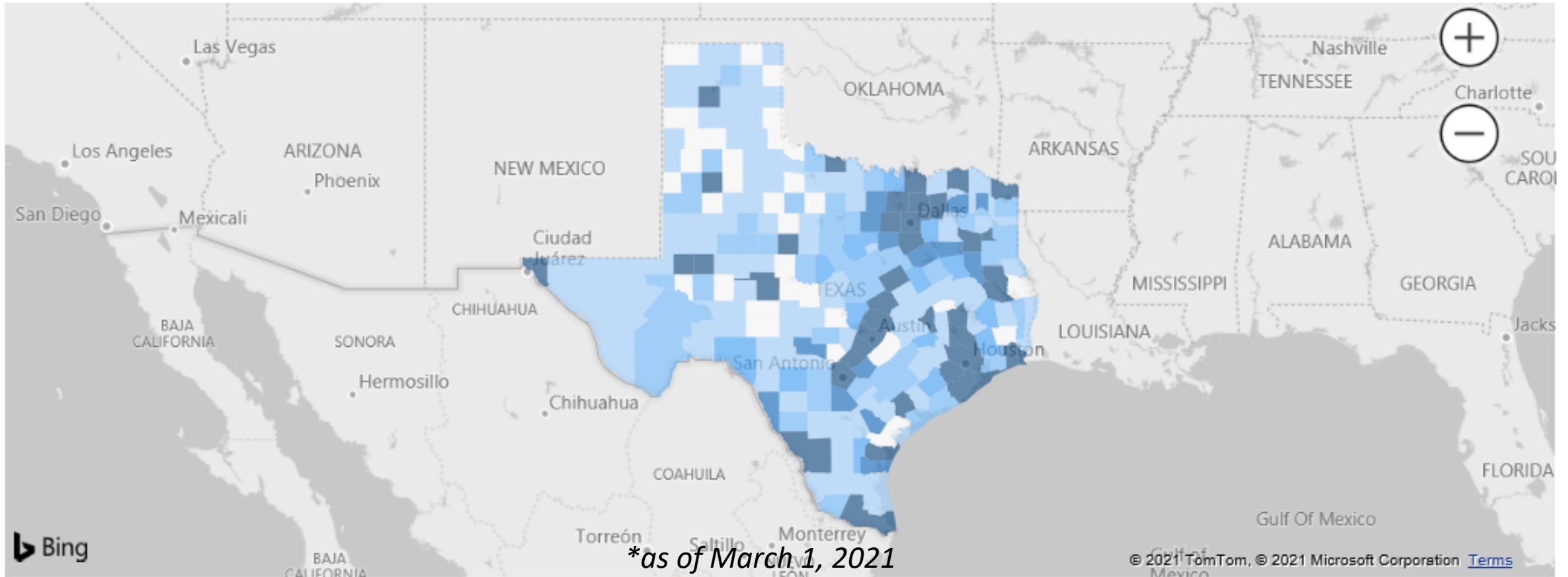
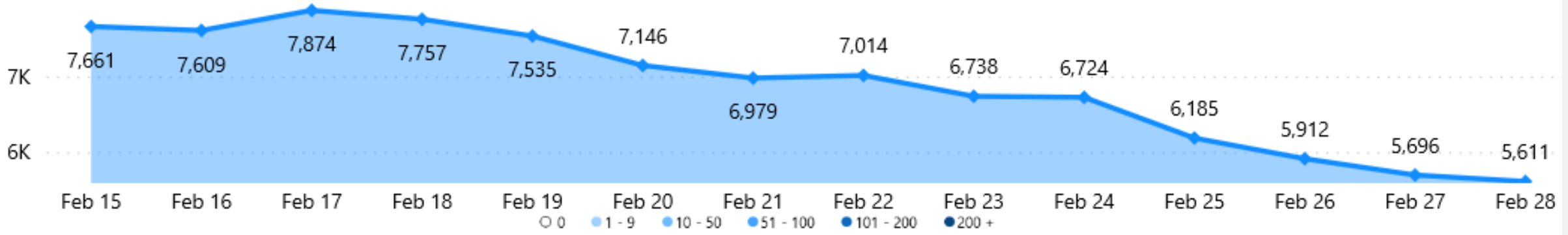
Notes:

- The most recent hospital data is reported for the day prior.
- After 7/23/2020, DSHS reported incomplete hospitalization numbers due to a transition in reporting to comply with new federal requirements.



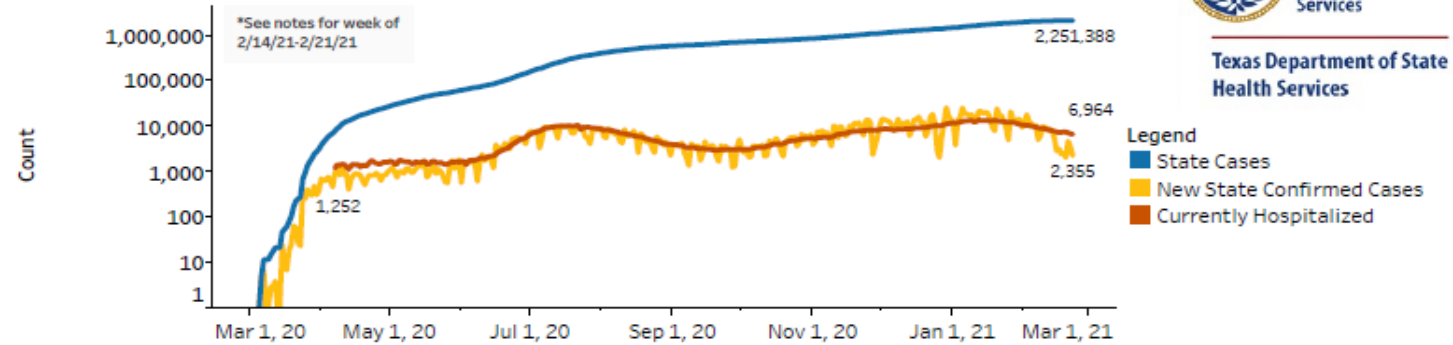
These preliminary data are current as of 1:00pm on 2/22/2021.

# Total Lab Confirmed Patients in Hospital



# Texas COVID-19 Trends: A Full Picture

Total Texas Covid-19 Confirmed Cases, Confirmed New Cases, and Current Confirmed Hospitalizations

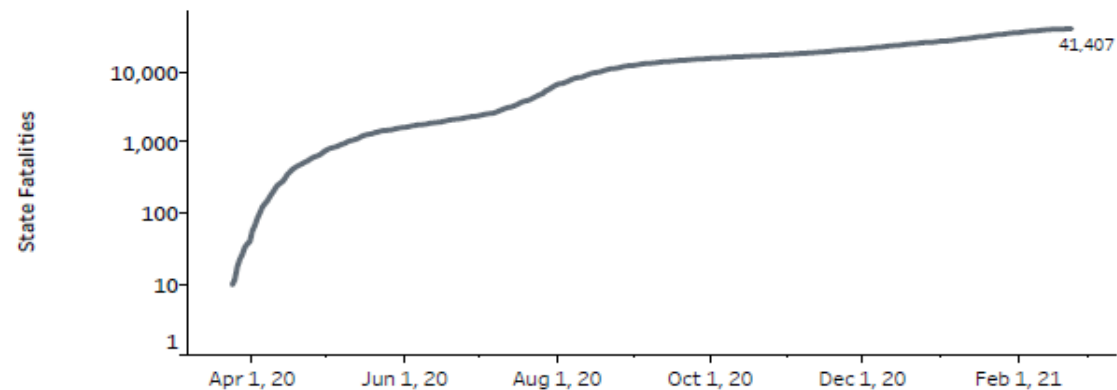


These preliminary data are current as of 1:00pm on 2/22/2021.

Notes:

- After 7/23/2020, DSHS is reporting incomplete hospitalization numbers due to a transition in reporting to comply with new federal requirements. As of 8/19/2020, 91% of hospitals were reporting.

Total Texas Covid-19 Fatalities

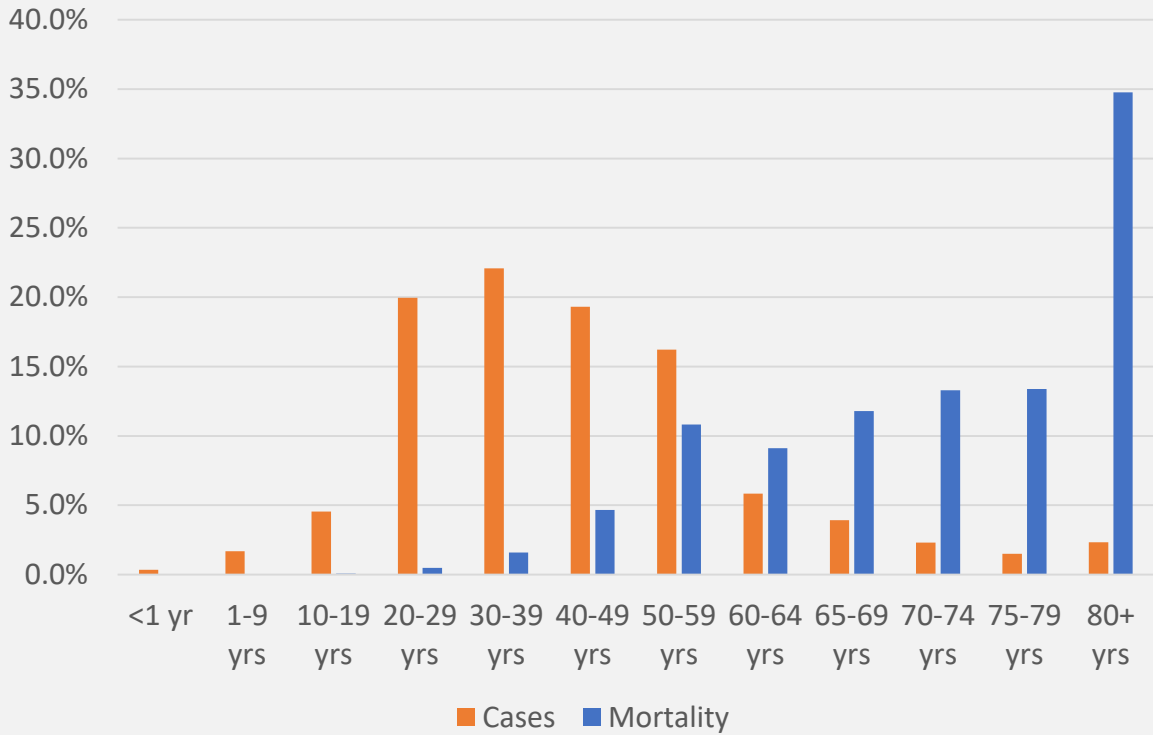


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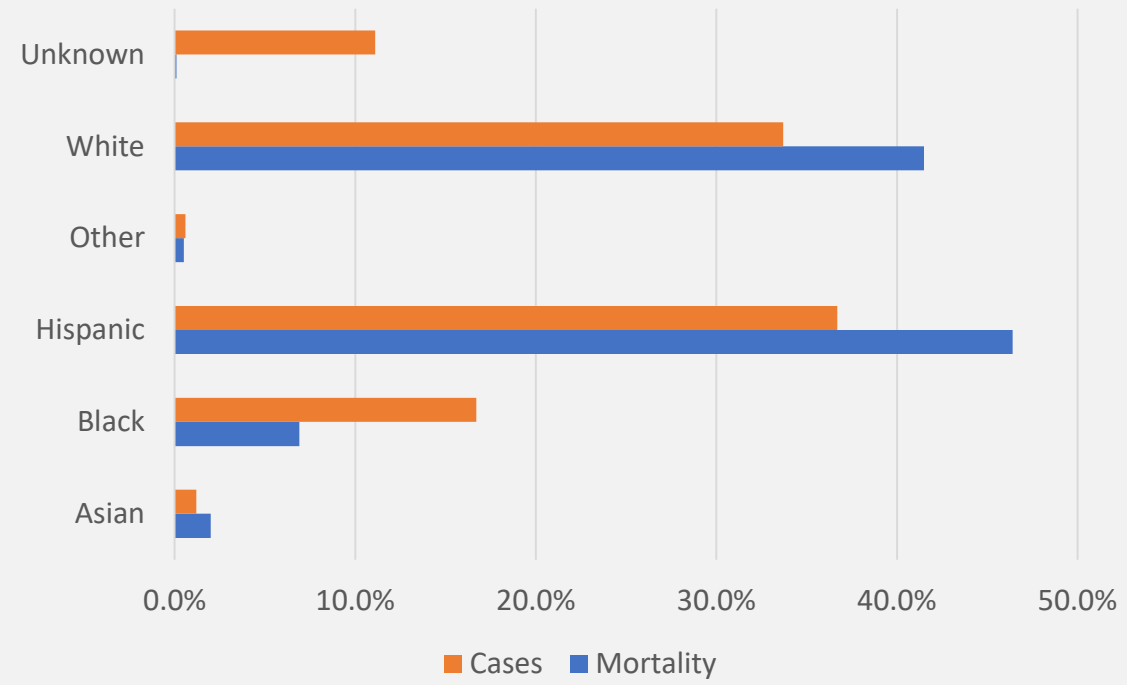
Note: During the week of Feb. 14-Feb. 21, 2021, case and fatality reporting was significantly impacted across the majority of Texas counties due to weather-related issues.

