



Task Force on Infectious Disease Preparedness and Response

Moreton Building – Room M-100

1100 W. 49th St., Austin, Texas

August 8, 2016

1:00 p.m.

Meeting Notes

*Texas Department of Emergency Management will host an emergency response assets staging in front of the Moreton Building from 12:00 p.m. to 1:00 p.m.

Task Force Members Attending

- Carlos Cascos
- Ed Emmett
- Brett Giroir
- Janet Glowicz
- John Hellerstedt
- Peter Hotez
- Richard Hyde
- Tim Irvine
- Nim Kidd
- Thomas Ksiazek (phone)
- Binh-Minh “Jade” Le
- James Le Duc (phone)
- Scott Lillibridge
- Tony Marquardt
- Muriel Marshall (phone)
- Dorothy Overman
- Gerald Parker
- Charles Smith
- Kristina Stillsmoking
- Victoria Sutton
- Dale Wainwright
- Ben Zeller

Call to Order - Commissioner John Hellerstedt, M.D. called the meeting to order at 1:10 p.m.

1. **Update by the Task Force Director** - Dr. Hellerstedt stated that although we have a quorum, this was not posted as an open meeting in time, so they can discuss issues but cannot vote. Official votes will be taken in November.
2. **Review and Approval of Minutes** – May 6, 2016 Meeting*- No motion was taken to approve the minutes. Minutes from the May meeting will be revisited during the November meeting.
3. **Zika Update** - Dr. Hellerstedt provided an update on Zika and Task Force members discussed the information.
 - Renewed public outreach campaign, which includes radio and television ads
 - Public service announcement from the Governor
 - Statewide Zika conference in McAllen
 - Participants included state and local officials who would respond got together
 - Teamwork is the most important if we have local transmission
 - Texas Medicaid, CHIP, Healthy Texas Women, all made mosquito repellent available
 - Repellent is at the top of the list for most effective means to keep from being bitten
 - \$6 million in funding made available for Zika
 - If local transmission, we will need to identify additional funds
 - If we have local transmission, the state will need resources to support case management, epidemiology, vector management, and communication
 - Had a table top exercise with Harris County to determine how they would respond in Harris County
 - Able to work through all of the steps that would have to take place in the event of local transmission
 - Dr. Hellerstedt is part of a group of other state health officers in the gulf states who are discussing Zika
 - Working with blood banks around Texas to incorporate a new testing for blood donors
 - Florida and the CDC have announced that they have local transmission
 - Have 14 cases so far
 - Definitely have a cluster
 - Public and media response has been very measured, so not a sense of panic in the state
 - Integrated vector management, did a larger aerial spraying, may be a more effective adulticide than previous measures have been
 - In order to access mosquito repellent through Medicaid you need a doctor's prescription.
 - We are looking at ways to have broader coverage
 - The best way to make Medicaid benefits available was through the medical system
 - \$6 million coming from state and federal funds
 - What is our capacity in the state for persons with fever and rash symptoms, to be tested?
 - It is possible that local transmission has happened and we are not aware of it
 - What is the capacity to test an acutely ill patient? They should call local health department.
 - We should know about all testing, we would determine if it was travel related or not, and if we believe local transmission has occurred we would get in touch with CDC and federal partners
 - What is the turn around time on testing? Three days for PCR testing
 - Florida used the urine testing, and went door to door to get testing done. We need to determine what it would take to go door to door if we had a cluster case.
 - Texas is looking at this

- Privacy concerns with going door to door
- News story on genetically modified mosquitoes, do we have plans to institute GMO's.
 - We do not have plans to institute GMOS, not a proven method
 - One problem is this has been tested in small scale, and has shown about 80% reduction in this mosquito and has not been shown to deter disease
 - Clinical trial going on the Florida Keys and Brazil has been using it
- There are four labs in New Braunfels that do private testing
 - If positive, they know what they are dealing with, if negative need to do a serology test
 - Serology tests take about four weeks.
- What are the costs for spraying at the state or local level, if TDEM had a way of tracking the costs, would Dr. Hellerstedt be interested in using it?
- FDA, USDA, approval needed in GMO's in dealing with dengue, Texas should at least talk about a trial
 - This is research and we cannot legally expend funds to do GMO's
 - If it can be proven, the state could consider, if not proven, better ways to deal with it
- Congress has not appropriated funds, if we had new federal funds available, would we do more things and what would that be?
 - The types of things that we can do in advance are not the type of things that you can contract to do
 - Have a call to action to check areas for standing water and wear mosquito repellent through public outreach campaigns
 - Scale up type of response, screening people, knocking on doors, purchasing kits - cannot do this across entire state, need to do a focus area
 - Work through school districts to have information taken home
- Mosquito control at local level is at a fraction of what it was forty years ago
 - Need to look at environmental infrastructure
 - Build up capacity to respond effectively is important, this is not going to be the last mosquito season
- Colonias people, cannot afford food, much less mosquito repellent
 - Suggestion at McAllen meeting was using the WIC program; the federal government did not approve providing mosquito repellent through WIC
- Find partners in faith based community
- Are there ways a physician in a clinic setting could have a standing order for repellent
 - Looking at having a physician make a broad prescription across the state
- Victoria County put together a Zika kit, mosquito spray, laticide pods information, give out free in the health department, able to pay for it through grant funding
- Are we doing enough? Should we be actively be looking for cases?
 - The current approach is to have a doctor come upon a case
 - Active surveillance is very costly
- Given the possibility of increased funding, should we concentrate on source reduction
 - We would have to go out, trap, find the *Aedes*, and concentrate to eliminate the mosquito from that area
 - In the past, methods to eliminate the *Aedes* have been less than effective
 - If you put an 80% dent in the mosquito, does not mean you get an 80% dent in the disease
 - AE numbers are going up this time of year

