



# **Task Force on Infectious Disease Preparedness and Response**

**Pursuant to  
Texas Health and Safety Code Section 81.405**



**January 2017**

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## **Executive Summary**

House Bill 2950, 84<sup>th</sup> Legislature, Regular Session, 2015, amended statute to create the Task Force on Infectious Disease Preparedness and Response (Task Force). A total of 33 members were appointed to advise the Governor on issues related to the State response to infectious diseases. In 2016, the Task Force met in four quarterly meetings, which primarily concentrated on arboviruses. To assist with these efforts, The Task Force established a Zika workgroup, made up of multi-disciplinary experts, to focus on the emerging threat of Zika virus.

Throughout the course of their work, Task Force members made suggestions related to the State's preparedness and response to arboviruses (viruses borne by mosquitoes, ticks, or other arthropods). The Department of State Health Services along with other public health partners considered, and responded to, each of these findings, including:

- Clearly defined roles and responsibilities
- Effective communication to the public as it relates to preparedness and during a response
- Ample laboratory capacity
- Enhanced human surveillance in high-risk areas
- Enhanced vector surveillance
- Coordinated vector control efforts
- Local cost and needs tracking
- Improved access to insect repellent

In addition to the work related to arboviruses, the Task Force discussed the important role immunizations play in preventing infectious diseases. As part of the discussion, the members voted to adopt the following statement.

*The Task Force on Infectious Disease Preparedness and Response recognizes that its medical and technical subject matter experts have universally expressed confidence in the safety, efficacy, and importance of broad-based public health immunization programs for vaccine preventable diseases.*

## **Introduction**

House Bill 2950, 84<sup>th</sup> Legislature, Regular Session, 2015, amended Chapter 81 of the Texas Health and Safety Code (HSC) to add [Subchapter J, Task Force on Infectious Disease Preparedness and Response](#). This subchapter creates the Task Force on Infectious Disease Preparedness and Response (Task Force) as an advisory panel to the Governor. Task Force responsibilities include providing expert evidence-based assessments, protocols, and recommendations related to state response to infectious diseases, as well as serve as a reliable and transparent source of information and education for Texas leadership and citizens.

HSC Section 81.404 lists specific representatives that are to be appointed as members of the Task Force including the following:

- County judge of a county with a population of less than 100,000
- County judge of a county with a population of 100,000 or more
- Representative of a rural local health authority
- Representative of an urban local health authority
- Licensed nurse
- Emergency medical services (EMS) personnel

The Governor may also appoint additional members to the Task Force as necessary, including members from relevant state agencies, members with expertise in infectious diseases, and members from institutions of higher education.

HSC Section 81.405 provides that the Task Force may make written reports on its findings and recommendations to the Governor and the Legislature.

## **Background**

Prior to the passage of H.B. 2950, Governor Rick Perry created, through an executive order, the Texas Task Force on Infectious Disease Preparedness and Response. On October 6, 2014, the Governor signed [Executive Order RP-79](#), appointing 17 members to the Task Force including representatives from pertinent state agencies, as well as experts in infectious disease, emergency management, and public health preparedness and response.

After H.B. 2950 was passed during the 84<sup>th</sup> Legislature, the Task Force was reestablished. On February 4, 2016, Governor Greg Abbott announced the appointment of 31 members to the Task Force, and DSHS Commissioner Dr. John Hellerstedt as its chair. On August 12, 2016, Governor Abbott announced the appointment of two additional members to the Task Force. A full list of current members is shown in Appendix A.

## **Areas of Interest**

Prior to the first Task Force meeting, the Chair asked members to respond to a number of questions intended to identify specific areas of interest that could potentially be examined using

the multi-disciplinary expertise of the Task Force. When asked about primary infectious disease threats in Texas, members commonly identified:

- Arboviruses (viruses transmitted by mosquitoes, ticks, or other arthropods)
- Antibiotic resistance
- Tuberculosis
- Influenza
- Vaccine-preventable diseases

Members were also asked to identify serious barriers to protecting the State from infectious disease threats that could potentially be studied by the Task Force. Common responses included:

- Ensuring the State is appropriately prepared to respond to emerging infectious disease threats
- Building effective communication and information sharing with the public, as well as among entities involved in preparedness and response efforts
- Making certain that the State has an adequate healthcare workforce, that is properly trained, to respond to infectious disease threats
- Protecting Texans against vaccine-preventable diseases by working to increase vaccination rates

### **Task Force Activities**

Since the Task Force was reestablished in February 2016, members have met in four quarterly meetings. Each meeting focused on specific topics identified by the Task Force's membership and related to the Task Force's charge.

