

**Helpful Phone Numbers**

Program	Contact Name	Phone	E mail Address
<b>Notifiable Conditions</b>	<b>On-call staff</b>	<b>(210) 949-2121</b>	<b>Call to report notifiable conditions or public health emergencies</b>
Office of Border Public	Rosy De Los Santos	(830) 758-4241	Rosy.Delossantos@dshs.texas.gov
Communicable Disease	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Epidemiology	Elise Rush, MPH, CIC	(210) 949-2095	Elise.Rush@dshs.texas.gov
Community Health Improvement	Katherine Velasquez, PhD, RN	(210) 949-2091	Katherine.Velasquez@dshs.texas.gov
Retail Foods & Public Health Sanitation	Maricela Zamarripa, RS	(830) 591-4389	Maricela.Zamarripa@dshs.texas.gov
HIV/STD Program	Lauren Mata	(210) 949-2151	Lauren.Mata@dshs.texas.gov
Immunizations	Laurie Henefey	(830) 591-4386	Laurie.Henefey@dshs.texas.gov
Oral Health Improvement Program	Matthew Williams, DMD	(210) 949-2124	Matthew.Williams@dshs.texas.gov
Preparedness & Response	Sammy Sikes, CHS, EMT-B	(210) 949-2040	Sammy.Sikes@dshs.texas.gov
Specialized Health & Social Services	Leticia Guerra, LBSW	(210) 949-2147	LeticiaD.Guerra@dshs.texas.gov
Texas Health Steps	Mona Gutierrez	(210) 949-2159	Mona.Gutierrez@dshs.texas.gov
Tobacco Prevention & Control	Rick Meza	(210) 867-7634	Rick.Meza@dshs.texas.gov
Tuberculosis (TB) Control Program	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Zoonosis Control	Amanda Kieffer, DVM, MPH	(210) 949-2048	Amanda.Kieffer@dshs.texas.gov

**Lillian Ringsdorf, MD, MPH**  
Regional Medical Director  
(210) 949-2001

**Public Health Region 8**  
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San Antonio, TX 78229  
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**Gale Morrow, MPH, MCHES**  
Deputy Regional Director  
(210) 949-2002

# 2021 Annual Report

## Public Health Region 8

### Message from the Regional Medical Director

I am proud to present the Texas Department of State Health Services (DSHS) Region 8's 2021 Annual Report. As Texas entered the 2nd year of the COVID-19 pandemic, Region 8 staff continued the unprecedented public health response. Region 8's COVID team assisted businesses and facilities with infection control and outbreak response; provided information and resources to schools, daycares, healthcare providers, long term care facilities, hospitals and government officials; maintained complex surveillance of cases, hospitalizations, and fatalities; and coordinated vaccination clinics.

The mRNA vaccines developed to fight COVID-19 are a remarkable accomplishment of science. These vaccines have been shown to be both tremendously safe and highly effective. At the start of our vaccination efforts, we focused on our residents at highest risk, including people 65 years of age and older. Over time, we expanded vaccine access as supply became available. Our team organized community-based clinics in rural areas and successfully vaccinated people across the region.

I am proud of the work that Region 8 has accomplished in 2021. In addition to COVID-19 response activities, our staff effectively sustained our public health mission. Our services include treatment and prevention of tuberculosis and sexually transmitted diseases; case management for children with special healthcare needs; restaurant inspections; inspection and installation of car seats for infants and children; investigation of rabies exposures; and recruitment of healthcare providers for the Texas Health Steps program.

Thank you for taking the time to read about the work of the Region 8 team.

Lillian Ringsdorf, MD, MPH

### Public Health By the Numbers

- 15 binational and 49 regional persons with tuberculosis disease identified and treated
- 36 animal quarantine facilities inspected
- 59 animals tested positive for rabies
- 88 rabies investigations conducted
- 160 general sanitation inspections performed
- 161 school cafeterias inspected
- 430 fluoride varnish treatments provided to children (2020-2021 school year)
- 433 children received an oral health screening (2020-2021 school year)
- 434 retail food inspections performed
- 643 clients received Specialized Health & Social Services case management services
- 2296 individuals tested for tuberculosis infection through the 1115 waiver program
- 2430 COVID-19 investigations conducted
- 2613 doses of non-COVID-19 vaccines administered at our regional field offices
- 3209 notifiable condition reports investigated
- 12,791 doses of COVID-19 vaccines administered by Region 8
- 1.66% of students with a conscientious exemption to vaccines, up from 1.02% last year

#### In This Report

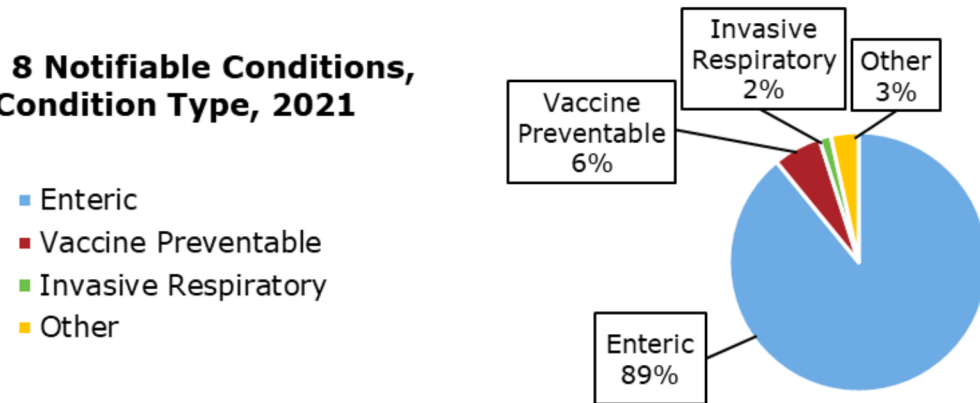
- ◆ COVID 19 Overview
- ◆ Preparedness and Response Team Activates
- ◆ Region 8 Partners with Kerrville's Doyle Community
- ◆ SHSS Connects Clients to Resources
- ◆ COVID 19 Vaccine Response
- ◆ COVID Vaccine Promotional Tours
- ◆ Goodbye TFER
- ◆ Capitol Flu Clinic
- ◆ Smiles in Schools
- ◆ Travelers' Health Initiative
- ◆ Working Remotely
- ◆ Treating LTBI to Prevent TB
- ◆ Legionellosis
- ◆ Addressing Health Disparities
- ◆ Rabies
- ◆ Epidemiology
- ◆ HIV/STD Program
- ◆ CDC Crisis Response Funding
- ◆ Helpful Phone Numbers



# Epidemiology

The Public Health Region 8 Epidemiology Program received 1590 reports of notifiable conditions, excluding cases of COVID-19, in 2021. The majority (89.1%) of the reports investigated by the Region 8 Epidemiology Team were for enteric conditions. Enteric conditions are commonly transmitted by contaminated food or water and usually cause symptoms such as nausea, vomiting and diarrhea. The best way to protect yourself and your family from getting these illnesses is by washing hands after using the bathroom and before preparing food.