# Demographics

### Cases & Mortality by Age



### Cases & Mortality by Race/Ethnicity



*\*as of March 1, 2021*

# Pandemic Response



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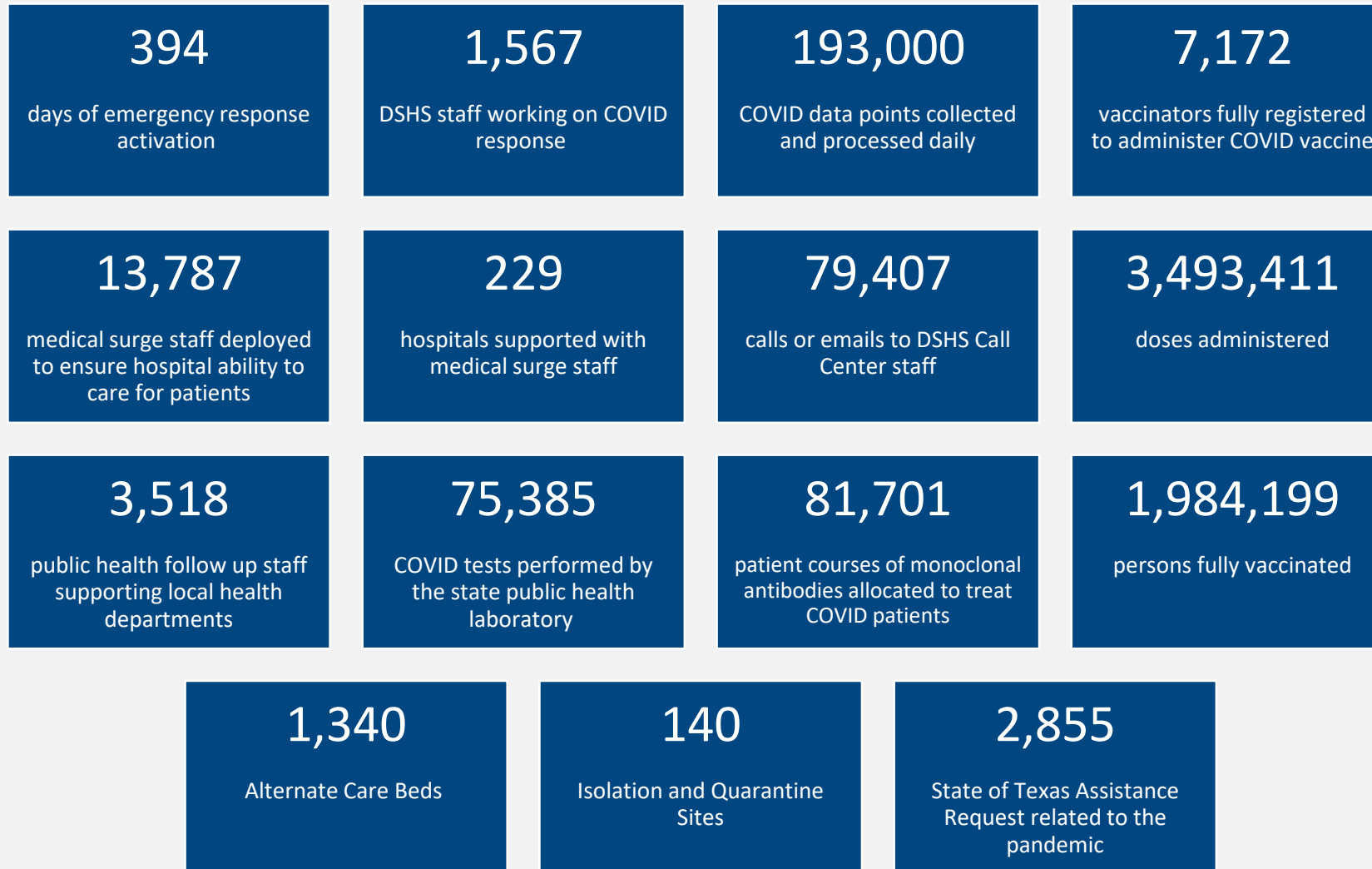
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# DSHS Roles during the Pandemic

- Coordination of local and state public health efforts
- Statewide management and provision of lab testing and capacity
- Data collection, analysis, and reporting
- Health care system support and deployment of medical staffing to hospitals and nursing facilities
- Statewide public education and awareness
- Public health guidance for individuals and businesses, and consultation with local elected leaders
- Sourcing and allocating therapeutics and medications, medical supplies, and personal protective equipment
- Utilizing the established infrastructure and expanding it further to safely and appropriately disseminate vaccine



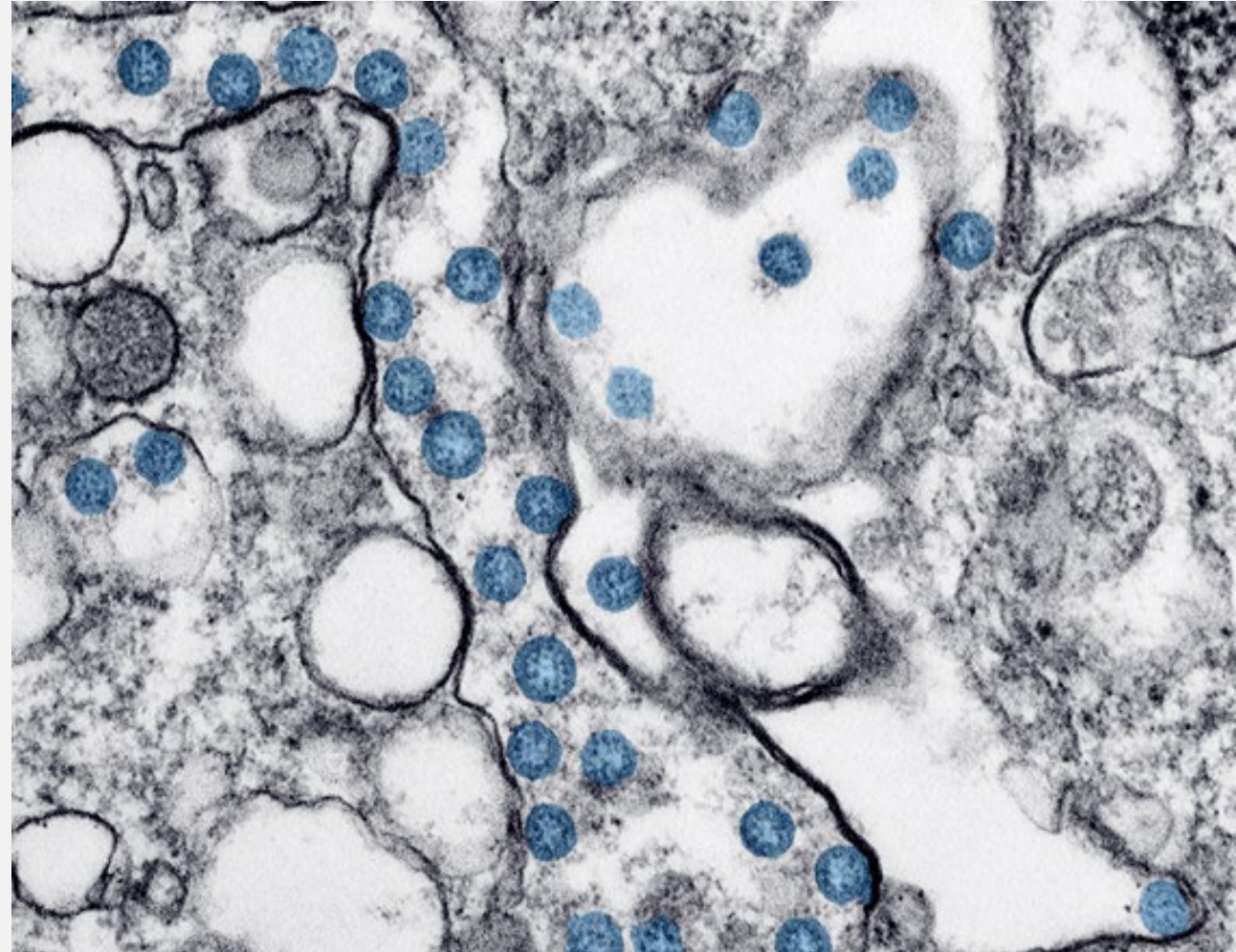
# COVID Response by the Numbers



*\*as of March 2, 2021*

# Pandemic Hurdles Addressed

- Expanding initial testing capacity & managing PPE scarcity
- Expanding and standardizing testing, hospital, and mortality reporting
- Scaling public health follow up
- Addressing COVID-19 hospitalizations
- Adapting prevention messaging as new scientific data emerges
- Scaling vaccine effort to meet statewide need and demand



# Pandemic Response Overview

- Rapidly modernized the lab result reporting system - National Electronic Disease Surveillance System (NEDSS)
  - Increasing daily lab result ingestion by 9,990% (from 2,000 to 200,000 per day)
- Processed 89,040 hospitalizations data points from Texas healthcare facilities on daily basis
  - Over 20 million COVID-19 data points collected from hospitals to date
- Developed a functioning statewide public health follow up system in less than three weeks
  - Mature system within five months with significant participation by local health jurisdictions
  - Grew DSHS-supported public health follow up staff from 115 to 2,400
- Supported responses to more than 600 facility outbreaks
- DSHS given “A” grade from The COVID Tracking Project for data transparency
  - Based on consistent, reliable, and complete reporting including patient outcomes and demographics

# COVID-19 Pandemic Expenditures (Estimated)

Category	How much we spent
Medical Surge Staffing	\$4.0 Billion
Local Response	\$255.8 Million
Disease Surveillance	\$160.1 Million
Local Contracts	\$68.0 Million
Lab Costs	\$27.7 Million
Repatriation	\$5.5 Million
Other Costs	\$0.5 Million
<b>Total</b>	<b>\$4.5 Billion</b>

*\*as of March 1, 2021*

# Federal Grants to Support COVID-19 Expenses

Grantor	Description	Total in Millions	Uses
FEMA	Public Assistance - FEMA Category B	\$2,399.6	General disaster public assistance. The funds require a 25% state match. Additional funds can be requested.
Dept of Treasury	Coronavirus Relief Fund (CRF)- CARES Act	\$2,009.5	Various uses, funds allocated to DSHS for direct care medical staffing needs.
CDC	Coronavirus Response and Relief Supplemental Appropriations Act/Epi & Lab Capacity (ELC) Enhancing Detection Expansion	\$1,535.4	Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.
CDC	Paycheck Protection Program and Health Care Enhancement Act/Epi & Lab Capacity for Testing (PPPHEA-ELC)	\$473.6	Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.
CDC	Coronavirus Response and Relief Supplemental Appropriations Act/Implementation and Expansion of the Vaccine Program	\$227.1	Vaccine distribution and administration
CDC	Coronavirus Preparedness and Response Supplemental Appropriations (Crisis CoAg)	\$55.1	Crisis response and recovery, information and surge management, surveillance
CDC	CARES Act/Epi & Lab Capacity to Reopen America. (ELC)	\$39.1	Surveillance, epidemiology, lab capacity, data surveillance and analytics infrastructure, disseminating information about testing, and workforce support necessary to expand and improve COVID-19 testing.
CDC	COVID-19 Supplemental via 2020 CARES ACT Round 1	\$14.4	Plan and implement COVID-19 vaccination services
CDC	PPPHEA National Center for Immunization and Respiratory Diseases	\$10.1	Enhanced Influenza-COVID19 response for staffing, communication, preparedness and vaccination, with emphasis on enrolling new vaccinators. Funds may not be used to purchase vaccines.
CDC	COVID-19 Supplemental via 2020 CARES ACT Round 2	\$10.1	Plan and implement COVID-19 vaccination services

# Federal Grants to Support COVID-19 Expenses

Grantor	Description	Total in Millions	Uses
ASPR	CARES Act - Hospital Preparedness Program Supplemental Award for COVID-19 (CARES HPP)	\$8.7	Urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines.
CDC	Paycheck Protection Program and Health Care Enhancement Act Epi & Lab Capacity	\$5.4	focus on genetic testing lab preparedness; and ensuring safe travel through optimized data sharing and communication with international travelers
CDC	ELC /Healthcare-associated Infections/ Antimicrobial Resistance Program (ELC-HAI)	\$3.7	Funds support Project Firstline, a CDC training collaborative for health care infection prevention and control.
HRSA	CARES Act - Ryan White HIVAIDS	\$1.5	Infrastructure and practice improvement needed to prevent, prepare, and respond to COVID-19 for Texans living with HIV.
HUD	CARES Act - Housing Opportunities for Persons With AIDS COVID-19 Supplemental (CARES HOPWA)	\$0.7	Allowable activities authorized by the AIDS Housing Opportunity Act to maintain housing for low-income persons living with HIV (PLWH) and their households.
ASPR	Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) (PPP HPP Ebola)	\$0.4	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.
ASPR	CARES Act - Hospital Preparedness Program Ebola (CARES HPP Ebola)	\$0.3	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.
CDC	Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention - COVID-19	\$0.3	The OAG will interagency cooperation contracts with Texas Association Against Sexual Violence and Texas A&M University Health Science Center to enhance existing activities that address the most pressing COVID-19 related violence issues including Intimate Partner Violence
HHS	ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure – COVID-19	\$0.2	Development of a training and educational module on safe ways to disinfect for COVID-19 at home-based child care facilities.
USDA	Cooperative State Meat and Poultry Inspection – COVID-19	\$0.01	COVID-19 specific prevention and safety activities.