#### **2016 Task Force Meetings**

##### *March Task Force Meeting*

The first meeting of the Task Force was held on March 9, 2016. The focus of this meeting was foundational. The Task Force Chair, DSHS Commissioner Dr. John Hellerstedt, presented information about infectious disease and the Texas response system. Members also received information about the administration and operation of the Task Force and discussed ideas for future meeting topics. Task Force members agreed to focus 2016 efforts on arboviruses due to the emerging threat of Zika virus and the ongoing threats of dengue and chikungunya in Texas, as well as any pending issues from the previous Task Force. To help facilitate their work on arboviruses, and given an imminent potential threat to maternal child health in Texas, the Task Force decided to establish a Zika workgroup to allow for more in-depth discussion and consideration between meetings of the full Task Force.

##### *May Task Force Meeting*

The second Task Force meeting was held on May 6, 2016, and covered four major topics.

- The members of the Zika workgroup, established after the March meeting, provided a report on the group's activities.
- Experts presented information about statutes, rules, and policies that provide a framework for the Texas response system for emergencies and infectious disease.
- Representatives from DSHS and four local public health entities presented information about mosquito control, providing information about the various approaches to arbovirus prevention across the State.
- DSHS communications experts informed Task Force members about Texas infectious disease communication efforts.

#### *August Task Force Meeting*

On August 8, 2016, the third Task Force meeting was held. This meeting focused on the intersection between disaster and infectious disease preparedness and response. Task Force members had an opportunity to see a display of emergency response assets sponsored by the Texas Division of Emergency Management (TDEM), as well as hear from experts with experience working in the field during emergency response situations. Additionally, there was a discussion about the role of EMS in the response to a disaster or infectious disease incident.

#### *November Task Force Meeting*

The fourth Task Force meeting was held on November 16, 2016. The meeting included an in-depth presentation about influenza preparedness and response activities in Texas, as well as a presentation about neglected and emerging infectious disease issues. The process for finalizing this report was also discussed. The Task Force voted to have the Chair, Dr. Hellerstedt, appoint four additional members of the Task Force to form a subcommittee to review and finalize the report on behalf of the Task Force as a whole.

Members also discussed the important role immunizations play in the prevention of certain infectious diseases. The Task Force voted to adopt the following statement.

*The Task Force on Infectious Disease Preparedness and Response recognizes that its medical and technical subject matter experts have universally expressed confidence in the safety, efficacy, and importance of broad-based public health immunization programs for vaccine preventable diseases.*

#### **Zika Workgroup Activities**

Based on feedback from Task Force members, a workgroup was established to take an in-depth look at issues related to Zika virus preparedness and response. Nine Task Force members with multi-disciplinary expertise volunteered to participate in the workgroup, allowing for robust discussion about the State's efforts to address the emerging threat of Zika virus.

The workgroup convened to provide DSHS with specific feedback about the State Zika Virus Preparedness and Response Plan. In addition to the feedback provided by Task Force members, practicing obstetricians/gynecologists were invited to participate in one of the Zika workgroup

meetings to discuss concerns specific to pregnant women. The State Zika plan was revised based on input from the Zika workgroup, as well as community input, emerging information, and lessons learned from areas with local mosquito-borne transmission.

After Congress approved \$1.1 billion in federal funding for Zika, DSHS began work on an application to request up to \$5 million in grant funds. The Task Force's Zika workgroup was asked to provide input on the grant application and to help identify the State's funding priorities as it relates to Zika preparedness and response. The DSHS grant application was responsive to this input focusing on: laboratory capacity, local needs, sustained communication and outreach, enhanced mosquito surveillance, and active human surveillance.

## **Arboviruses**

Throughout the course of the Task Force's work in 2016, members focused on the State's efforts to prepare for, and respond to, arboviruses, with a particular focus on Zika virus. This section summarizes the members' findings related to arbovirus preparedness and response, as well as the response by DSHS and other public entities.

### **Clearly Defined Roles and Responsibilities**

Several Task Force members indicated that it would be beneficial to have additional information and clarity as it relates to the roles and responsibilities of entities at various levels of government when responding to an emergency or public health situation. There was an interest in understanding how the statutes that define various roles work together, how resources flow at the local level during a response, as well as any gaps that exist between the activities overseen by public health and those under the purview of TDEM.