**Region 8 Notifiable Conditions, by Condition Type, 2021**



Vaccine preventable conditions made up 6% of the cases investigated in 2021. It is important to remember to keep up to date with immunizations to decrease the change of becoming infected or reduce the severity of symptoms caused by vaccine preventable conditions.

The table below shows the most frequently reported of each condition type investigated by the Region 8 Epidemiology Team in 2021.

Condition	2021 Case Count <sup>1,2</sup>	Incidence <sup>3</sup>
Salmonella, non-Paratyphi/non-Typhi	269	30.7
Streptococcus pneumoniae, invasive disease	22	2.5
Legionellosis	10	1.1
Carbapenem-resistant Enterobacteriaceae	21	2.4

<sup>1</sup>Case counts are subject to change pending 2021 quality assurance analysis

<sup>2</sup>Investigations conducted by Local Health Departments within PHR 8 not included

<sup>3</sup>Incidence per 100,000 population, based on Texas Center for Health Statistics population estimates

## Reporting

Texas law requires certain communicable diseases to be reported to local or regional health departments. To report a confirmed or suspected notifiable condition, contact an epidemiologist at 210-949-2000 or fax lab results to 512-206-3995.

12/12: Texas man is first to die of omicron variant in the U.S.

12/22: Pfizer pill 1st U.S. authorized home COVID-19 treatment

**COVID-19**  
ANTIVIRAL PILL

12/23: Merck pill authorized for COVID 19 treatment

# COVID-19 Overview (cont.)



## Adapting and Prioritizing

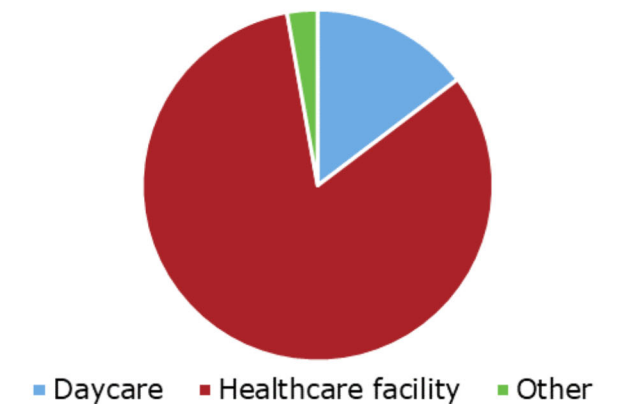
Due to the large number of COVID-19 cases reported in 2021, the Region 8 COVID-19 Response Team began prioritizing COVID-19 case investigations in order to have the greatest possible public health impact. One of the most important ways to maximize public health impact is to track outbreaks and stop the spread of infection as quickly as possible.

## Outbreaks

When an outbreak was reported, the Region 8 COVID-19 response team spoke with the facility where the outbreak was occurring to help them identify the best ways to stop the spread of infection. This included reviewing cleaning measures, isolation and quarantine guidance, and other infection control steps.

In 2021, the Region 8 COVID-19 response team responded to over 280 outbreaks in 22 counties. The majority (82.2%) of COVID-19 outbreaks reported to Region 8 were identified in healthcare facilities such as nursing homes and assisted living facilities. A smaller percentage (14.7%) of outbreaks were reported by child-care facilities and 2.8% were reported by other types of facilities, including manufacturing sites and jails.

Figure 3: Region 8<sup>1</sup> COVID-19 outbreaks by reporting facility type, 2021

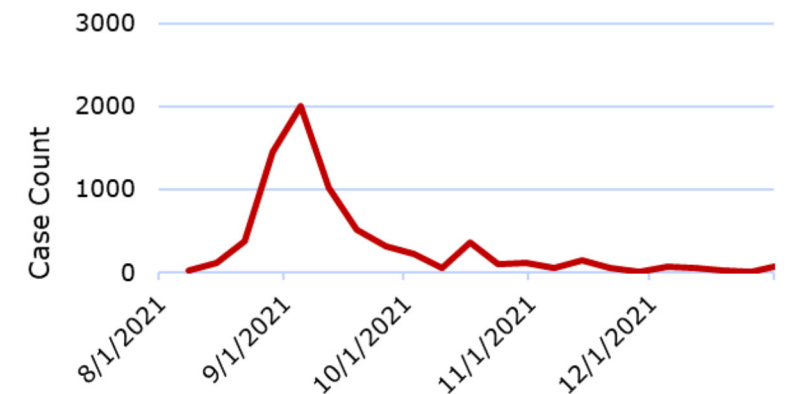


<sup>1</sup>Data includes outbreaks tracked in counties where Region 8 COVID-19 Response Team conducts COVID-19 follow up (excludes: Bexar, Comal, Victoria, and Val Verde). Data are preliminary and subject to change.

## Schools

The Region 8 COVID-19 response team tracked COVID-19 cases in public schools using data submitted to DSHS each week. COVID-19 activity during the first half of the 2021-2022 school year followed the same trends seen in the general population, peaking in September. During this time, 220 school campuses across 52 school districts in Region 8 reported COVID-19 cases.

Figure 4: Region 8<sup>1</sup> COVID-19 cases reported by Texas Public Schools to DSHS from August – December 2021



<sup>1</sup>Data includes cases reported by schools located in counties where Region 8 COVID-19 Response Team conducts COVID-19 follow up (excludes: Bexar, Comal, Victoria, and Val Verde). Data are available from: <https://dshs.texas.gov/coronavirus/schools/texas-education-agency/>

Resources:

CDC COVID-19 Vaccines: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

CDC Isolation and Quarantine Guidance: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html>

Texas Case Counts: <https://dshs.texas.gov/coronavirus/>

## Preparedness and Response Team Activates to Support COVID-19 Vaccine Administration

Protecting the health of residents is Region 8's priority. If an epidemiological investigation reveals an exposure has occurred that threatens the public's health, mass prophylaxis or vaccination may be an effective disease control measure. When the vaccine phase of the COVID-19 pandemic started in December 2020, the Region 8 Preparedness and Response (PAR) team shifted their focus to prepare for the implementation of COVID-19 vaccination Point of Dispensing (POD) operations throughout the Region's 28 counties.

The PAR team's core preparedness responsibilities for public health emergencies are established through the Emergency Support Function (ESF) 8, Health and Medical annex of the State of Texas Emergency Management Plan. ESF 8 functions include responding to all types of health emergencies, including bioterrorism, infectious disease outbreaks and natural disasters. The Region 8 PAR team accomplishes this through planning, networking, coordinating events, conducting training and exercise simulations, and centralizing resources across the Region.