# Capacity and Reporting



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# Lab Testing Capacity: Public Health



- **DSHS State Laboratory – Austin**
- **CDC Laboratory Response Network (LRN) in Texas**
  - Includes DSHS State Laboratory - Austin
  - DSHS South Texas Laboratory
  - Corpus Christi-Nueces County Public Health District
  - Dallas County Health and Human Services
  - City of El Paso Department of Public Health
  - Houston Health and Human Services Department
  - Texas Institute of Environmental and Human Health – Texas Tech - Bioterrorism Response Laboratory
  - Public Health Laboratory of East Texas – Tyler
  - San Antonio Metropolitan Health District LRN Laboratory
  - Tarrant County Public Health, North Texas Regional Laboratory



# Lab Test Reporting

	Before COVID-19	During COVID-19
Testing Result Focus for Public Health Purposes	Positive Results	Positive, Negative, and Indeterminate Results
Reporting System Daily Capacity (all conditions)	2,000 reports	200,000 reports (+9,990%)
# of Labs Submitting Data to DSHS	~70 labs	~3,400 labs (+4,702%)

# Hospital Reporting: Overview

- **Prior to COVID-19:** DSHS historically collected hospital bed availability data during public health or medical disasters
  - Data points received by the 8 Hospital Preparedness Program (HPP) Providers
  - Prior to pandemic, facility level data had never been processed and analyzed to the extent it is currently being processed

- **COVID-19 Response:**

Data Points From Hospitals for HHS	Licensed Hospitals in Texas	Healthcare Facilities Reporting	Time to clean and process data daily
120	641	742	5 hours

- Daily number of data points processed from Texas facilities: **89,040**
- Total hospital reporting data points collected – from March 13, 2020 through March 3, 2021: **20,523,690**

# Mortality Reporting



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# Mortality Data: Overview

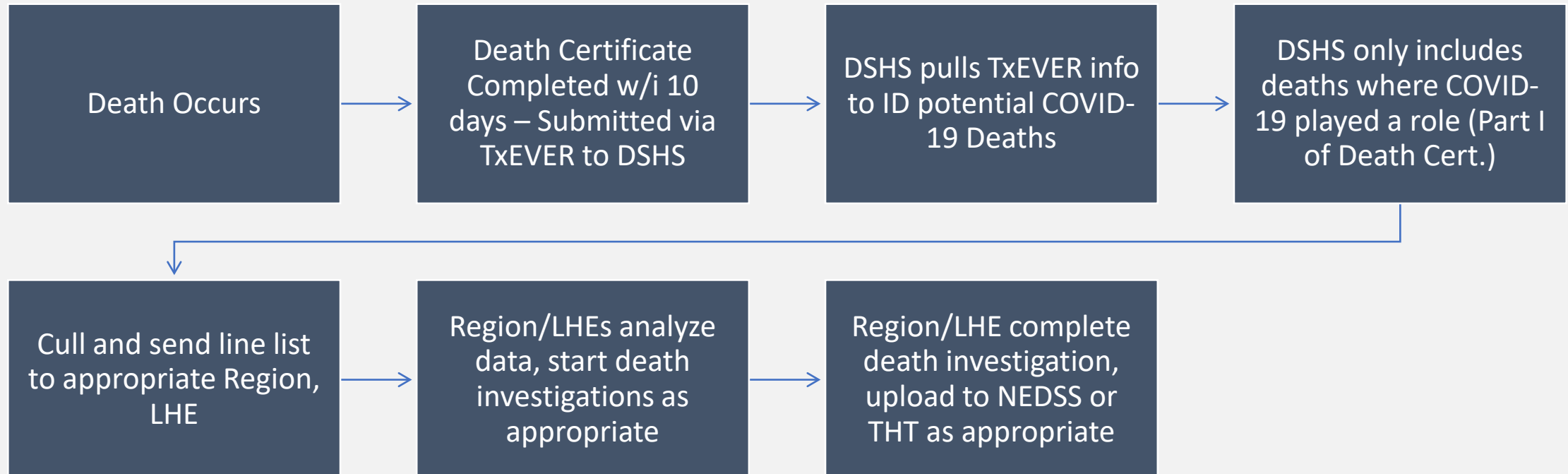
- **Pre- and Early COVID-19 Process:**
  - **Method 1: Case Investigation (March-July 2020)**
    - Public Health Regions (PHRs) and LHDs investigate possible COVID-19-associated deaths reported by healthcare facilities or those identified through death certificate review
    - PHRs and LHDs use the person under investigation (PUI)/case investigation form to guide COVID-19-associated death investigation
      - PUI/case investigation form includes some death-related questions
    - PHRs and LHDs report confirmed COVID-19-associated deaths into NEDSS.
    - DSHS review COVID-19-associated death information submitted in NEDSS.

# Mortality Data: Overview

- **Pre- and Early COVID-19 Process:**
  - **Method 2: Local Reporting of Deaths (March-July 2020)**
    - DSHS utilized local reporting of mortality data as local jurisdictions updated public information
    - Some local reporting included information submitted via Method 1
    - But could also include other methods
- **Caveats:**
  - **Method 1:**
    - Time-intensive process
    - Commonly used for isolated, smaller and/or less time-sensitive events
  - **Method 2:**
    - Unclear when death actually occurred
    - Unclear whether death was for a resident of that jurisdiction or died within jurisdiction – (e.g. in hospital, hospice, or other facility that was not the person's Texas residence).
    - Limited demographic information

# Mortality Data: Overview

## Current Process: Death Certificate-Driven Reporting Process



# Public Health Follow Up



# Public Health Follow Up: History

- **Public Health Follow-Up:** performed in Texas since inception of agency
  - Legislature created Texas Quarantine Department in 1879
- **Purpose:** to stop the spread (break the chain) of disease through case investigation and contact tracing
- **Previous & Ongoing Uses:** TB, HIV/STD, Ebola, Zika, Foodborne Illness, and other reportable conditions
- **Reportable Conditions:**
  - Require case investigation per CDC
  - Contact tracing flows from case investigations





# Public Health Follow Up: History

- **Common Public Health Follow Up Activities:**

- Disease management in people who are infected
- Disease comprehension
- Confidential notification of contacts
- Testing
- Medical treatment/prevention
- Support for isolation/quarantine recommendations
- Other social service needs



# Public Health Follow Up

Case Investigation & Contact Tracing Activities	Pre-COVID	During COVID
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• Disease Intervention Specialists and Epidemiologists supported regional needs, local without epidemiological staff</li> <li>• Central office and other regions assisted regional/local surge response needs as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Initial use of central office epi staff and re-tasked regional staff from other public health programs</li> <li>• Increased number of full-time and contracted epis and contact tracing staff focused on COVID-19</li> </ul>
<b>Data Management</b>	<ul style="list-style-type: none"> <li>• Limited ability to manage magnitude of case investigation management</li> <li>• No system existed to support call center/workforce surge support</li> <li>• Data management through program-specific areas</li> </ul>	<ul style="list-style-type: none"> <li>• Continued data analysis of COVID-19 data via NEDSS and Texas Health Trace</li> <li>• Developed public health follow up unit to assist with data management</li> </ul>
<b>Case Investigation &amp; Contact Tracing Process</b>	<ul style="list-style-type: none"> <li>• Identify cases through lab &amp; provider reports, epidemiological review of death cert. data</li> <li>• Contact tracing activities in existence for TB, HIV, STD, foodborne illnesses</li> </ul>	<ul style="list-style-type: none"> <li>• Continued identification via lab/provider/death data</li> <li>• Probable cases identified via contact tracing</li> <li>• Developed guided scripts for new workforce</li> </ul>

# Public Health Follow Up

Case Investigation & Contact Tracing Activities	Pre-COVID	During COVID
<b>Case Definition/Form Management</b>	<ul style="list-style-type: none"><li>• CDC &amp; national process: case definition and treatment protocols updated every 5 yrs</li><li>• State process: updated notifiable disease case definitions/forms/data entry guidelines every year</li></ul>	<ul style="list-style-type: none"><li>• Constant adaptation needed due to changing case definitions occurring at national levels</li><li>• Updating of in-system scrips to follow changing guidelines and definitions and related communications to region/locals</li></ul>
<b>Healthcare Acquired Infection Surveillance &amp; Response</b>	<ul style="list-style-type: none"><li>• HAI Epi provided infection prevention and control consultation to healthcare facilities as needed</li></ul>	<ul style="list-style-type: none"><li>• Continued and increased support for HAI prevention and control consultation facilities in Texas</li></ul>

# Texas Health Trace Overview

- **Prior to COVID-19:**
  - Statewide and local public health Public Health Follow Up Unit transmitted to DSHS using case investigation reports
  - Organized tracking occurred using localized databases or other ad hoc methods
- **COVID-19 Response:**
  - Built Texas Health Trace to support volume of case investigations and contact notification at statewide, regional, and local jurisdiction level
  - Built Public Health Follow Up Unit to support Texas Health Trace and statewide response effort
  - Adjust Texas Health Trace call center staffing to match level of surge support needed
- **Post COVID-19:**
  - Turn off Texas Health Trace call center and self-service symptom checker

# Texas Health Trace Overview

## Needs addressed by Texas Health Trace

- Risk assessment
- Self-reporting
- Case management
- Lab ingestion
- Data exports
- Workload management
- Support telephony technology
- Jurisdictional assistance/support
- Data security measures
- Escalation notifications
- Staff training support
- Scripted flows for inexperienced case investigators/contact tracers
- Outbreak management (non-vulnerable populations)
- Data imports

# Texas Health Trace Overview

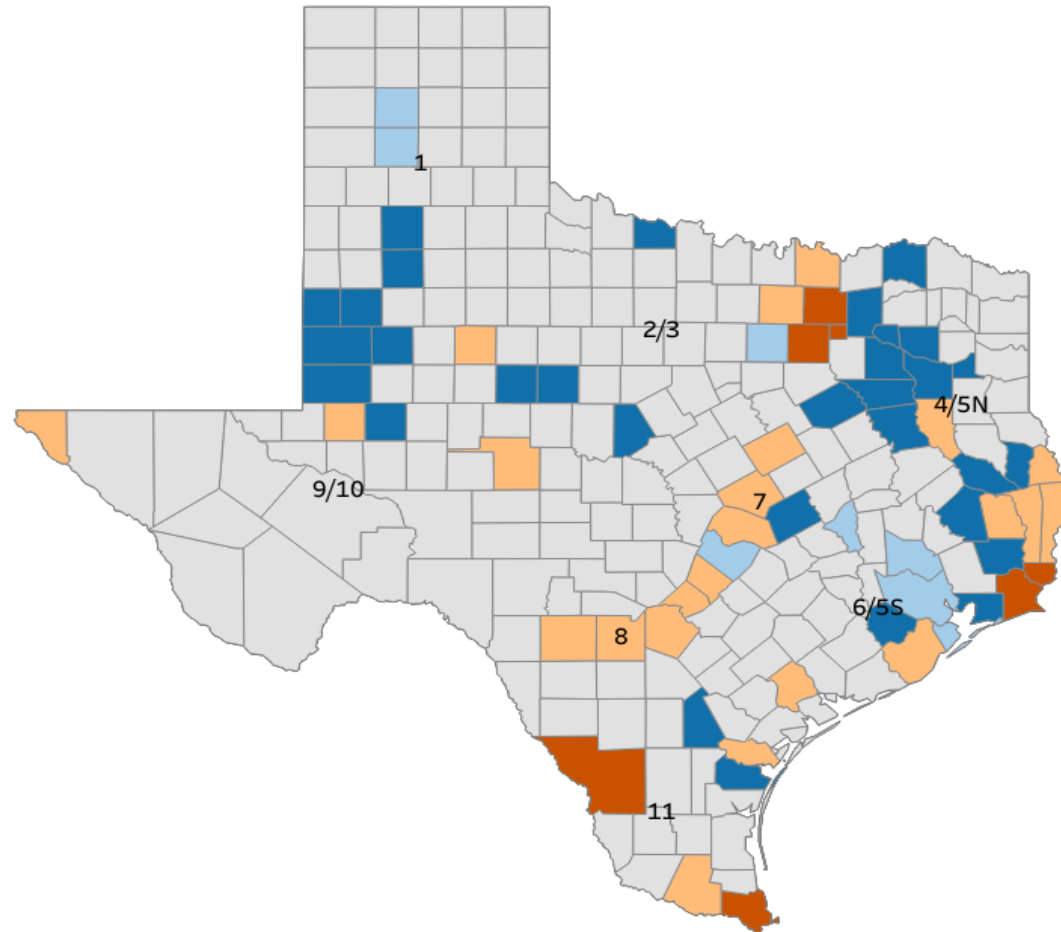
- **Texas Health Trace Components**
  - **Self-service portal** – risk assessment and self-report for contact tracing
  - **Case management system** – use by DSHS, participating local health entities and authorities
  - **Call center** – build up temporary workforce to support case investigation and contact tracing efforts
  - **Security** – DSHS maintains ownership and control of data, housed in the state system and not with any vendor
- **Texas Health Trace serves multiple stakeholders**
  - **Statewide** – more complete view of cases, public health follow up responses, additional demographic and other data not captured in testing results
  - **Regional** – integrated into Texas Health Trace for full use of case and exposed contact investigations
  - **Local** – opened the system to local health departments in need of data systems and workforces support, and local health authorities interested in understanding their data and performing local contact tracing activities