#### *DSHS Response*

Legal and emergency response experts presented detailed information on the statutory background and practical workings of the emergency response system to the Task Force members. Because Texas is a home rule state, emergency response is controlled at the local level. If response needs exceed local capacity, the State may be asked to provide additional resources or technical expertise. Similarly, if the State's capacity is exceeded, the federal government may be asked to provide additional assistance. This system holds true for infectious disease responses as well as natural or manmade disasters.

Because of the many entities that play a role in the public health system and infectious disease response, ongoing improvements to coordination and communication are required. DSHS has embarked on a long-term planning and implementation process to improve the public health system. As required by the [2016-17 General Appropriations Act, H.B. 1, 84<sup>th</sup> Legislature, Regular Session, 2015 \(Article II, DSHS, Rider 81\)](#), DSHS has collaborated with the Public Health Funding and Policy Committee and other stakeholders to:

- Develop a comprehensive inventory of the roles, responsibilities, and capacity relating to public health services delivered by DSHS and local health entities and authorities

- Establish statewide priorities for improving the State’s public health system and to create a public health action plan, with regional goals and strategies, to effectively use state funds to achieve these priorities

DSHS published the [Public Health System Inventory](#) report, and is in the process of categorizing Texas local health departments based on the inventory. This categorization effort is based on a Sunset Advisory Commission recommendation, and will be complete by February 2017. Additionally, DSHS has published the [Texas Public Health Action Plan](#), which is intended to provide clarity of local and state public health roles and responsibilities and a long-term plan for Texas public health. A five-year implementation process will occur for the Public Health Action Plan, and DSHS will provide updates to the Task Force in future meetings.

The Task Force also concentrated on roles and responsibilities as it relates specifically to the Zika response. One of the goals of the State Zika Virus Preparedness and Response Plan is to provide guidance and technical assistance to locals. The plan includes an attachment, *Recommended Response Activities for Local Transmission*, which is a reference document to inform state and local response activities for locally-transmitted mosquito-borne Zika in Texas.

To further address certainty about available state assistance in the event of local mosquito-borne transmission of Zika, DSHS identified individuals to serve as part of multi-disciplinary Zika Response Teams, which include veterinarians, nurses, preparedness program staff, communicable disease experts, epidemiologists, and social workers. Each DSHS Health Service Region (HSR) has a team that will be available to help jurisdictions in the event of local mosquito-borne transmission of Zika.

### **Effective Communication to the Public as it Relates to Preparedness and During a Response**

During a public health response, effective communication to the public is critical. The ability to clearly articulate the problem and the solutions educates those affected and builds confidence in the public health system. Successful communication allows for the exchange of information that helps to protect the community, and is intended to encourage individuals to make behavior changes that can curb the risk of disease in Texas communities. With an emerging disease like Zika virus, consistent messaging is essential.

Task Force members urged public health to concentrate Zika prevention efforts on education and outreach to encourage the public to take preventive measures against Zika.

#### *DSHS Response*

Since the Centers for Disease Control and Prevention (CDC) released its first health alert about Zika in January 2016, DSHS has focused on communicating with multiple audiences to ensure individuals have the information needed to prevent, and respond to, this emerging disease threat. In February 2016, DSHS established the [www.TexasZika.org](http://www.TexasZika.org) site as a comprehensive resource for Texas-specific Zika information and guidance. The site is being continuously updated as needed.

DSHS also initiated a Zika public awareness campaign. The campaign is in English and Spanish and includes messages for the general public, pregnant women, travelers, and outdoor workers. The funds were used to support online, TV, and radio advertising. The ads began airing at the start of mosquito season. The campaign was scheduled to end in September, but DSHS has identified resources to allow extension through the end of December. The campaign includes grassroots education sessions intended to connect with targeted stakeholders who can help reach at-risk populations with prevention messages.

Planning for next season's communications is already occurring. DSHS is evaluating available funding sources to support Zika prevention messaging, and assessing the impact of the 2016 mosquito season's communication efforts to build on lessons learned. DSHS is determining how to engage community-based organizations to spread prevention messaging, particularly among Spanish-speaking populations in the Rio Grande Valley.