During the COVID-19 vaccine administration response phase, the PAR team helped city and county emergency management coordinators (EMCs), county judges, public officials, local health authorities (LHAs), and public and private stakeholders to modify their existing points of dispensing plans for coordinating vaccination clinics. Counties with plans in place expedited the vaccine administration process, allowing for large numbers to be vaccinated in a short period of time. For counties that needed assistance developing a COVID-19 vaccination POD plan, the regional preparedness coordinator assigned to the county worked with emergency management officials throughout the POD development process. This included finding suitable locations, working with officials to conduct security assessments, determining building and traffic flow, providing just-in-time training on POD basics, and encouraging the development of permanent POD plans for any emergency that may arise. As COVID-19 vaccine POD sites were identified regional nurses, support staff and needed tangible assets were deployed to ensure the success of each vaccine clinic.

From January through September 2021, the PAR team successfully led 73 COVID-19 vaccine clinics in 38 locations across the Region, providing the pathway for 12,791 doses of COVID-19 vaccine to be administered.



## 2021 Rabies Cases in Animals, Region 8

January 1, 2021–December 31, 2021

	Bat	Cat	Dog	Skunk	Raccoon	Fox	All
Atascosa							0
Bandera							0
Bexar	23				1		24
Calhoun							0
Comal	2	2		1	1	2	8
Dewitt				1			1
Dimmit							0
Edwards							0
Frio							0
Gillespie	2				1		3
Goliad							0
Gonzales	2			3			5
Guadalupe	2						2
Jackson							0
Karnes							0
Kendall							0
Kerr	1	1		1	4		7
Kinney							0
La Salle							0
Lavaca	1			3			4
Maverick							0
Medina	1		1				2
Real					1		1
Victoria	1						1
Uvalde							0
Val Verde							0
Wilson							0
Zavala							0
<b>TOTALS</b>	<b>35</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>8</b>	<b>2</b>	<b>58</b>



1/09: 1000 doses of Moderna Vaccine Arrive in PHR 8



1/11: First COVID 19 Vaccine Clinic in Fredericksburg



11/19: CDC expands eligibility for booster shots to all adults



12/03: Omicron variant first identified in Region 8 resident

# Rabies: A Fatal But Preventable Disease

In October 2021, the Region 8 Zoonosis Team investigated a rare case of human rabies in a child bitten by a bat. This was the first case of human rabies in a Texas resident since 2009. Cases of human rabies are extremely rare, with only 1 to 3 cases reported in the United States annually.

Rabies is a fatal but preventable viral disease that affects the brain. The virus is shed in the saliva of infected mammals and is usually transmitted through a bite or a scratch. Rabies vaccines can prevent infection and death caused by the virus, but they must be received before symptoms start.

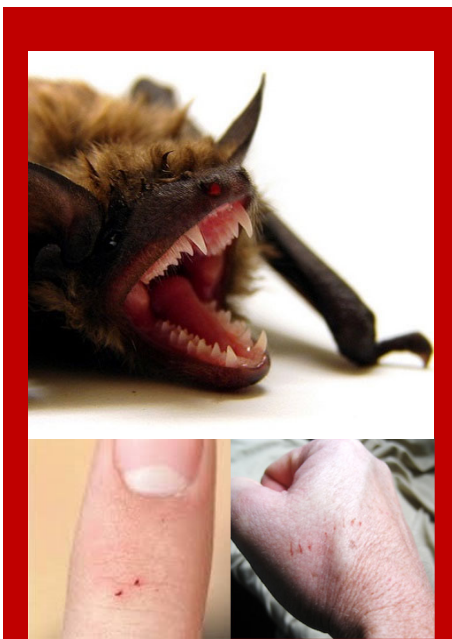
Wild animals make up over 90% of positive rabid animals in the United States, with bats being the most frequently reported. In Texas, the most common high-risk animals for rabies include bats, skunks, raccoon, foxes and coyotes. Occasionally pets and livestock can also have rabies. Rabies vaccination of dogs and cats, as required by state law, is important to prevent the spread of rabies in domestic animals.

A person who is bitten or scratched by any animal should wash the wound immediately with soap and water and seek medical attention to discuss the possible need for rabies vaccination. They should also contact the local animal control agency to retrieve the animal for quarantine or testing. If an animal dies during quarantine or tests positive for rabies, immediate rabies vaccination is necessary to prevent infection.

Bat exposures are of particular concern because their teeth and bites are small and sometimes cannot be seen or felt. Contact with a wild bat is always considered high risk for rabies exposure, even if the person does not recall a bite or scratch. The following bat scenarios would warrant urgent consultation and/or medical attention:

- A known bite or scratch from a bat
- Touching, handling or holding a bat
- Bat flying into, against or landing on a person
- A bat found in the bedroom of someone who was sleeping
- Children found unattended with a bat nearby
- A bat found near a person who is sensory or mentally challenged

DSHS medical and public health personnel can assist anyone with questions about rabies exposure. If you have questions or would like help with rabies risk assessments, please call Region 8 Zoonosis Control at 210-949-2121.



## BITES & SCRATCHES

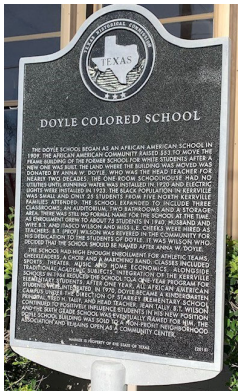
Bat bites can be very small so a person might not always know when they have been bitten by a bat. Rabies postexposure prophylaxis (or PEP, which includes vaccination) is recommended for any person with a bite or scratch from a bat, unless the bat is available for testing and tests negative for rabies.

# Region 8 Partners with Kerrville's Hope for Health Coalition to Vaccinate the Doyle Community

The Doyle School opened in Kerrville as the African American school in 1909. Residents of the surrounding area were predominantly people of color. As the town of Kerrville grew, the Doyle community lagged in progress, economic growth and access to medical care. In 2019, Region 8's field office staff in Kerrville joined the Hope for Health Coalition (a collaboration of agencies and part of the BUILD 2.0 Health Challenge) to revitalize the community and provide access to health and wellness education, medical care, food and transportation. Working with the Doyle School Community staff and the Methodist Healthcare Ministries' Wesley Nurse, Region 8 provided no-cost COVID-19 vaccines to the members of this community and others in the surrounding area.

With an eye on the goal of providing access to medical care, Region 8 staff talked with several members of the Doyle community who came for vaccines and identified other urgent medical needs. These needs included emergency gynecological surgery, diabetes medication and corrective lenses, among others. The staff referred those with needs to services provided by Methodist Healthcare Ministries. These needs would have gone unmet had the DSHS COVID-19 vaccination clinic not taken place. During the first vaccination clinic we administered 62 doses. In the follow-up clinic, we gave 51 doses of lifesaving COVID-19 vaccine.