# Texas Health Trace Jurisdictions

Texas Health Trace option selected by local health entities

## Option Legend:

- **Option 1A (light blue)** – Local Health Departments (LHDs) use own system but work with DSHS on importing data into THT routinely
- **Option 1B (dark blue)** – LHDs use Texas Health Trace but work all case and exposed contact investigations
- **Option 2 (light orange)** – LHDs use Texas Health Trace, work all case investigations but use the call center for exposed contacts
- **Dark orange** have multiple jurisdictions within it, with different options
- **Grey areas** are covered by DSHS Public Health Regions



# Addressing Hospitalizations



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# Addressing Hospitalizations

## Hospital Surge Staffing

Assigned 2/28/21:

*12,703*

Maximum Staff During  
Pandemic:  
*12,703*

Allocations based in part  
on STAR request and  
Hospitalization data

## Alternate Care Sites

Beds Available 2/28/21:  
628

Maximum Beds During  
Pandemic:  
*1,320 (8/20)*

Sites based in part on local  
capacity, STAR request,  
Hospitalization data

## Therapeutics

Remdesivir:  
*533,280 vials*

Monoclonal Antibodies:  
*81,701 patient courses*

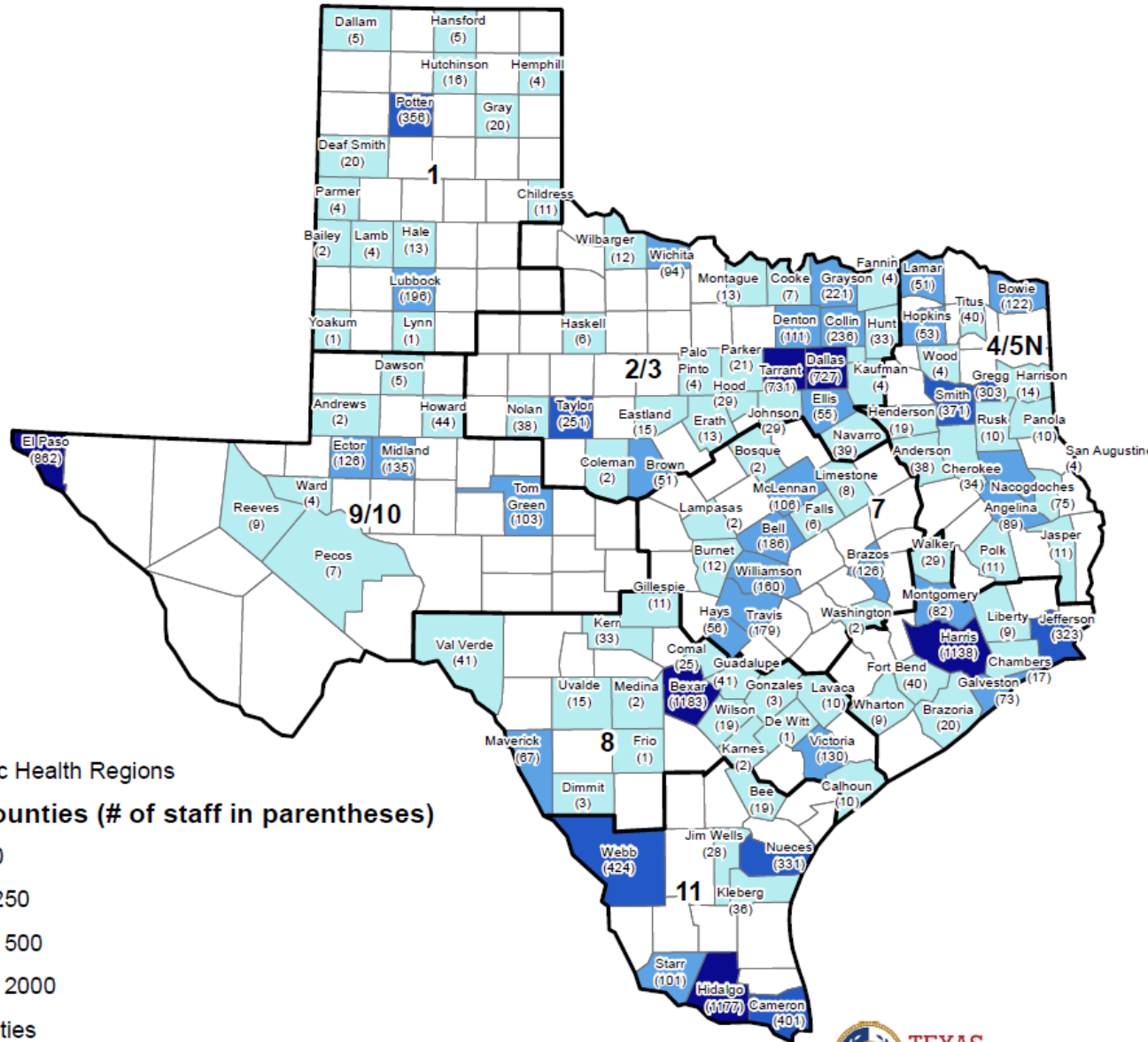
Prior to direct ordering,  
allocations based in part  
on Hospitalization data

## Other Resources

PPE, Durable Medical  
Equipment, Fatality  
Management, Other Staff  
Assistance

Allocations based in part  
on STAR request and  
Hospitalization data

# Deployed DSHS Medical Surge Staff Support - 02/23/2021



**Current Staff Deployed:**  
12,703

**Maximum Staff Deployed:**  
13,787

Data Source: DSHS

Mapped by: D Ruffe & V Tewell



# Vaccine Rollout



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# Phased Approach

Phase 0 (Oct.-Nov. 2020)

- Planning and provider recruitment

Phase 1 (Dec. 2020-Present)

- Limited supply of COVID-19 vaccine doses available

Phase 2 (Mar.-July 2021)

- Increased number of vaccine doses available

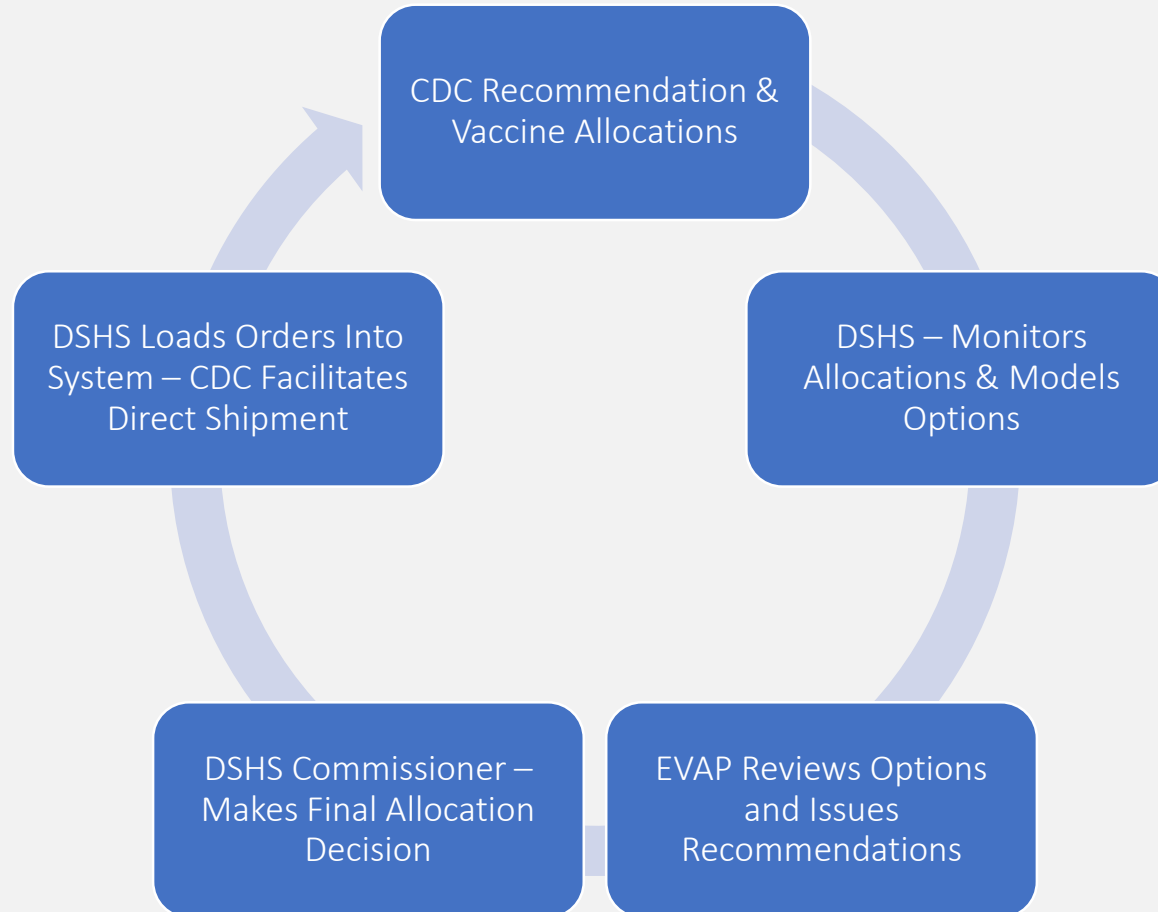
Phase 3 (July - Oct. 2021)

- Sufficient supply of vaccine doses for entire population

Phase 4 (Oct. 2021 forward)

- Sufficient supply of vaccine with decreased need due to most of population being vaccinated previously

# Vaccine Distribution Process



# COVID-19 Expert Vaccination Allocation Panel (EVAP)

- Texas has convened a team of appointed external and internal subject-matter experts (SME) into the COVID-19 Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health.
- The panel has developed guiding principles and utilizes in their recommendations.
- The recommendations from the EVAP will be sent to the Texas Commissioner of Health for final approval.
- EVAP voting members  
<https://www.dshs.texas.gov/coronavirus/immunize/evap.aspx>



# Texas Vaccine Allocation Guiding Principles

Texas will allocate COVID-19 vaccines that are in limited supply based on:

- **Protecting healthcare workers** who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the healthcare infrastructure for all who need it.
- **Protecting front-line workers** who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
- **Protecting vulnerable populations** who are at greater risk of severe disease and death if they contract COVID-19.
- **Mitigating health inequities** due to factors such as demographics, poverty, insurance status, and geography.
- **Data-driven allocations** using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
- **Geographic diversity** through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
- **Transparency** through sharing allocations with the public and seeking public feedback.