### **Ample Laboratory Capacity**

A common theme during discussions among Task Force members was the need to develop sufficient laboratory capacity ahead of local mosquito-borne transmission of Zika to ensure sufficient access. In order to identify local transmission, people must have access to diagnostic testing. Similarly, when an area with local transmission is detected, it is critical that diagnostic testing is available for symptomatic individuals and pregnant women within a carefully defined area of local transmission.

#### *DSHS Response*

Laboratories around Texas have been working diligently to develop the assets necessary to perform Zika diagnostic testing. For specimens drawn soon after the onset of symptoms, Reverse Transcriptase Polymerase Chain Reaction (RT-PCR) is the preferred diagnostic test. Testing criteria was originally limited to specimens drawn within 7 days of onset of symptoms, but has been expanded to include specimens collected within 14 days of symptom onset. RT-PCR testing has been available at the DSHS laboratory since early March 2016, with an original capacity of 150 specimens per week. The DSHS laboratory can also now test urine specimens when submitted with paired serum specimens, as required by protocol.

The serum IgM antibody, or serology, test is used for specimens collected more than 14 days after symptom onset. The DSHS laboratory began serology testing on July 22, 2016, with an original capacity of 96 specimens per week. Confirmatory testing is done by the CDC.

In addition to the capacity at the State's laboratory, DSHS has been working with the nine other Laboratory Response Network (LRN) laboratories in Texas to increase capacity for RT-PCR and serology testing, as well as identifying commercial and private laboratories that could be available to provide RT-PCR and serology surge testing support. Finally, DSHS is working with private labs to assess and plan for surge capacity during a local transmission.

As a result of these efforts, the Texas public health network of laboratories supports the following standing and surge capacity for Zika testing as of December 2016. Surge capacity may require activation of additional personnel or be subject to the availability of required reagents. These numbers do not include the capacity of private laboratories, which are working independently to increase capacity.

<b>Texas Public Health Zika Testing Capacity Per Week December 2016</b>				
<b>Laboratory</b>	<b>Standing Capacity</b>		<b>Surge Capacity</b>	
	PCR	Serology	PCR	Serology
DSHS Austin	400	72	520	96
San Antonio	120	24	240	24
South Texas Laboratory	120	0	240	0
Dallas	384	96	720	192
Tyler	160	21	320	42
El Paso	16	12	32	24
Houston	120	30	240	60
Tarrant County	60	45	120	90
Corpus Christi	80	48	120	90
<b>Totals</b>	1,460	348	2,552	618

### **Enhanced Human Surveillance in High-Risk Areas**

Identifying local mosquito-borne transmission of Zika can be difficult because many people infected with Zika are asymptomatic. Noting that human surveillance is likely the best way to identify local transmission, Task Force members emphasized the importance of screening individuals in areas of the State with heightened risk.

#### *DSHS Response*

DSHS has taken steps to enhance human surveillance by amending testing criteria as appropriate. In mid-July 2016, testing criteria was expanded statewide to better identify when localized transmission occurs. Previous guidance only approved testing for certain individuals with a history of travel to areas with local transmission or for those with an epidemiological link to a known Zika case. Testing criteria now includes certain symptomatic individuals with no travel history or epidemiological link.

In early October 2016, DSHS issued a health alert in Cameron, Hidalgo, Starr, Webb, Willacy, and Zapata counties to encourage health care providers to test pregnant women for Zika using more open criteria than the rest of the state. The purpose of this health alert was to more actively monitor the area for Zika in humans because the Rio Grande Valley has been considered at heightened risk of local mosquito-borne Zika transmission. Testing was expanded in those specific counties to include pregnant women with no travel history to an area of active transmission or sexual exposure to Zika virus when she exhibits two of the four symptoms

associated with Zika (fever, rash, joint pain, and eye redness). Further details about the health alert were discussed at the November Task Force meetings leading to additional recommendations.

Testing criteria also includes pregnant women who have traveled to a country with ongoing Zika transmission, regardless of the presence or absence of symptoms, including those who regularly cross the U.S./Mexico border. This recommendation also applies to pregnant women who have a sexual partner with travel to a country with ongoing Zika transmission.

Finally, DSHS is making plans for an active human surveillance project in the Rio Grande Valley due to the particular risks for communities in that region; this project would entail voluntary participation of selected providers to offer Zika testing to clients. This process is ongoing, and will be scalable based on funds available. This project would be ready in time for next mosquito season, and will assist in determining whether non-travel Zika cases are present in Texas.