In the Kerrville field office, our staff continue to offer the COVID-19 vaccine for all ages, with a focus on children.



# Specialized Health and Social Services Connects Clients to Resources

Region 8's Specialized Health and Social Services (SHSS) team served at the forefront of the COVID-19 response, supporting the efforts of the Regional Health & Medical Operations Center (RHMO). In 2021, SHSS staff provided resources and referrals to families and individuals in quarantine. SHSS responded to 2266 referrals received through the Texas Health Trace System and the RHMO for individuals who were exposed to COVID-19.

Initially, the resource list was limited and because of the need for resources in the 28 counties in Region 8, SHSS contractors and staff developed a Regional Information and Referral Resource List to be used to assist clients in accessing resources in their communities. Patients in isolation due to COVID-19 said they needed help with rental assistance, housing, food, medication, baby formula, diapers, clothing, legal services, medical, mental health information and vaccine administration. Thermometers were mailed to people who were exposed so they could monitor their temperature. SHSS also helped by connecting families to the waitlist registry for homebound individuals. The Regional Information Resource and Referral list is currently kept up to date by the regional case managers assigned to each county or area.



10/4: Region 8 provided oral screenings and preventive dental services to 173 students at Ted Flores Elementary in Pearsall



10/06: 286 children attend Kids Health Party in Hallettsville

11/03: CDC recommends Pfizer COVID vaccine for ages 5 to 11

1/13: Highest number of COVID 19 cases reported in Region 8 during Alpha variant wave in a single day (1716 cases)



1/14: Texas first state to administer 1 million COVID vaccines

# COVID-19 Vaccine Response

With the approval for emergency use for both Pfizer and Moderna’s COVID-19 vaccines in late December 2020, Public Health Region 8 (PHR 8) moved into the vaccine response phase of the COVID-19 pandemic in 2021. PHR 8 received its first allocation of vaccine on January 9th ready to start our vaccination efforts. Due to the limited amount of vaccine allocated to the State of Texas, vaccine administration was divided into phases, covering the most at-risk populations first and expanding as the vaccine supplies increased. PHR 8 was initially designated as a vaccine HUB, receiving 1000 doses of Moderna vaccine that was to be administered in 7 days. Region 8’s Vaccine Response Team held the first clinic in Gillespie County on January 11, with 304 doses administered to Phase 1B residents, people 65 years and older and those 16 years and older with a health condition that could increase the severity of COVID-19 disease. Two days later, much of the same team traveled to Goliad County and provided 300 doses to the same priority groups. After a short weekend break, the team traveled to La Salle County where 320 doses were administered. After receiving another allocation of 1000 doses, the team traveled to Atascosa County, administering the largest 1-day clinic total of 585 doses on January 26.



COVID-19 vaccine was allocated each week to providers, so PHR 8 would plan based on this allocation. We also worked with our local health departments and community partners to share allocations when needed and transfer vaccine to ensure 2nd dose clinic goals were achieved. The month of February started with 218 doses administered in Lavaca County on February 3 and 426 administered in Bandera County on February 5. February also brought us to second-dose clinics and the challenges of extreme winter weather. Freezing rain, icy roads and frigid wind chill temperatures did not deter Gillespie County residents from returning for their 2nd dose. The clinic held on February 11 had a 97% return rate with 299 receiving their 2nd dose and braving the cold weather. The cold temperatures followed us back to Goliad on February 13 for dose 2 but again the cold temperatures did not keep the residents from returning as we administered 310 doses including some 1st doses for area residents. The following day the winter extreme weather event began causing us to reschedule clinics and delay vaccine distribution due to the week-long snow, cold temperatures and power outages. Once we received additional vaccine allocations we were back to Atascosa County for the 2nd dose clinic on February 23 with another great return for 2nd doses and a total of 596 doses administered. The La Salle County 2nd dose clinic, rescheduled twice due to the winter weather, was finally accomplished on February 26 with 300 doses administered.

The month of March brought 2nd doses clinic completions at Lavaca County on March 3 with 211 2nd doses administered along with 198 1st doses and Bandera County on March 5 with 429 doses. The team was also in Goliad County on the 5th administering 188 1st doses. Along with the outstanding return rate for our 2nd dose clinics we had an outstanding vaccine utilization rate. At each of these clinics, the vaccine response team worked hard to ensure that every dose of vaccine was administered and none was wasted. Team members had a wait list of those individuals on standby in case someone did not come for their appointment as well as going to nearby houses and businesses in the area to find vaccine recipients. March also brought the expansion of the eligible populations with school and licensed childcare personnel added on March 3. March 15 opened phase 1C (people 50-64 years old) and then on March 29th vaccines were available for all people 16 years and older.

1/27: TDEM announces the State Mobile Vaccine Pilot Program for underserved areas

2/12: Region 8 first uses telemedicine to treat binational TB patients



2/13 2/18: Winter Storm Uri

9/22: COVID 19 therapeutic infusion center opens in Victoria

9/23: ACIP recommends Pfizer booster dose for high risk individuals



9/26: Region 8 COVID 19 deaths exceed 5000 for 2021

# Addressing Health Disparities in Public Health Region 8

Few people – if any - can say they have not been impacted by COVID-19. The COVID-19 pandemic is demonstrating how ill-prepared our society was to respond to such a quickly spreading virus and that some groups among us bore and continue to bear a heavier COVID-19 burden than others.

These differences in the impact of COVID-19 on different groups are called health disparities. Some of us bear heavier burdens because of where we work, where we live or because we do not have access to good healthcare. According to the Centers for Disease Control and Prevention (CDC), health disparities are preventable differences in the burden of disease, health outcomes, injury, violence or opportunities to achieve optimal health that are experienced by socially disadvantaged populations.

In response to the COVID-19 pandemic, the US Congress and the CDC allocated special funding, through 2023, to the Texas Department of State Health Services (DSHS) and Public Health Region 8 (PHR 8) to engage with local communities to collectively address health disparities, identify and prioritize community concerns, and develop strategies to address those concerns.

The Region’s health disparities projects will work in Calhoun, Atascosa, Frio and Maverick counties. These counties were selected based on CDC’s social vulnerability index (SVI) and PHR 8 experience working in these communities. The CDC SVI uses 15 social factors that include poverty, lack of vehicle access and crowded housing, to identify at-risk communities. These types of factors may weaken a community’s ability to respond to events and prevent human suffering and financial loss in a disaster.

Region 8’s health disparities initiative aims to engage with the selected communities to collaboratively identify community concerns and support development and implementation of activities to strengthen and sustain community capacity to respond to events such as COVID-19.

## Region 8 will focus on the following areas:

1. Develop and maintain relationships with local communities
2. Identify stakeholders (individuals, organizations and other entities) interested in addressing health disparities in each community
3. Engage with communities to explore and document how and why COVID-19 negatively impacted their community disproportionately
4. Work with community partners to improve COVID-19 and influenza vaccination rates in the community; and
5. Collaborate with stakeholders to develop action plans to increase resiliency to the negative impact of pandemics, such as COVID-19, and other community emergencies and disasters.