# Texas Phase 1A and 1B Definitions

Phase 1A, Tier 1	Phase 1A, Tier 2	Phase 1B
<ul style="list-style-type: none"> <li>• Paid &amp; unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19</li> <li>• Long-term care staff working directly with vulnerable residents</li> <li>• EMS providers who engage in 911 emergency services like pre-hospital care and transport</li> <li>• Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients</li> <li>• Residents of long-term care facilities</li> </ul>	<ul style="list-style-type: none"> <li>• Staff in outpatient care settings who interact with symptomatic patients</li> <li>• Direct care staff in freestanding emergency medical care facilities and urgent care clinics</li> <li>• Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individual who may have COVID-19</li> <li>• Public health and emergency response staff directly involved in administration of COVID-19 testing and vaccinations</li> <li>• Last responders who provide mortuary or death services to decedents with COVID-19</li> <li>• School nurses who provide health care to students and teachers</li> </ul>	<ul style="list-style-type: none"> <li>• People 65 years of age and older</li> <li>• People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19</li> </ul>

~ 13.5 million Texans in Phase 1A and 1B



# COVID-19 Vaccine: Texas Milestones

- **December 14, 2020: First doses of COVID-19 Vaccine arrive in Texas**
- **December 21, 2020: DSHS announces Phase 1B population definition**
- **December 23, 2020: DSHS announced vaccinating Phase 1A & 1B population.**
- **January 14, 2021: 1 Million doses of COVID-19 vaccine administered in Texas**
  - 1M Dose administered reported in ImmTrac2 retrospectively by January 9, 2021
- **January 28, 2021: 2 Million doses of COVID-19 vaccine administered in Texas**
  - 2M Dose administered reported in ImmTrac2 retrospectively by January 24, 2021
- **February 6, 2021: 3 Million doses of COVID-19 vaccine administered in Texas**
  - 3M Dose administered reported in ImmTrac2 retrospectively by February 5, 2021
- **February 12, 2021: 1 Million Texans fully vaccinated**
  - 1M fully vaccinated reported in ImmTrac2 retrospectively by February 11, 2021
- **February 13, 2021: 4 Million doses of COVID-19 vaccine administered in Texas**
  - 4M Dose administered reported in ImmTrac2 retrospectively by February 11, 2021
- **February 26, 2021: 5 Million doses of COVID-19 vaccine administered in Texas**
  - 5M Dose administered reported in ImmTrac2 retrospectively by February 25, 2021

1  
month

8  
Days

9  
Days

9  
weeks

7  
Days

13  
Days

# Vaccine Distribution – Provider Enrollment

- All interested providers required to register with DSHS
- Must meet ordering, handling, administration, and reporting requirements
- Common registered COVID-19 provider types:
  - Hospitals
  - Health departments
  - Federally qualified health centers (FQHCs)
  - Rural health clinics
  - Long term care facilities
  - Fire departments
  - Medical practices
- Fully-enrolled providers: 7,106

# Vaccine Distribution Strategies - State

## Community Based Providers

- Ensure that rural communities and underserved areas have access to vaccine
- Register with individual provider

## Vaccine Hubs

- Mass efforts to quickly vaccinate 1,000s of Phase 1A and 1B individuals each week
- Must use all doses and report doses administered to DSHS and TDEM
- Register online or by phone

## Other State Programs

- Mobile Vaccine Pilot Program: Vaccination Texas National Guard deployed to certain rural counties
- Save Our Seniors: Texas National Guard deployed to vaccinate homebound seniors

## DSHS Regions

- DSHS Region offices hold local clinics
- Facilitate open enrollment for providers to serve in hard-to-reach areas

## Other State Initiatives

- Federal Qualified Health Centers to reach medically underserved
- Long Term Care/IDD - partnering with pharmacies not served by Federal Long Term Care program

Getting Vaccines to all Texans

# Vaccine Distribution Strategies - Federal

## Pharmacy Program for Long-Term Care Facilities

- Federal program to vaccinate staff and residents of nursing homes and long-term care
- Partnership with DSHS, HHSC, Walgreens and CVS

## Federal Retail Pharmacy Program

- Vaccines sent to pharmacies nationwide
- Doses shipped directly to Texas pharmacies will not be deducted from Texas allocations

## FEMA

- Administering doses in Harris, Dallas, and Tarrant Counties
- Doses are on top of state's normal allotment
- EVAP redistributing allocations with excess doses to address needs in other counties to maintain geographic equity

## Federally Qualified Health Centers (FQHC)

- Receiving direct allocations from the Federal Government
- 38 Texas facilities have been announced to receive allotments

Getting Vaccines to all Texans

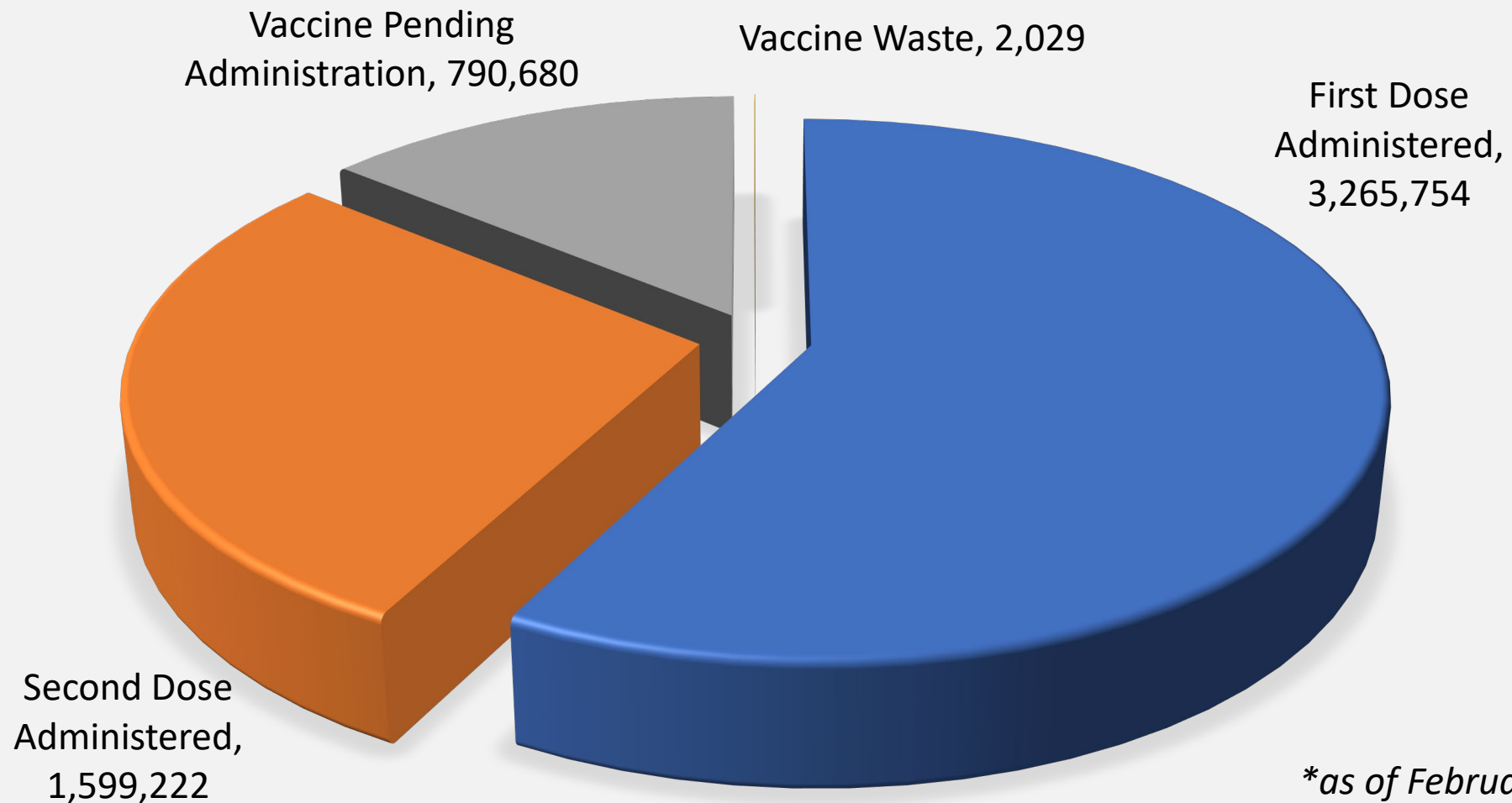
# Vaccine Allocations Per Week

## WEEK 1 - 12 VACCINE ALLOCATIONS

■ First Doses ■ Second Doses

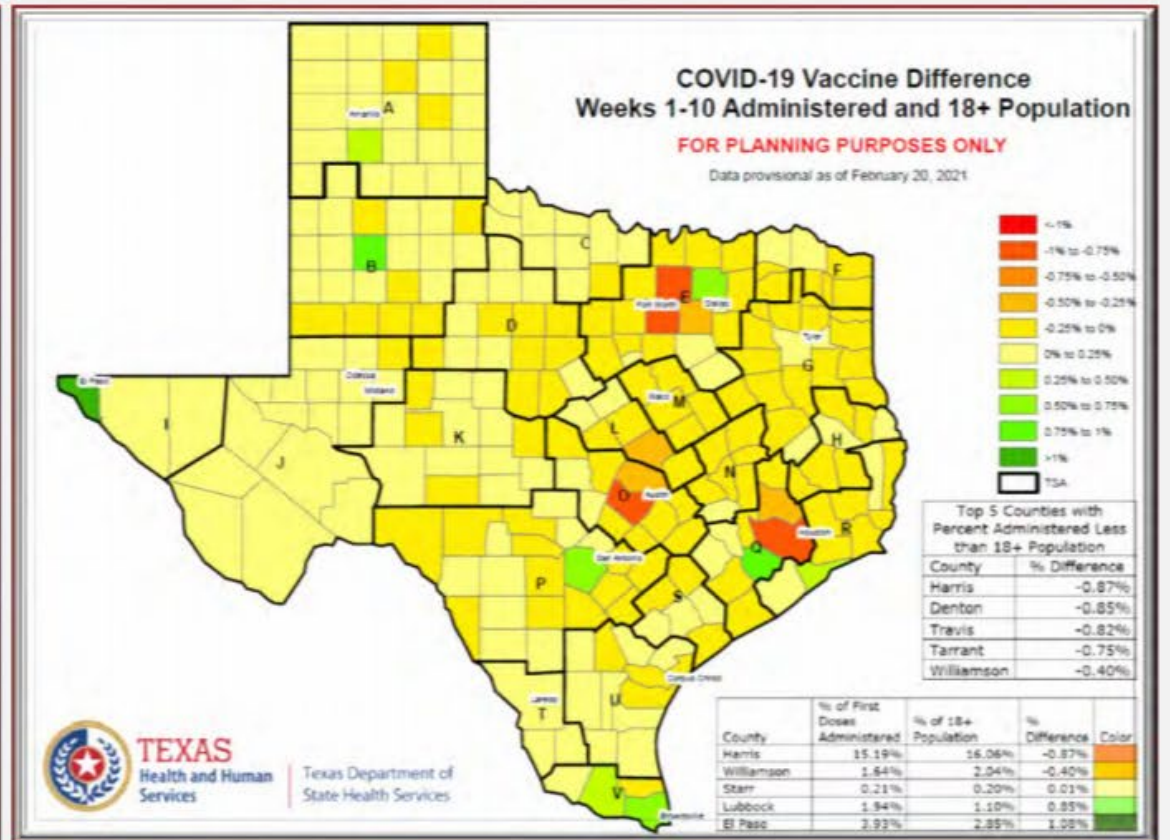
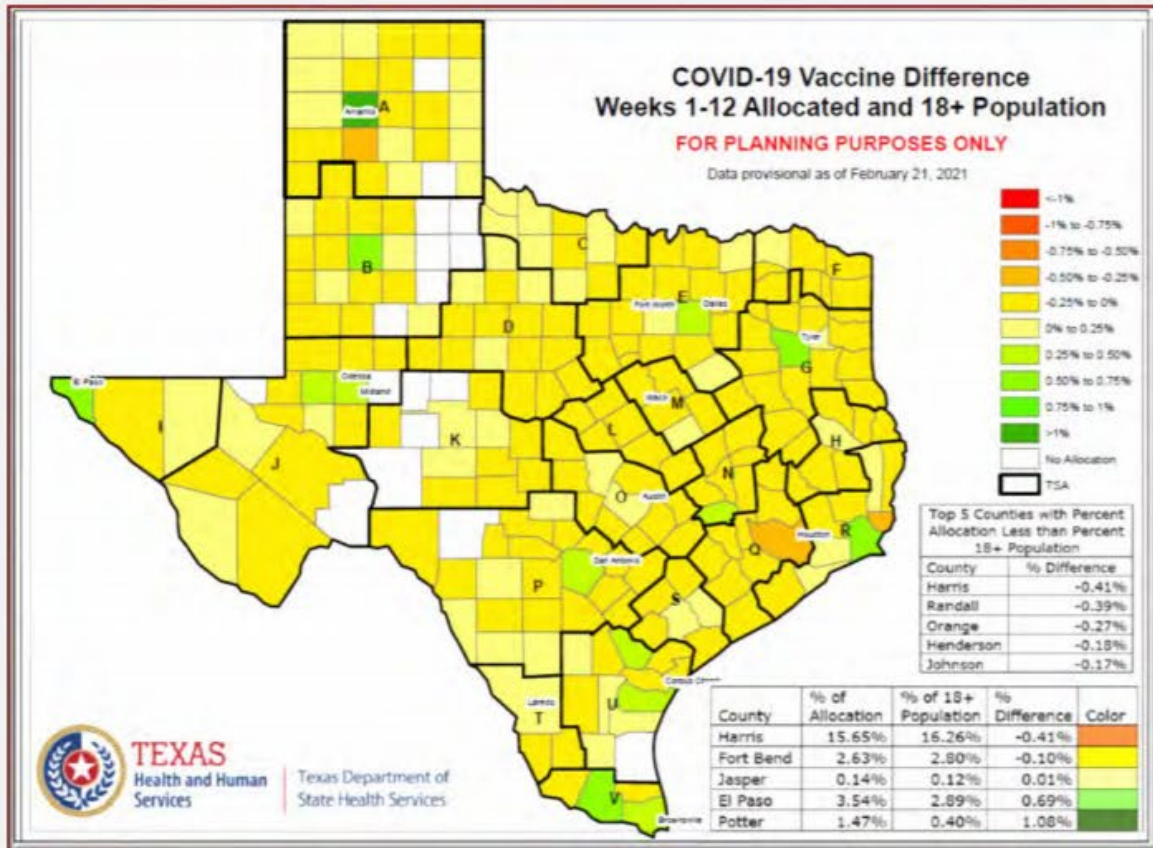