### **Enhanced Vector Surveillance**

In order to get as much information as possible about the vectors responsible for spreading arboviruses, Task Force members expressed an interest in enhancing mosquito surveillance efforts. Members suggested increasing the number of sites that are trapping mosquitoes, which would provide additional data on the State's mosquito populations. Additionally, there was interest in implementing Zika testing for mosquitoes as a way to help determine if there is virus present in the State's mosquito populations.

#### *DSHS Response*

As part of ongoing arbovirus surveillance in Texas each mosquito season, local jurisdictions trap mosquito samples, which may be sent to the DSHS laboratory for analysis and testing. At the laboratory, the mosquitoes are sorted to determine if they are a species that have the potential to transmit diseases. They are then tested for the presence of specific arboviruses including:

- West Nile
- St. Louis encephalitis
- Chikungunya
- Western and Eastern equine encephalitis
- California serogroup

This season, the DSHS laboratory began receiving mosquito specimens for testing the week of May 6, 2016. DSHS purchased over 50 additional traps, which were distributed across the state through the DSHS HSRs to increase the number of sites collecting mosquito samples this year. Over 50 entities from more than 30 jurisdictions have submitted mosquito specimens for testing. Additionally, some federal funds received through the CDC Epidemiology and Laboratory Capacity (ELC) grant will be used to purchase additional mosquito traps to further enhance mosquito surveillance efforts.

In addition to the trapping and testing routinely done during mosquito season, DSHS has partnered with multiple university laboratories to collect information about Texas' mosquito population, which is being used to refine a map showing the potential habitats for *Aedes* species mosquitoes. The project involves collecting mosquito eggs, which are reared to adulthood in a participating laboratory where the mosquito species can be identified.

In response to the emerging threat of Zika virus this mosquito season, a rapid Zika-specific test was added by the DSHS laboratory. This testing was used for mosquitoes collected in specific high-risk counties, which have had documented evidence of recent local dengue transmission, including:

- Cameron County
- Hidalgo County
- Starr County
- Webb County
- Willacy County

While testing the trapped mosquitoes for the presence of certain viruses provides valuable information about arbovirus activity in Texas, the data have some limitations. Even if the tests show a lack of vector mosquitoes or a lack of mosquitoes with virus, it does not rule out the presence of vector mosquitoes or infected mosquitoes from the jurisdictions submitting samples. These data limits are an important reason why mosquito surveillance efforts need to be coupled with human surveillance.

### **Coordinated Vector Control Efforts**

Task Force members engaged in in-depth conversations about the State's vector control efforts and how to leverage the existing infrastructure and resources to ensure the activities in Texas are successful at reducing the vector population and thus, the risk of arbovirus transmission. The members suggested that while vector control activities fall under the purview of local jurisdictions and individual community's capacity and capability vary greatly, the State should take steps to ensure efforts are well coordinated across Texas. Additionally, Task Force members emphasized the importance of having clear guidance available for local jurisdictions regarding how to engage private property owners, as well as what mosquito control activities are allowable on private property and under what circumstances these activities would be acceptable.

### *DSHS Response*

Several actions were taken by DSHS and other public health partners to enhance coordination among entities engaged in mosquito control activities in Texas. DSHS circulated two surveys to local health departments and HSRs about vector control capacity. Results from the initial survey, which was sent to 62 local health departments and 8 HSRs, show that at a minimum, 73 percent of Texas' population resides in a jurisdiction that has an integrated vector management program including major population centers. The second request for information asked for details from local entities to gain additional insight about statewide vector control capability and capacity, as well as anticipated challenges for local Zika transmission response. The results from these surveys have been used to guide discussions and planning efforts.

To improve access to mosquito abatement services, DSHS initiated several contingency contracts that can be accessed in the event of local mosquito-borne transmission is identified. DSHS finalized a contract for ground and household mosquito spraying, which the agency can utilize as appropriate. A contract for aerial spraying has been executed, which is accessible to local jurisdictions through the Texas Comptroller of Public Accounts. Additionally, DSHS continues to work with the Texas Comptroller of Public Accounts on additional contracts for both ground and aerial spraying. These contracts are expected to be executed by January 1, 2017, and once finalized, local entities will have access to these services for prices negotiated by the State.