# Legionellosis

Legionellosis is a bacterial infection caused by breathing in small droplets of water contaminated with the *Legionella* bacteria. The infection causes two kinds of illness: Pontiac Fever (a mild illness), and Legionnaire’s disease (a serious form of pneumonia). People who are immunocompromised or have underlying health conditions are at higher risk for Legionnaires’ disease. Legionellosis very rarely spreads person-to-person.

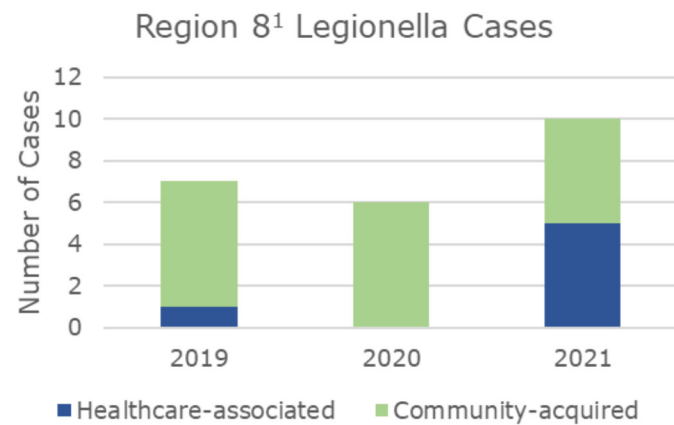
*Legionella* bacteria occur naturally in freshwater lakes and streams. The bacteria can affect larger groups of people when it grows in man-made water systems like:

- Showers and sinks
- Hot water tanks and heaters
- Respiratory therapy equipment
- Decorative fountains or water features
- HVAC cooling towers
- Hot tubs

## Cases in Region 8

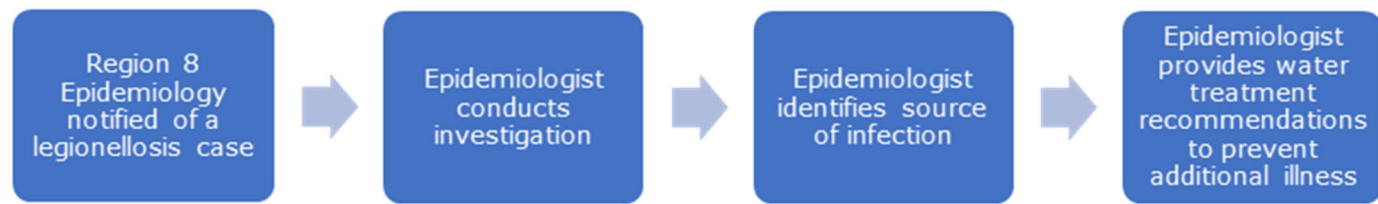
In 2021, Region 8 investigated 10 cases of legionellosis, compared to five cases in 2020 and seven in 2019. Half of the cases reported in 2021 were associated with a health-care facility, an increase from previous years.

Figure 1 (right): Cases of legionellosis investigated by the Region 8 Epidemiology program by source of infection, 2019-2021



## Public Health Follow Up

When Region 8 is notified that a person has become sick with legionellosis, an epidemiologist will investigate to look for the source of infection. If it is possible that someone became sick after staying in a hotel or healthcare facility, the epidemiologist will work with the facility to make sure that safe water treatment practices are in place to prevent more illness.



## Reporting

Texas law requires certain communicable diseases, including legionellosis, to be reported to regional or local health departments. To report a confirmed or suspected notifiable condition, contact an epidemiologist at 210-949-2000 or fax lab results to 512-206-3995.

<sup>1</sup>Counts exclude cases identified in counties where the local health department conducted investigations between 2019-2021 (Bexar and Comal)  
 References: <https://www.dsbs.texas.gov/IDCU/investigation/Investigation-Guidance/>  
<https://www.cdc.gov/legionella/index.html>

# COVID-19 Vaccine Response (cont.)

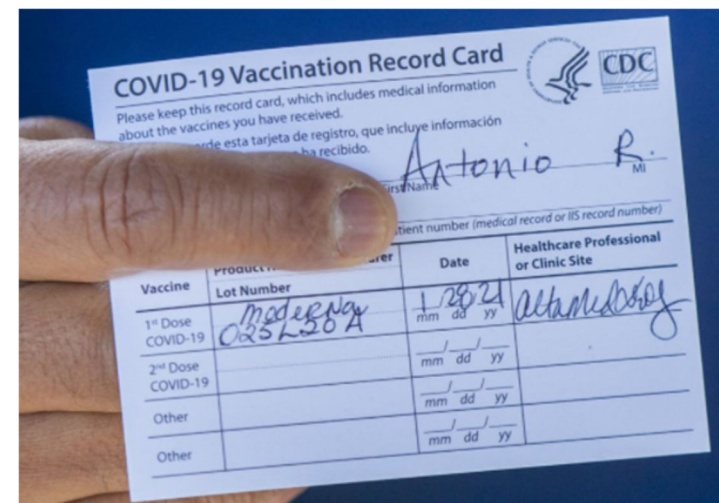
Ensuring that all counties in PHR 8 had access to the vaccine, the team traveled to Edwards County on March 9 administering 473 doses and 2 days later in Zavala County on the 11th administering 408 doses. We continued our 1st dose push with Wilson County on March 16 with 404 doses administered and Gonzales County on March 18th with 456 doses administered.

The third COVID-19 vaccine was brought into the allocations with the approval of the Johnson & Johnson vaccine on February 27. The PHR 8 vaccine response team held a Johnson & Johnson vaccine clinic in Nixon (Gonzales County) on March 25, administering 303 doses. The Johnson & Johnson vaccine was then incorporated into our other clinics where we offered it during our second dose clinics, increasing our vaccinated populations with the 1-dose vaccine. This was first implemented in Lavaca County with 201 2nd doses provided on March 31 and 179 Johnson & Johnson doses administered as well. The next day in Goliad County 190 second doses of Moderna were administered along with 182 Johnson & Johnson doses.

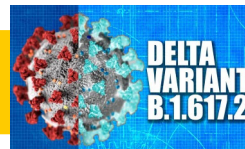
The middle of April had second dose clinics returning to Edwards County on the 6th with 475 doses administered, Zavala County on the 8th with 372 doses administered, Wilson County on the 13th with 390 doses administered and Gonzales County on the 15th with 432 doses administered. April 13th the Centers for Disease Control and Prevention (CDC) issued a pause in providing the Johnson & Johnson vaccine after reports of thrombosis (blood clots) in some vaccine recipients. This pause was ended on April 23 when CDC recommended continued use of the Johnson & Johnson COVID-19 vaccine.