# Vaccine Use Breakdown

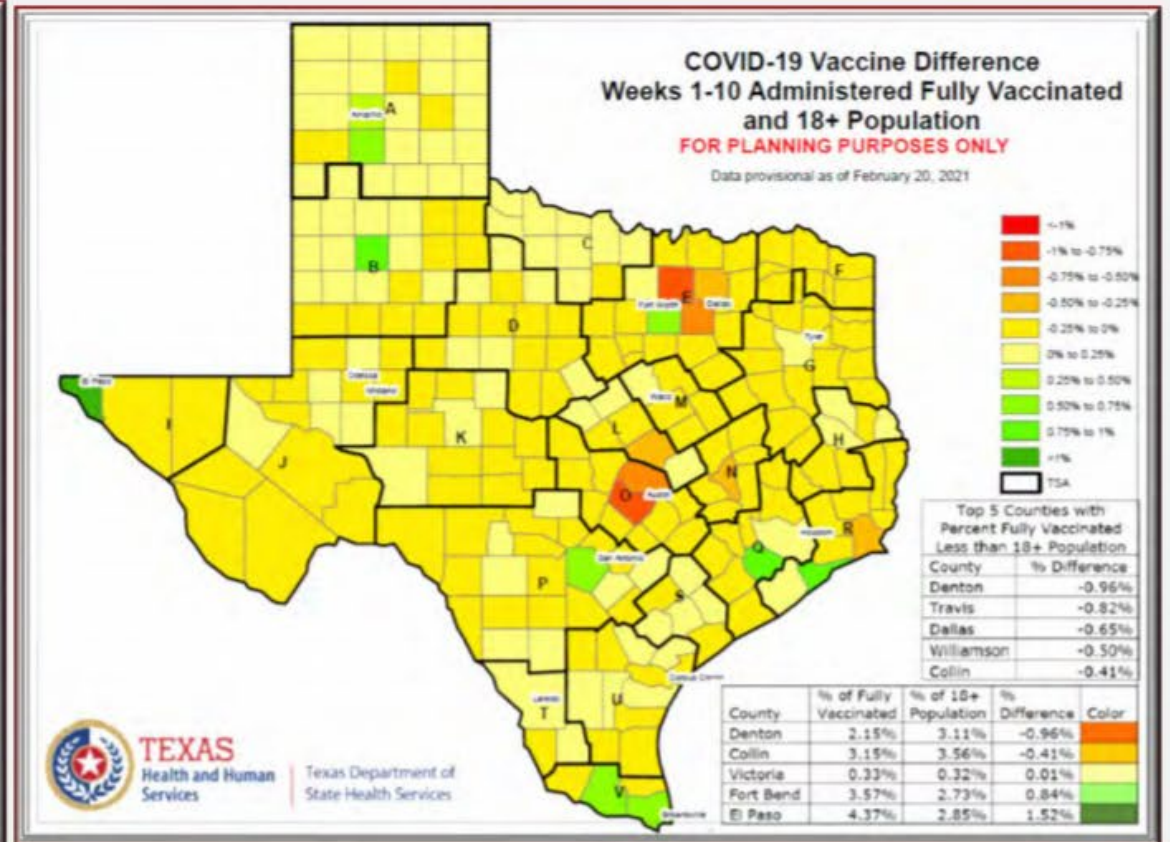
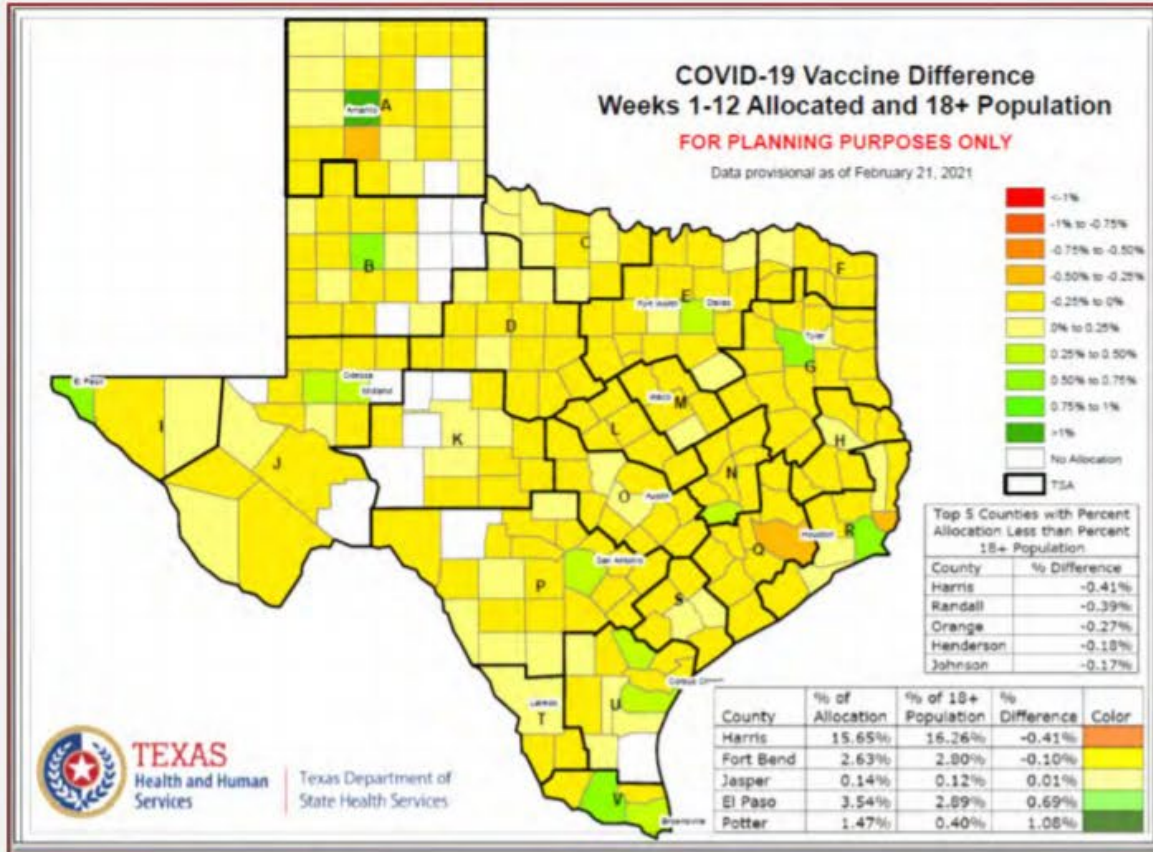


*\*as of February 25, 2021*

# Vaccine Administered Data: 18+ Population

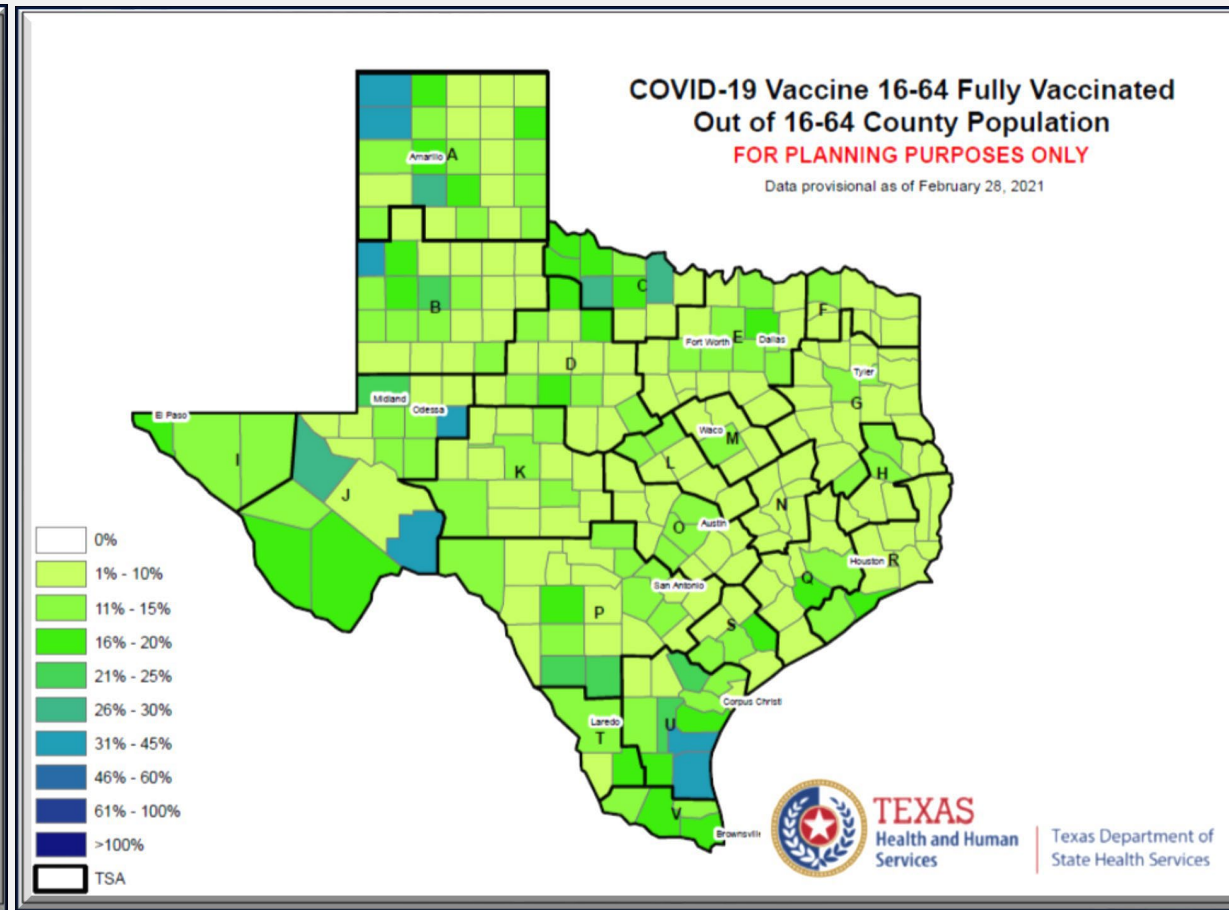
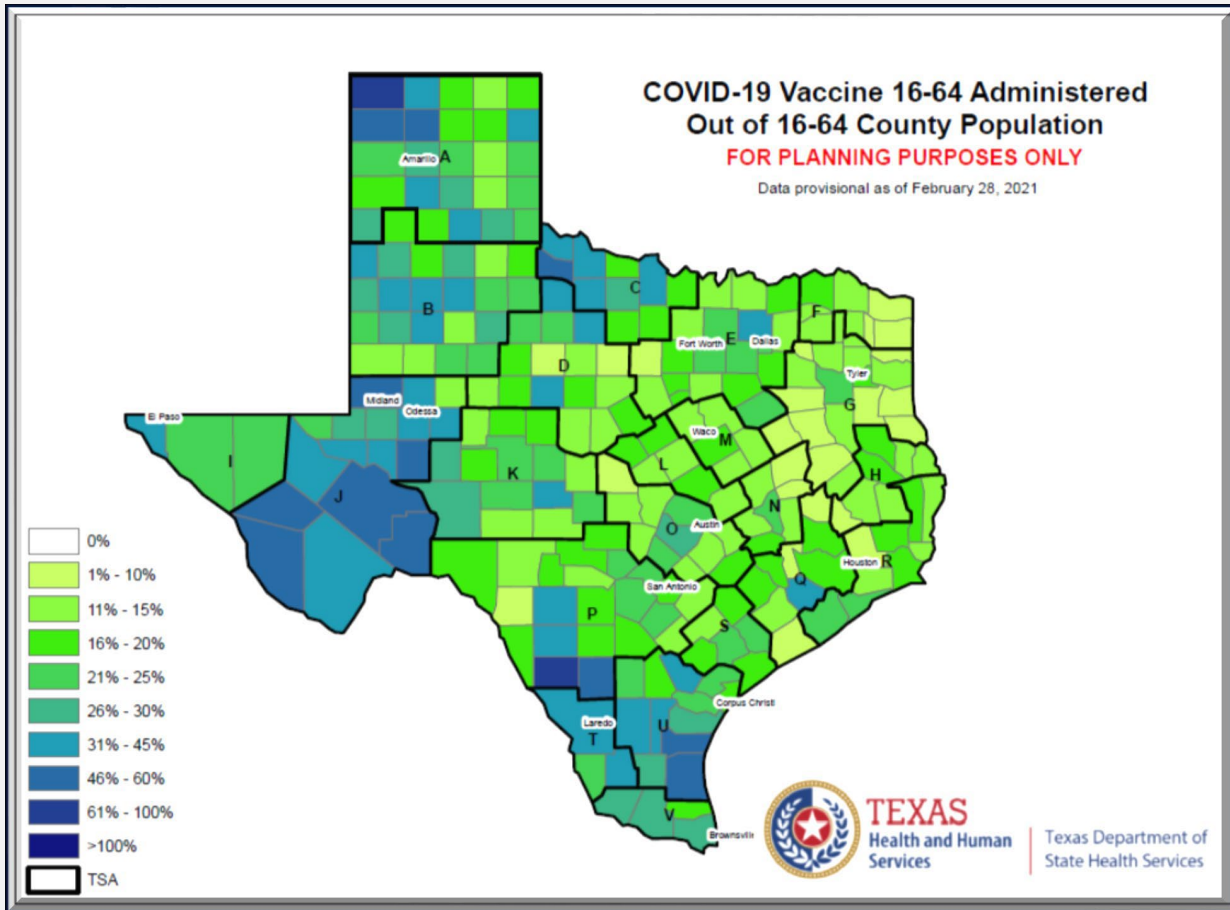