In response to comments about ensuring information is available to locals about vector control on private property, the *Homeowner Education and Vector Control* section was included in the State Zika Virus Preparedness and Response Plan. This section of the plan specifies that in Texas, there is no inherent right for public health or environmental personnel to enter private property.<sup>1</sup> Ideally, public health personnel work with the owners to obtain permission to assess the property by explaining the need for assessment and the owner's right of refusal. The document also provides information about options for gaining entry onto private property without the owner's permission, while emphasizing that every effort should be made to get permission and buy-in from property owners.

In addition to the *Homeowner Education and Vector Control* section of the plan, a document was provided to Task Force members by the Office of Court Administration that outlines the process for local jurisdictions that want to take action against a property that has been determined to be a public health nuisance.

### **Local Cost and Needs Tracking**

Task Force members discussed the potential for federal grant opportunities to become available, allowing Texas to apply for funds to support Zika preparedness and response activities. These federal funds are often used to support local activities, which can be specifically tailored to the needs of the local health departments and the communities they serve. Additionally, federal funding allocations in response to an emergency are often influenced by costs incurred by the State, as well as local entities. Knowing the critical role that local resources and capacity have on the State's public health response, Task Force members encouraged DSHS to work with local jurisdictions to track local costs associated with Zika. They also suggested that DSHS survey locals to determine their local priorities in preparation for the potential for federal funding opportunities to become available.

### *DSHS Response*

DSHS sent a survey to local health departments in Texas asking for information on resources spent to date on Zika-related response activities, as well as resources needed to support priorities for future prevention and response activities.

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<sup>1</sup> There is an exception outlined in Texas Health and Safety Code Section 341.019, which states that an abandoned property may be entered to use larvicide in stagnant water in which mosquitoes are breeding.

In addition, after Congress approved \$1.1 billion in funding for Zika, DSHS began to prepare an application for up to \$5 million in grants. Part of the process for prioritizing activities included in the application was to gather feedback from local health departments and experts. Representative from local health departments, members of the Public Health Funding and Policy Committee, as well as members of the Task Force Zika workgroup came together to discuss ways to use the federal funds that would have the biggest impact on preventing and responding to local mosquito-borne transmission of Zika in Texas.

### **Improve Access to Insect Repellent**

Recognizing that avoiding mosquito bites is a key to preventing local mosquito-borne transmission of Zika, in early August, the Health and Human Service Commission (HHSC) announced that insect repellent were covered for women that are pregnant or between the ages of 10 and 45 in a number of Texas health programs. Women from the following programs were eligible for up to two cans per month from August through October 31, 2016.

- Medicaid
- CHIP and CHIP-Perinate
- Healthy Texas Women
- Family Planning
- Children with Special Health Care Needs

The benefit was reinstated in late November and will continue through the end of December.

Task Force members emphasized the importance of making insect repellent easy for people to access. When HHSC first announced that insect repellent was covered, it required a prescription from the patient's physician. Members of the Task Force encouraged HHSC to take steps to allow women to get the covered repellent without getting a prescription from their physician, making it easier for women to access.

### *DSHS Response*

On August 15, 2016, HHSC announced that Texas Medicaid had issued a standing order for insect repellent prescriptions. This allows eligible women to go directly to the pharmacy to get the repellent without first visiting their doctor.

Other public health entities have taken action to distribute insect repellent and other mosquito prevention materials in their communities. Working with the Texas Association of City and County Health Officials (TACCHO), DSHS surveyed local health departments to determine what activities local health departments are engaged in related to the distribution of Zika prevention kits. Zika prevention kits often include educational materials, as well as other items such as insect repellent, mosquito netting, water treatment mosquito larvicide tabs, permethrin spray for clothing and gear, and condoms. Survey results indicate that at least 14 local health departments are distributing materials and information in their communities, including:

- Angelina County and Cities Health
- Austin/Travis County Health and Human Services Department
- Bell County Public Health District

- Brazos County Health Department
- Dallas County Health and Human Services
- Harris County Public Health
- Houston Health Department
- City of Lubbock
- Sweetwater Nolan County Health
- Tarrant County Public Health
- Victoria County Public Health Department
- Waco-McLennan County Public Health District
- Wichita Falls-Wichita County Public Health District
- City of Laredo Health Department

Additionally, DSHS has purchased 1,300 Zika Prevention Kits for use in response to identified local mosquito-borne transmission, with the ability to ramp up for additional kits if needed. Each HSR has a supply that will be distributed to pregnant women and their families within close proximity of a suspected local transmission.