With the COVID-19 vaccine in sufficient supply, we saw a decline in the number of doses administered at our clinics with 46 doses administered in Frio County on April 22 and 76 doses in Moulton and Yoakum in Lavaca County on April 27th. We finished out the month of April again in Bandera County with 113 doses administered.

We finished the month of May providing the 2nd doses for the smaller clinics with 33 administered in Frio County, 73 in Lavaca County and 117 Moderna dose 2 and 27 Johnson & Johnson doses in Bandera County on May 27. The Pfizer vaccine was authorized on May 12 for 12-15 years of age, so this started the next phase of the Public Health Region 8 vaccine response.



9/01: DSHS prioritizes COVID case investigations due to closure of Texas Health Trace call center



9/08: Highest number of COVID 19 cases reported in Region 8 during Delta variant wave (1341 cases)

9/14: Number of TB cases for 2021 surpasses 2020 total

2/24: Restaurants allowed to increase capacity from 50% to 75%

2/25: Gov. Abbott announces the Save Our Seniors program to vaccinate homebound seniors



2/27: Johnson & Johnson one dose vaccine authorized

## DSHS COVID Vaccine Promotional Tours Hit Texas Walmarts!

Public Health Region 8 (PHR 8) knows the importance of getting vaccinated and encouraged Texans to get their COVID-19 vaccine by hitting the road to promote vaccination with a traveling outreach promotional tour. This tour provided multiple pop-up events at Walmart locations across the state—four in PHR 8, twice—once in May and again in July. A festive outdoor display in the Walmart store parking lot invited visitors to cool off with free treats.

A 16-foot video wall played DSHS’s statewide public service announcements and sound bites from local spokespeople, including pediatricians and parents. The messages emphasized the safety of vaccines, which were tested in clinical trials with diverse populations, races and ethnicities in order to encourage any minority groups less inclined to get vaccinated! Other fun attractions included a “Take the Shot” basketball game, wheel spin and vaccine stickers!

In order to help achieve higher vaccination rates, Region 8 staff attended these pop-up events to provide education to Walmart shoppers and to encourage anyone 12 years of age and older to become vaccinated as soon as possible. Parents and families had the opportunity to voice vaccine questions and concerns to our staff and to receive their vaccine in the Walmart pharmacy with no appointment needed.

These DSHS pop-up events lasted four hours each and included stops in Victoria, San Antonio, Eagle Pass, and Del Rio, as well as other locations around the state to help eliminate the threat of COVID from our communities!



## Goodbye TFER, Hello FDA Food Code

The big news for the Retail Food Safety program in 2021 was the Texas Food Establishment Rules (TFER) adopted the 2017 Food and Drug Administration (FDA) Food Code. The adoption now references the Food Code instead of transcribing into the Texas Administrative Code. Texas Administrative Code has been updated reflecting the new adopted rules, which went into effect August 8, 2021. The TFER will continue to consist of regulations that are specific to Texas. The Summary of Changes TFER 2021 can be found on our website <https://www.dshs.texas.gov/foodestablishments/default.aspx> under the Guidance and Publication tab. Three changes that are not mentioned in the Summary of Changes TFER 2021 are:

the inspection report now has 56 items instead of the previous 47 items.

The inspection report is now separated into two major sections (Foodborne Illness Risk Factors and Public Health Interventions; and Good Retail Practices) rather than three (Priority Items; Priority Foundation Items; and Core Items).

There will no longer be a total/score of demerits on the inspection report.

The Retail Food Safety Program has already updated their website with the changes. Department of State Health Services inspectors will begin training in early 2022 and should begin using the new report forms and Food Code soon thereafter.

2/28: Isolation & Quarantine Facilities in PHR 8 closed

3/03: Texas Commission on Jail Standards announces in person visitation with plan that ensures safety



3/23: CDC states physical distance can be reduced to at least 3 feet for students in schools based on community transmission levels