# Vaccine Administered Fully Vaccinated Data: 18+ Population

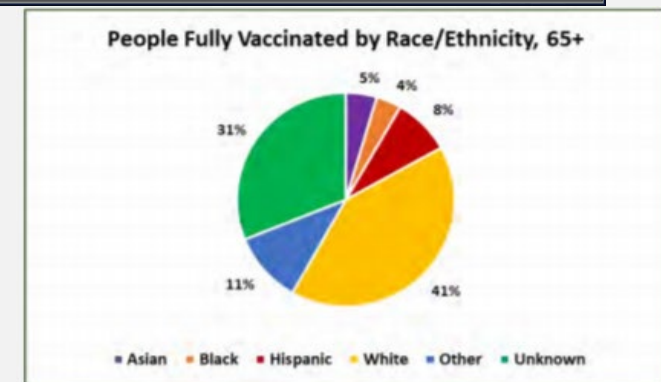
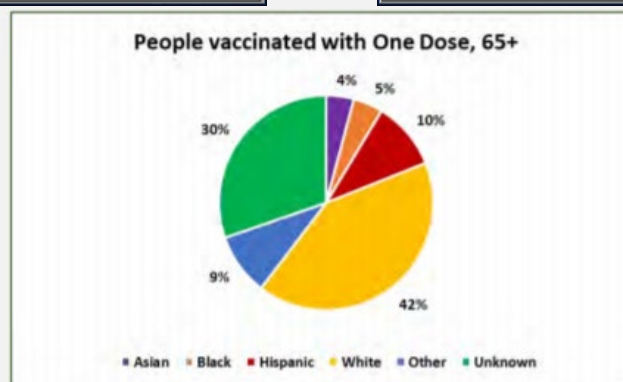
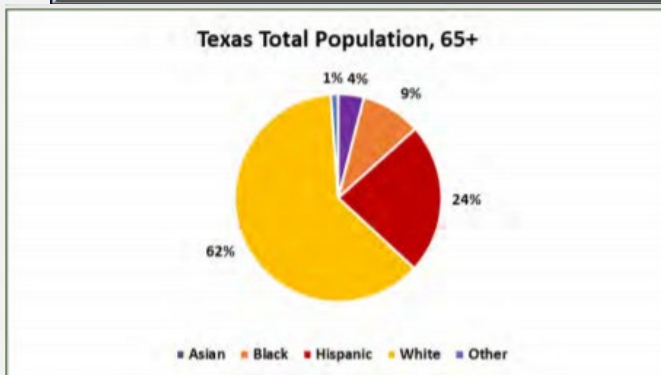
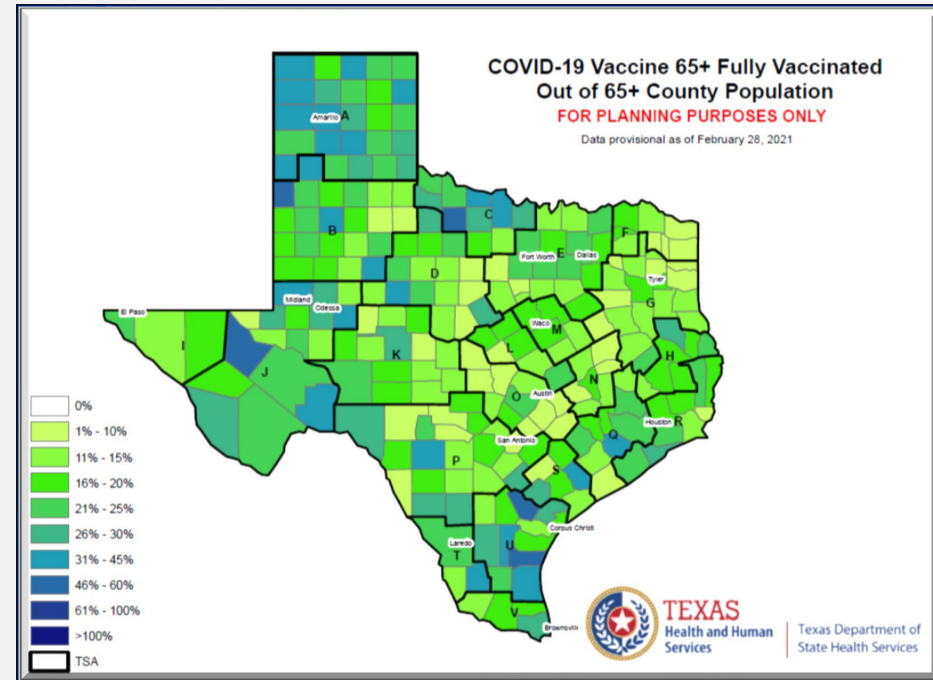
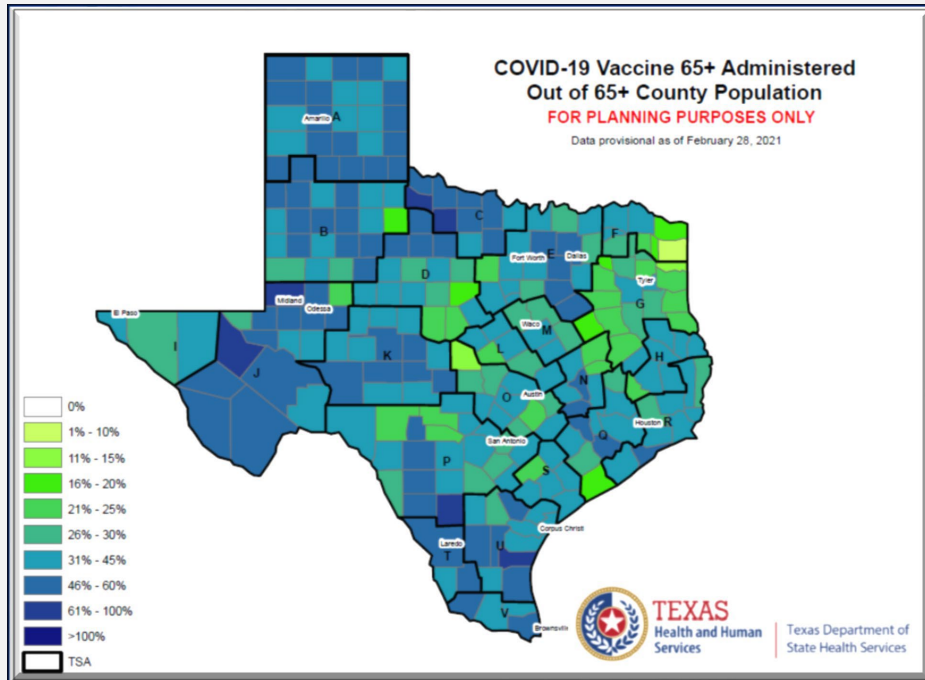




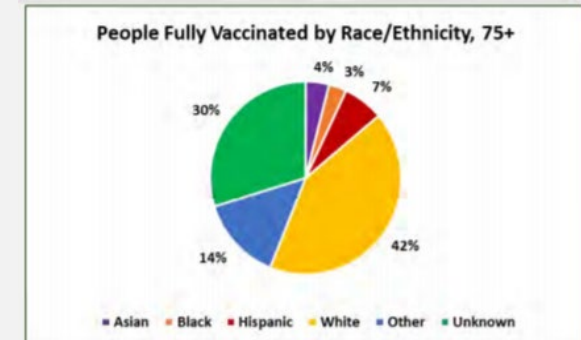
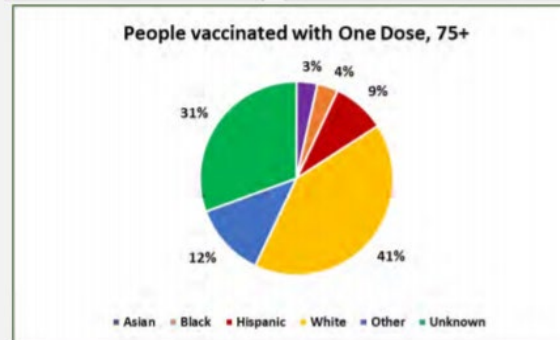
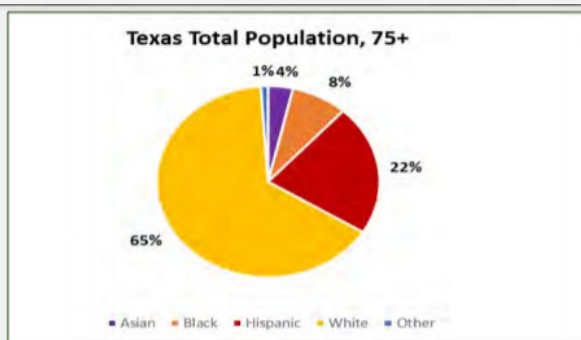
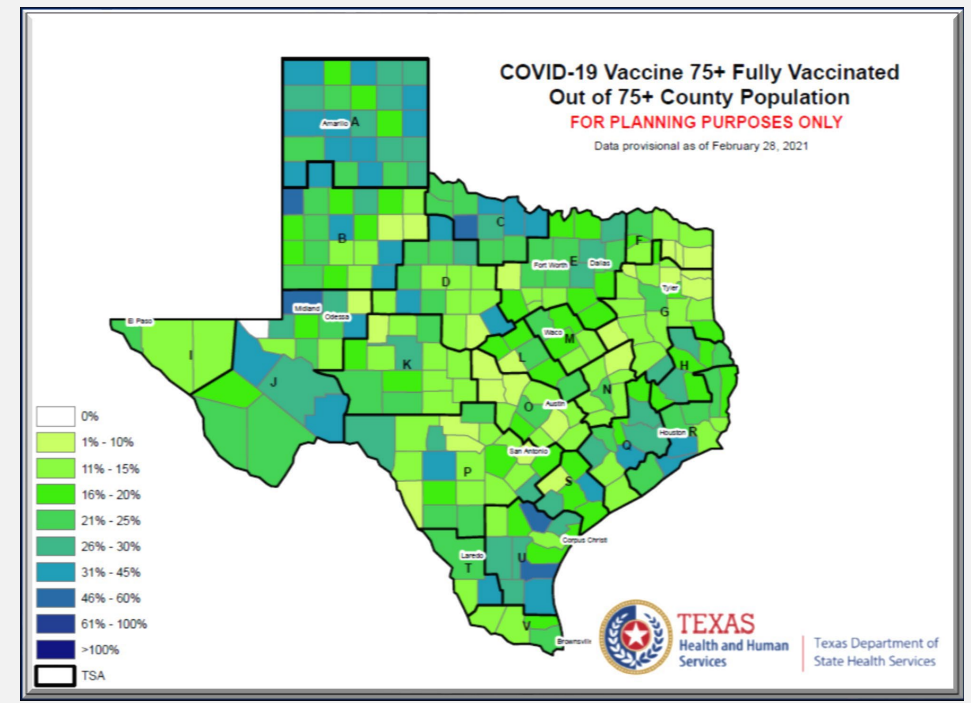
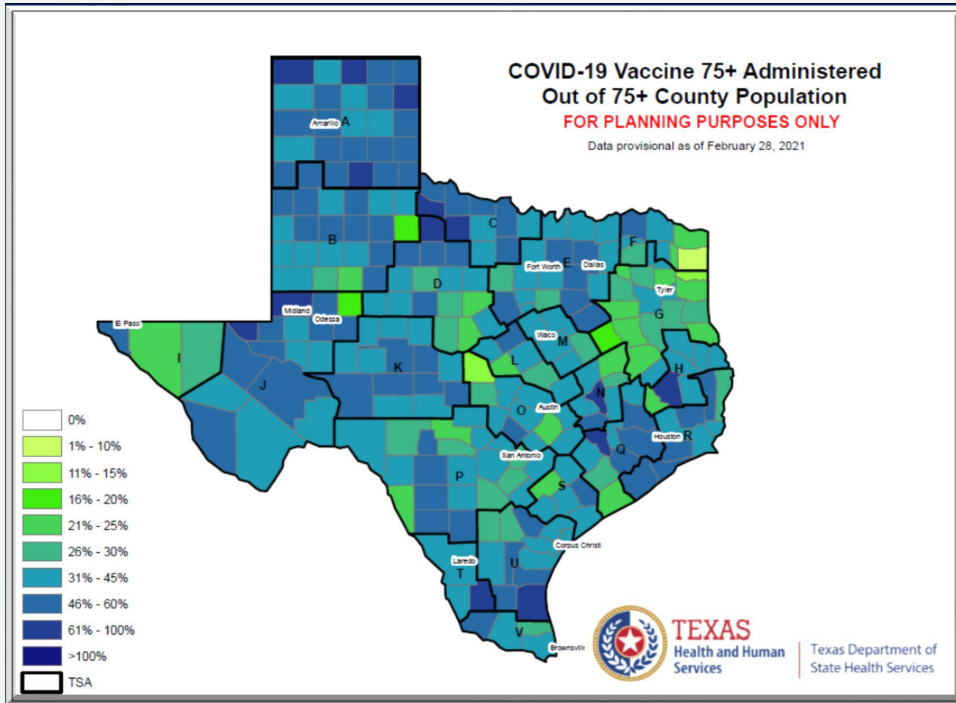
# Vaccine Administered Fully Vaccinated Data: 16-64