### **Conclusion and Future Direction**

This year, the Task Force focused its work on arboviruses with a particular concentration on the emerging threat of Zika virus. In four quarterly meetings, members were presented with information and had robust conversations about issues affecting the public health preparedness and response to arboviruses. Over the course of their work, Task Force members made suggestions to which DSHS and other public health entities responded, including:

- Clearly defined roles and responsibilities
- Effective communication to the public related to preparedness and during a response
- Ample laboratory capacity
- Enhanced human surveillance in high-risk areas
- Enhanced vector surveillance
- Coordinated vector control efforts
- Local cost and needs tracking
- Improve access to insect repellent

In addition to the work related to arboviruses, the Task Force discussed the important role immunizations play in preventing infectious diseases. As part of the discussion, the members voted to adopt the following statement.

*The Task Force on Infectious Disease Preparedness and Response recognizes that its medical and technical subject matter experts have universally expressed confidence in the safety, efficacy, and importance of broad-based public health immunization programs for vaccine preventable diseases.*

## **Appendix A: Task Force on Infectious Disease Preparedness and Response Members**

- James Bass, Executive Director of the Texas Department of Transportation
- Carlos Cascos, Texas Secretary of State
- Ed Emmett, Harris County Judge
- Christopher Frei, Pharm.D., Associate Professor and Division Head for the Pharmacotherapy Department of the University of Texas at Austin, College of Pharmacy
- Brett Giroir, M.D., Senior Fellow at the Texas Medical Center Health Policy Institute
- Janet Glowicz, R.N., Public Health Analyst for the Centers for Disease Control and Prevention
- John Hellerstedt, M.D., Commissioner of the Texas Department of State Health Services (DSHS), Chair
- Peter Hotez, M.D., Ph.D., Dean of the National School of Tropical Medicine at Baylor College of Medicine
- Richard Hyde, Executive Director of the Texas Commission on Environmental Quality
- Tim Irvine, Executive Director of the Texas Department of Housing and Community Affairs
- Nim Kidd, Chief of the Texas Division of Emergency Management (TDEM)
- Thomas Ksiazek, D.V.M., Ph.D., Director of High Containment Operations and Director of the Biosafety Level 4 Laboratory, University of Texas Medical Branch, Galveston
- David Lakey, M.D., Associate Vice Chancellor for Population Health at the University of Texas System
- Binh-Minh “Jade” Le, M.D., Associate Professor in the Division of Infectious Disease at the University of Texas Southwestern Medical Center
- James LeDuc, Ph.D., Director of the Galveston National Laboratory at the University of Texas Medical Branch
- Scott Lillibridge, M.D., Director of Health Initiatives at the Texas A&M University System and Professor of Epidemiology at the Texas A&M Health Science Center School of Public Health
- Tony Marquardt, Paramedic with the City of Austin/Travis County Emergency Medical Service
- Muriel Marshall, D.O., DrPH, Collin County Health Authority
- Steve McCraw, Director of the Texas Department of Public Safety
- Michael Morath, Commissioner of Education
- Kristy Murray, D.V.M., Ph.D., Associate Professor of Pediatrics and Tropical Medicine at Baylor College of Medicine and Texas Children’s Hospital
- Major General John Nichols, Texas Adjutant General
- Dorothy Overman, M.D., Comal County Health Authority
- Raymund Paredes, Ph.D., Commissioner of Higher Education
- Gerald Parker, D.V.M., Ph.D., Associate Vice President of Public Health Preparedness and Response at Texas A&M Health Science Center
- David Slayton, Administrative Director of the State Office of Court Administration
- Charles Smith, Executive Commissioner of the Texas Health and Human Services Commission

- Kristina Stillsmoking, MSN, Ph.D., Director of the Simulation Hospital, University of Texas Rio Grande Valley School of Medicine
- Victoria Sutton, Ph.D., Director of the Center for Biodefense, Law and Public Policy at Texas Tech University School of Law
- William Tierney, M.D., Chair of the Department of Population Health at the University of Texas at Austin Dell Medical School
- Dale Wainwright, Chair of the Texas Board of Criminal Justice
- Edward Yosowitz, M.D., Clinical Associate Professor at Baylor College of Medicine, Department of Obstetrics/Gynecology
- Ben Zeller, Victoria County Judge