7/30: Region 8 receives federal funds to enhance our STD program

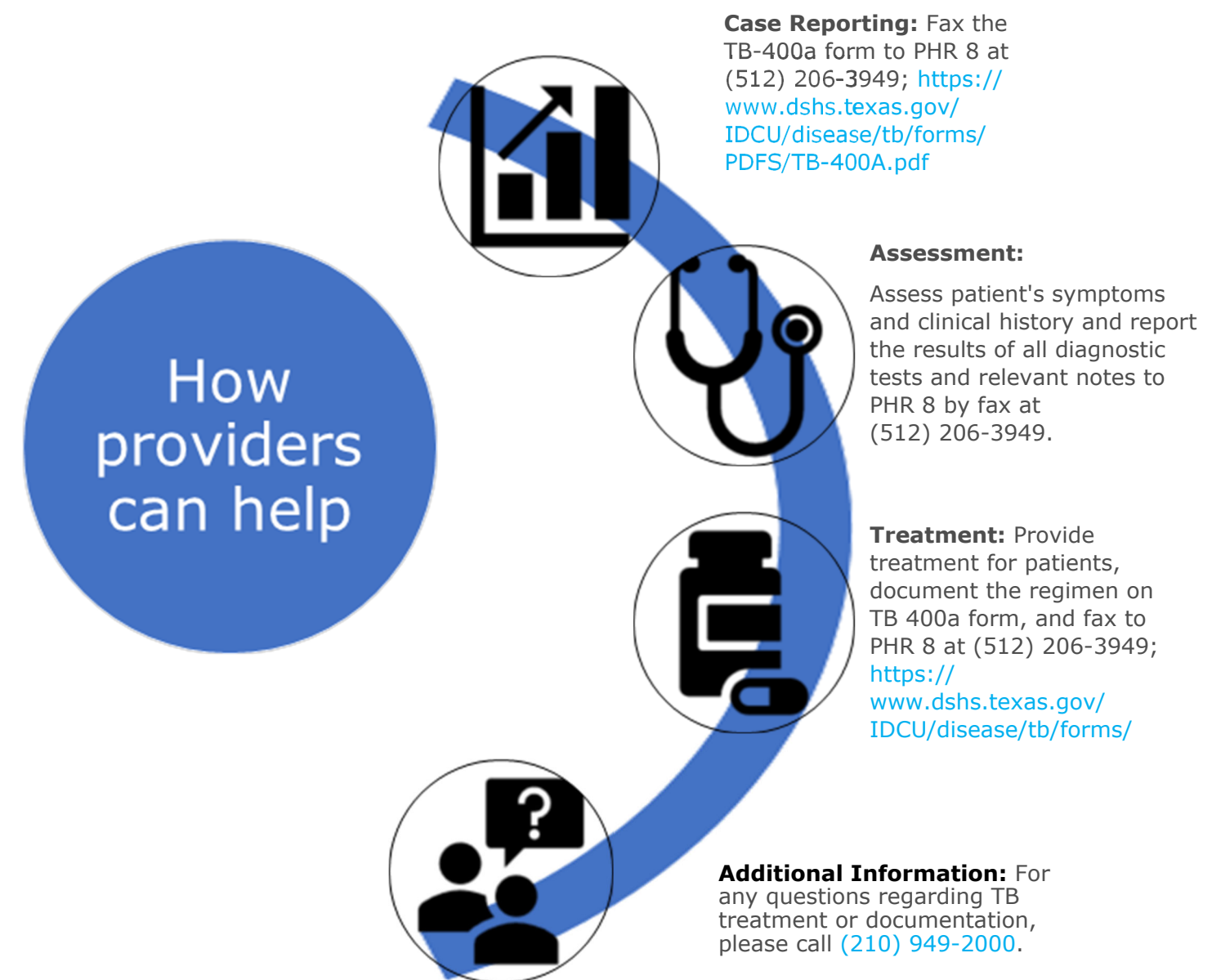


8/09: Regional Infusion Center for COVID treatment opens in Bexar County

9/01: Texas Health Trace call center closed

## Treating LTBI (cont.)

treatment of LTBI. We send an information packet to the provider with current guidelines, recommendations and treatment options. For patients who also have diabetes, HIV and other conditions that can affect the immune system, we work especially hard to encourage the patient’s doctor to treat LTBI. Patients who are taking immunosuppressive medications and children under 5 are also considered high risk. In these individuals, the risk of LTBI progressing to TB disease becomes greater due to their weakened immune systems being unable to keep the TB bacteria dormant. In high-risk individuals, if the provider chooses not to treat, Region 8 will offer treatment to the patient. Our goal is to continue to engage with our community partners and medical providers to educate on the importance of treating LTBI. With the help of our medical partners, we can offer greater access to LTBI treatment for patients who need it.





# Treating LTBI to Reduce Infections and Prevent Tuberculosis Disease

## Introduction

In 2020, Region 8 saw a decrease in total reported tuberculosis (TB) disease cases, suspected cases and people with latent TB infections (LTBI) compared to 2019. 2021 has brought on a surge of reports particularly in those diagnosed with LTBI. Region 8 has had a 36% increase in LTBI reported from community providers compared to 2020 and a 14% increase compared to 2019. Many of these reports are for people who are immune compromised due to a pre-existing condition or who take immunosuppressive therapy. These circumstances put people at a higher risk for developing TB disease. That is why it is important to treat LTBI. With the increase in reported LTBI comes a greater need for community medical providers to educate and treat these patients.

## Latent TB Infection

A person gets LTBI by being in close contact with someone with TB disease. In people with latent TB infection, the TB bacteria can live in the body without causing symptoms or illness and cannot be spread to others. This is because in most people the body can fight off the bacteria and keep it dormant. It is possible for people with LTBI to never develop TB disease. However, in people with weakened immune systems, the bacteria can become active and spread, leading to TB disease. Therefore, treatment for LTBI is vital to reduce disease.

## LTBI Diagnosis

LTBI is diagnosed based upon the following findings:

1. A positive tuberculin skin test (TST) or positive blood test (IGRA), and
2. A chest x-ray that shows no evidence of active TB disease and
3. No symptoms or physical findings suggestive of TB disease

## Treatment by providers

Treatment for LTBI is crucial to controlling TB in Texas as it greatly reduces the risk of TB infection progressing to TB disease. When Region 8 receives a newly reported positive TB test, staff talk with the patient and provider to ensure TB disease has been ruled out. Once LTBI has been diagnosed, Region 8 reaches out to the patient's doctor to encourage

Some people are at higher risk for developing active TB disease or being infected with the bacteria that causes TB. These may include:

- People who are immunocompromised
- People living with HIV/AIDS
- Healthcare workers
- Children and the elderly
- Women who are pregnant
- People immigrating to the United States
- People living in congregate care facilities
- Contacts to active TB cases

6/21: Region 8 receives federal Public Health Workforce and Health Disparities allocation



7/27: COVID 19 Media Tour at Victoria Wal Mart

7/27: CDC announces masks recommended for all due to Delta variant regardless of vaccination status



3/24: Region 8 LTBI program and the binational Esperanza y Amistad TB program recognized by CDC as National Tuberculosis Elimination Champions

3/28: CDC announces COVID 19 Health Disparities Funding Opportunity

3/29: Texas opens vaccine eligibility to everyone over 16

# Capitol Flu Clinic

In the fall of 2021, a special legislative session combined with flu vaccine availability created a unique opportunity for Region 8 staff to coordinate with the Department of State Health Services' capitol nurse to provide influenza (flu) vaccines to legislators and their staff. The challenges of holding a flu clinic at the state capitol were much different than those of a clinic in the community. Region 8 and capitol staff worked together to carefully plan the event, including clinic location, supply logistics and security.



Photo: Region 8 Employees

On October 6, after three weeks of planning, Region 8 staff worked together with the capitol nurse to hold the flu vaccine clinic. Two hundred and six (206) legislators and staff received their vaccine in a timely manner so they could return to their legislative duties. The flu vaccine clinic was well-received and each individual vaccinated was happy to have protection against influenza.

# Smiles in Schools

Tooth decay is the most common chronic childhood disease. Data collected by the Department of State Health Services (DSHS) Oral Health Improvement Program (OHIP) shows that two-thirds of third grade Texas children have experienced tooth decay. In Public Health Region 8, children without a dental exam in the previous twelve months, are much more likely to have untreated tooth decay than children with up to date dental check-ups.

The OHIP includes five Regional Dental Teams (RDT) across the state. Each RDT is composed of one dentist and one dental hygienist. The RDTs use portable dental equipment to travel to and stage clinics at schools, preschools and other non-traditional sites. These on-site clinics are part of the OHIP's Smiles In Schools program. Smiles In Schools provides dental screenings and preventive dental services to children from vulnerable populations, who are at high risk of developing tooth decay.

The dental screening performed by the RDT dentist does not replace the exam a child receives as part of a regular check-up in their dental home. The dental home is the office or clinic where the child receives regular care. The RDT screening alerts parents or guardians to the presence of tooth decay, infection or other oral conditions that require care from their regular dentist.

The Smiles In Schools program also provides valuable preventive services to children receiving a dental screening. The RDT dental hygienist performs fluoride varnish treatments that work to strengthen tooth enamel to resist tooth decay. Additionally, the hygienist places dental sealants for children who are not currently in a dental home. Sealants are protective coatings that help prevent decay on the chewing surfaces of permanent molars and other posterior permanent teeth.

The dental screening that is part of a Smiles In Schools clinic takes only a few minutes to perform. However, the screening provides parents with important information regarding their child's oral health. The dental screening, along with the other preventive dental services the RDT provides, are important public health initiatives that work to improve the health of Texas children.