# Vaccine Administration Data: 65+

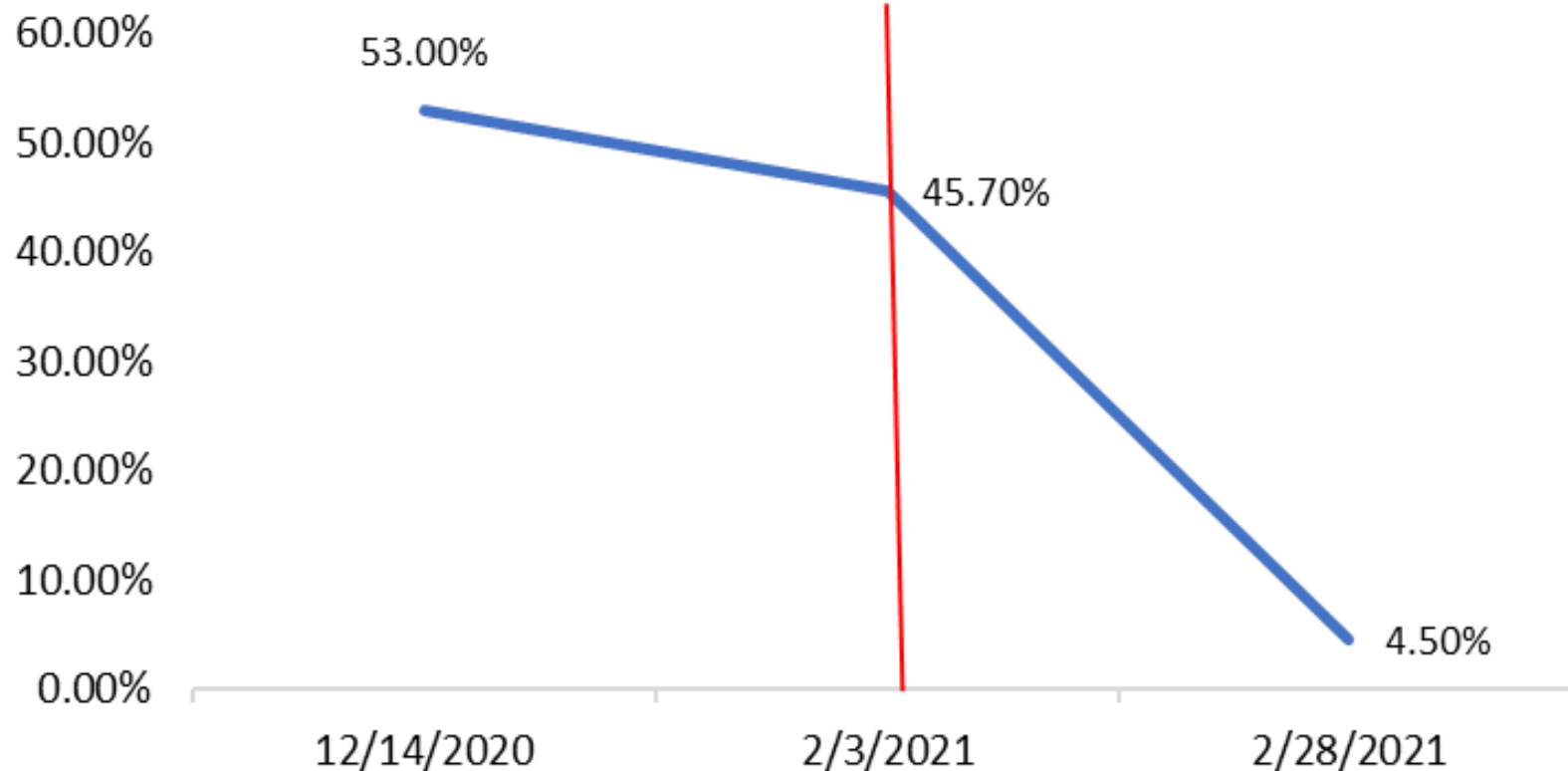


# Vaccine Administration Data: 75+

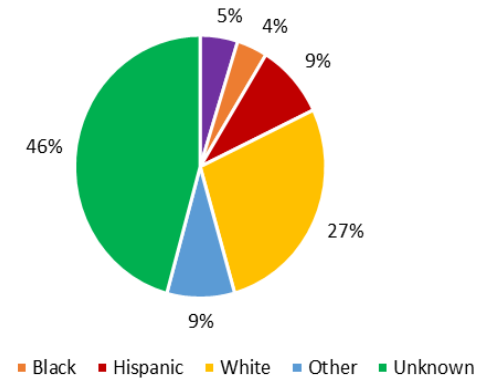


# Improved Race/Ethnicity Reporting

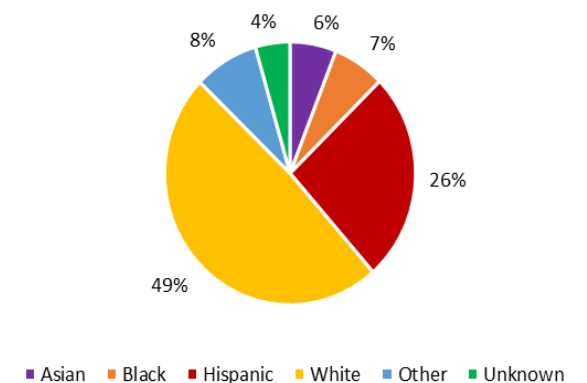
**Proportion of first doses reported administered with unknown race/ethnicity**



**12/14 - 2/3 First Doses Reported Administered by Race/Ethnicity**



**2/4 - 2/28 First Doses Reported Administered by Race/Ethnicity**



# Vaccine Communication



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

# Accessing Vaccines

## How to Sign Up for a COVID-19 Vaccine in Texas

People can sign up with a vaccination hub or a community vaccine provider.

★ Sign up with a vaccination hub. Hubs are available across the state

- Find a hub near you by checking [dshs.texas.gov/coronavirus](https://dshs.texas.gov/coronavirus). Sign up on the hub's website or by calling if a website isn't available.
- Hubs may have long waiting lists. Do not sign up on multiple waiting lists or vaccine could be wasted.
- You can get a vaccine at any hub, regardless of where you live.

★ Sign up with a community vaccine provider

- Local vaccine providers, like pharmacies, may have vaccine available.
- Use the Texas COVID-19 vaccine provider map to find a provider near you with vaccine available.
- Check the provider's website for how to best sign up for a vaccine. Call only if the provider's website doesn't answer your question.

Who can get a vaccine:

Front-line  
healthcare workers

People 65 and older

People 16+ with a health  
condition that increases risk  
of severe COVID-19 illness

### Reminders:



#### DON'T JUST SHOW UP

Do not show up at a vaccine provider without first signing up or checking the provider's instructions for vaccination.



#### BE PATIENT - SUPPLY IS LIMITED

Vaccine supply is limited. Do not expect every provider to have vaccine available. Texas gets more vaccines each week.



#### VISIT DSHS WEBSITE

Find vaccination hubs and the Texas COVID-19 vaccine provider map at [dshs.texas.gov/coronavirus](https://dshs.texas.gov/coronavirus).

COVID-19  
CORONAVIRUS DISEASE 2019



For updates and more information, visit [dshs.texas.gov/coronavirus](https://dshs.texas.gov/coronavirus)

- [COVID-19 Vaccine Information \(texas.gov\)](https://dshs.texas.gov/coronavirus)
- People without internet access can call 2-1-1 and select option 6

# Messaging for Texans' Concerns

## Messaging to Overcome Hesitancy

- Vaccine is a return to normal, leaving the house safely, visiting family and friends
- Scientific data best proof of efficacy
- Word of mouth best proof for safety
- Acknowledge mistrust
  - Acknowledge some communities are more skeptical about government, healthcare, and medical research
- Show diverse involvement in vaccine development, trials
  - Show the crucial role Black, Latino, and other historically excluded races had in leading the development of the vaccine

## Top Concerns About Vaccine

- COVID-19 vaccines aren't safe because they haven't been tested enough
- Government might give me a vaccine that either doesn't work or is harmful to my specific community
- Don't believe the vaccine will work
- Almost ¼ surveyed said they will not get the vaccine: women, African Americans, people aged 18-34

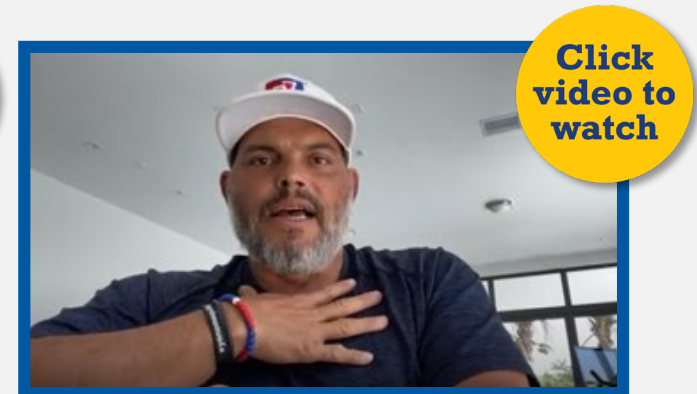
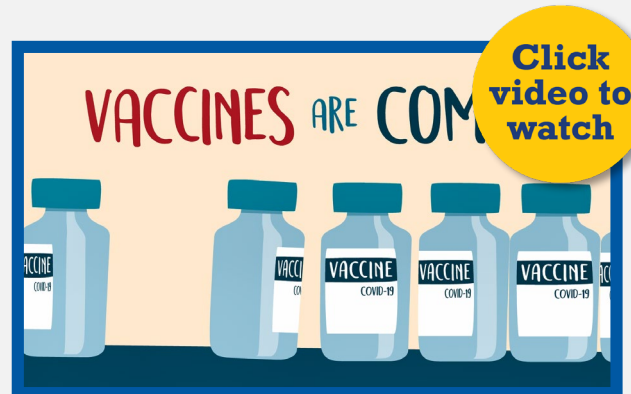
# Vaccine Outreach

- Plans for building a community-based, equity-focused approach to vaccine planning and rollout
  - Fund local partnerships - identify trusted voices representing diversity of affected communities
  - Reach those disproportionately impacted by pandemic including communities of color, rural Texans, those experiencing homelessness, low-income, those with limited English proficiency
  - Potential partners include faith-based organizations, local nonprofits, community health workers (promotoras), social service agencies, informal neighborhood groups and many more



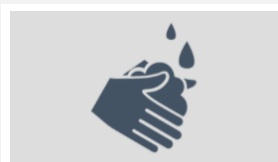
# Current Communication Efforts

- Boosted digital buy in 70 counties with higher prevalence of vulnerable populations
- Promotion of statewide, toll-free telephone number for those without internet – referral to vaccine providers
- Showing at-risk populations getting vaccine—people need to see and hear from those who look like themselves to build trust



# COVID-19 Prevention Messaging

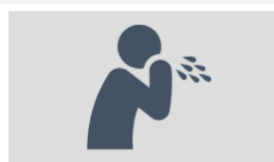
- Get a vaccine as soon as you can
- Continue prevention steps even after vaccination
- Wear a face covering
- Limit contact with others, maintain a physical distance, and avoid crowds
- Fight pandemic fatigue



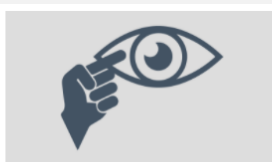
Wash hands with soap and water.



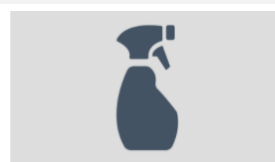
Wear a face covering.



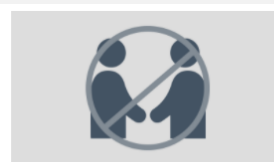
Cover coughs and sneezes.



Avoid touching face.



Disinfect often touched surfaces.



Stay 6 feet apart.

# Thank you



Presentation to the House Committee on Public Health

Dr. John Hellerstedt, Commissioner

Imelda Garcia, Associate Commissioner