- What is the current capacity to test mosquito pools for the virus, very limited role, if we find we have local transmission of the disease? Negative results does not tell you that you do not have Zika in the area
- We have done some testing in high risk communities

4. **Emergency Responses: Perspective from the Field** - Bruce Clements, Eric Epley, and Emily Kidd, M.D. Presentations available at: <http://www.dshs.texas.gov/TaskForceID/>

- What part of funding from these sources went to actually responding?
 - Most of what went to Ebola was general revenue
 - Money generally comes after the disaster.
- How much has the private hospital system taken up on their own in getting the cache together for PPE?
 - Some hospitals have done a lot, some have done some, and some have done just what they need to do.
 - If you are a hospital, who do you ask about putting your PPE together, best practice from an operational perspective
 - Hospitals and labs, have a different perspective from those in the field - highest level of protection for the least expense
- Did they distribute the products to the RAC's?
 - They are in the process of distributing these
 - Practical operational steps in guidance
 - CDC is focused on competency based education

5. **Role of Emergency Medical Services Personnel in Responses** - Anthony Marquardt

- There are both private and public EMS systems
- High consequence response is well thought out, but what about other scenarios – are we prepared?
- It could be beneficial to take the CDC guidance and make it practical from an operation stand point
- Engage to ensure readiness for the everyday EMS and first responders
- Providers want to know we are prepared and know what the plan is for a flu pandemic
- Need a central location for practical information for providers

6. **Discussion of Task Force Recommendation Process and Planning and Discussion of Future Meeting Topics** * - Task Force Members

- Need a prescription for repellent covered by Medicaid - in his role as Commissioner of DSHS, or another medical officer could employ a level of immunity for writing a standing order
- How do you get insect repellent out to the entire public where it is needed?
- Control orders – do we have sufficient power where it is needed?
- Screening high risk areas, does not feel comfortable in being reactive rather than proactive given this disease versus one that is highly symptomatic
- Continue to have a problem with mundane things, TB, STD's, etc, some local and county health departments cut back on services due to cost
- How are facilities in Texas doing with healthcare vaccinations, particularly with flu?
- Rates of MDRO's in Texas particularly carbon based?
- What is the position on women's health and Zika funding?

- Could we get an update on GMO's
- Can we get an update from the CDC on inoculations and concerns with autism
- If you want to control a mosquito borne illness it crosses the line of what the state health department can do
- Zika will be a threat for several seasons, several years, vaccine will not be available for a long time
- Talk again to CDC about what can be done with travel restrictions, have them talk to travel industry, giving traveler's information on what to do while there and when they return.
- Did Puerto Rico miss an opportunity that could have stopped it, that we can learn from.
- Could active surveillance be where we could have active vector control? Very difficult to identify all the areas where the mosquito can live.
- Takes a very certain set of circumstances to have a spreading like in Brazil or Puerto Rico.
- Require different reporting than is being done now.
- If a lab gets a positive Zika test, they have to report it.
- Have to change provider behavior, need to look at travel history, pregnancy, risk factors
- Profile the most high risk areas population density and low income, and presence of *Aedes* mosquitoes
- If Zika is found, do we go out and talk to the area, about neighborhood, spraying?
- Is there an overarching document that shows what local health department and state health department can do, that they can share with partners, also what they can't do due to funding, or legal authority?
- Questions can be put into 911 call takers cue that would be helpful in identifying Zika.
- Homeless population is a very important population in dealing with Zika.

Adjourn - Dr. Hellerstedt adjourned at 4:43 p.m.

* Denotes possible action items.

For additional information, contact Rachael Hendrickson, P.O. Box 149347, Mail Code 1911, Austin, Texas 78714-9347, (512) 776-2370, or at TaskForceID@dshs.state.tx.us. Persons with disabilities who plan to attend this meeting and require auxiliary aids or services are asked to contact Anne Mosher at (512) 776-2780, 72 hours prior to the meeting so that appropriate arrangements may be made.