# Maverick County Travelers' Health Initiative



TX Department of State Health Services and Maverick County Travelers' Health Staff

International travel is a way of life for many living in border communities. According to US Customs and Border Protection (CBP) more than 2.1 million privately owned vehicles and more than 629,000 pedestrians were processed in Eagle Pass in Fiscal Year 2020 (October 2019 through September 2020). Educating and testing international travelers is critical to reducing COVID-19 transmission on the U.S.-Mexico border.

The Region 8 Texas Department of State Health Services (DSHS) Office of Border Public Health (OBPH) is collaborating with Maverick County to implement the Travelers' Health Initiative to provide COVID-19 education, testing and resources to residents living in and commuting to and from Maverick County and Piedras Negras. As part of this effort, Travelers' Health (TH) staff collect information related to the travelers' testing status, vaccination status, and travel history, and provide education to travelers on ways to minimize exposure to COVID-19. As of December 2021, TH staff surveyed and educated 57% of the travelers they encountered. Educational topics on the prevention of COVID-19 include testing, transmission, symptoms, prevention strategies, travel guidelines and information on vaccines. Staff also refer travelers to COVID-19 vaccine sites in Maverick County.

Participants are offered COVID-19 rapid testing as part of the program. From October to December 2021, eighty-five people were tested for COVID-19. Testing is offered so travelers can make informed decisions about their travel plans and take the necessary precautions during and after their travel.

## REASONS FOR TRAVEL ON SURVEY DATE

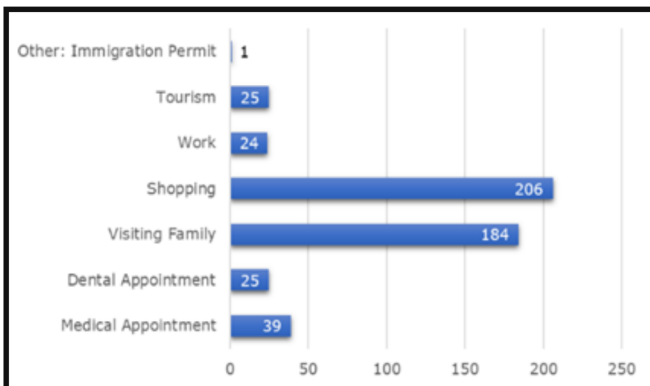


Fig.1 Figure shows the different reasons for international travel on the day they completed the survey.

As part of the intervention, staff collect information regarding travel history and common reasons for travel. This information will be used to develop targeted educational materials designed to prevent the spread of COVID-19. Of the 504 surveyed individuals, the most common reasons for travel included visiting family and shopping.

OBPH will continue collaborating with Maverick County and working with TH staff to offer testing, provide education and develop educational materials for the residents of Maverick County. OBPH will share findings with the Secretariat of Health of Piedras Negras, Coahuila for the development of materials for families in Mexico.



Travelers' Health staff conducting surveys at the Eagle Pass Port of Entry

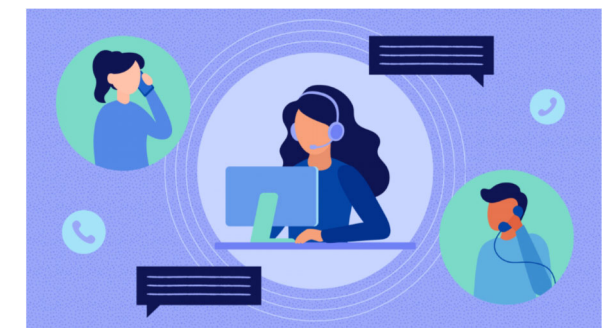
# Working Remotely to Provide Social Services

The Specialized Health and Social Services (SHSS) program of Region 8 focuses on connecting special needs youth and their families to vital programs and community resources. Before the COVID-19 pandemic, we met with families in face-to-face meetings and home visits to assess needs and provide services. When the pandemic began, SHSS staff gathered their office supplies and equipment, went home and began weathering the ups and downs of full-time remote work.

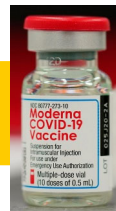
Remote work was an adjustment for our social workers and clients. Despite the challenges, we have succeeded in providing for the needs of our clients. Here are some of the important lessons we have learned.

- SHSS goes virtual:** SHSS staff prefer to be social. Interpersonal connections help us succeed. Using a virtual platform to conduct training or attend meetings was one of our department's first transition objectives. Region 8's Texas Health Steps' Provider Relations team leader, Mona Gutierrez explains, "Holding virtual trainings with health care providers, regional staff and management, the Texas Medicaid Healthcare Partnership (TMHP), managed care organizations (MCO/DMO) and community entities has proven very successful." Rosemary Penhollow adds, "Before the pandemic, we would attend health fairs and conduct training in person. Now to safely keep connected with our community partners, we meet on-line."
- Communication is key.** SHSS needed to reassure clients and families that the pandemic and remote work would not mean service interruption. As one social worker remarked, "One of my client's parents called thinking that services might be paused due to the pandemic. I reassured her that while services might be facilitated in a different format, we were altering processes to ensure services would not be negatively affected or interrupted." She felt relieved and thankful for this simple, but important message. Colleagues, clients, outside collaborators such as nonprofits and Community Resource Coordination Groups (CRCGs), and supervisors all need communication. It's how we stay informed to understand limitations or help each other when needed.
- Stay organized.** Maintaining a list of appointments, projects, deadlines and meetings either in a digital or paper planner has helped us stay on top of our tasks. Many SHSS staff have turned to these lists and more, including having a "to-do" list for those occasions when a visit to the office is necessary.
- Digital record keeping.** Remote work has ushered in a shift from paper to digital records management. This has been a boon for the more technologically savvy but also a source of frustration for those who prefer paper-based records. To manage the transition, staff have learned to mirror a digital filing strategy to a paper one: creating digital file drawers that are like the office file cabinet. The Health Insurance Portability and Accountability Act (HIPAA) privacy requirements are also important to consider. We protect our clients' sensitive documents and information. Digital record-keeping allows us to receive documents securely, which has streamlined how we provide services.

As we will be working remotely for the foreseeable future, our clients will continue to receive the important services from SHSS that they value and rely on. Flexibility and willingness to try new approaches will continue to be key in adapting to the changing digital world of remote work.



3/29: DSHS deploys Texas Public Health Vaccine Scheduler website and Texas COVID 19 Vaccine Support Center



3/31: Moderna announces 10 dose vial holds 10 to 11 doses

4/21: TDEM opens Data Entry Center to support vaccine administration data collection



5/10: FDA approves Pfizer vaccine for adolescents 12 17

5/13: CDC announces fully vaccinated people can resume activities without masks

6/01: Region 8 field offices re open for services