



Task Force on Infectious Disease Preparedness and Response

Morton Building – Room M-100
1100 W. 49th St., Austin, Texas

MINUTES

May 6, 2016

9:30 a.m.

Task Force Members Attending:

Janet Glowicz –Centers for Disease Control and Prevention
Richard Hyde – Texas Commission on Environmental Quality
Peter Hotez, M.D. – Baylor College of Medicine
Tim Irvine – Texas Department of Housing and Community Affairs
David Lakey, M.D. – University of Texas System
Nim Kidd – Texas Division of Emergency Management
Thomas Ksiazek, D.V.M. – University of Texas Medical Branch, Galveston
Binh-Minh “Jade” Le, M.D. – University of Texas Southwestern Medical Center
Major General John Nichols – Texas Adjutant General
Tony Marquardt – Austin/Travis County Emergency Medical Service
Muriel Marshall, D.O., DrPH – Collin County Health Authority
Michael Morath – Commissioner of Education
Kristy Murray, D.V.M., Ph.D. – Baylor College of Medicine and Texas Children’s Hospital
James Le Duc, Ph.D. – University of Texas Medical Branch
Raymund Paredes – Commissioner of Higher Education
Victoria Sutton, Ph.D. – Texas Tech University School of Law
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 – State Office of Court Administration
Kristina Stillsmoking, Ph.D. – University of Texas Rio Grande Valley School of Medicine
William Tierney, M.D. – University of Texas at Austin Dell Medical School
Brett Giroir, M.D. – Texas Medical Center Health Policy Institute
Ben Zeller – Victoria County Judge
Ed Emmett – Harris County Judge
Dorothy Overman – Comal County Health Authority
Chris Traylor – Texas Health and Human Services Commission
John Hellerstedt, M.D. – Department and State Health Services

Task Force Members Not Attending:

Scott Lillibridge, M.D. – Texas A&M Health Science Center School of Public Health
Dale Wainwright – Texas Board of Criminal Justice
Carlos Cascos – Texas Secretary of State
Dorothy Overman, M.D. – Comal County Health Authority
James Bass – Texas Department of Transportation
Steve McCraw – Texas Department of Public Safety

Call to Order – A quorum was achieved and Commissioner John Hellerstedt called the meeting to order at 10:00 a.m.

1. Opening Remarks by the Task Force Director - Dr. Hellerstedt provided opening remarks. Today's meeting will discuss the Zika Task Force work group. And there will be presentations about infectious disease response, arbovirus, and communications around infectious disease.
2. Review of Minutes – March 9, 2016 Meeting - Motion was made to approve the minutes of March 9, 2016. Motion approved.
3. Zika Workgroup Report - Dr. Hellerstedt provided an update on the Zika workgroup. Zika workgroup has met electronically, and is composed of infectious disease experts.
 - The Zika Virus plan was provided in binders.
 - Immediate actions on first cases of local transmission.
 - Local vector control and prevent mosquito bites.
 - When this becomes local, deny mosquito habitat, and prevent people from being bitten.
 - Get message to pregnant women and women of child bearing age.

Task Force members had the following questions and comments:

- Concerns about coastal cities – Houston, Corpus, Galveston Brownsville, Beaumont, most hard hit.
- Issues are mosquito, crowding and poverty.
- Blocking development of fetal brain growth, worse than originally thought.
- Give attention to what we will do for *Aedes Aegypti* mosquito control in coastal cities.
- Additional funds have been distributed for prevention. Plan to seek and appropriately utilize those resources for control.
- Do not want to wait until we have transmission.
- There was much discussion on a hybrid mosquito developed by a company.
 - Need to first use what we have available.
 - This technology is very new – not yet FDA approved
 - Very expensive
 - Technologies have not been tested to scale.
 - Pursue conventional methods, look at newer technologies in pilot projects.
- Statutes in place concerning what is the role of judiciary in enforcement on people who refuse to enforce the control factor.

4. Emergency and Infection Disease Response - Lisa Hernandez, J.D. & Chief Nim Kidd - The full presentations can be found at: <http://www.dshs.texas.gov/TaskForceID/>

Task Force members had the following questions and comments:

- When is the FBI in charge? The FBI is not in charge, local authority is in charge. FBI investigates, but are not in charge.
- Is there any guidance on how “large” public health disaster is defined? No this would be determined by the Commissioner of Health.
- Do different states have different laws for declaring a disaster?
 - A declaration by the governor of a state of disaster;
 - A determination by the Commissioner that there exists an immediate threat from a communicable disease that:
 - Poses a high risk of death or serious long term disability to a large number of people, and
 - Creates a substantial risk of public exposure because of the disease’s high level of contagion or the method by which the disease is transmitted.
- Declaration of a disaster frees up federal funds. It does not make the federal government the incident commander of the event.
- Does Bioterrorism become a national event? Is there a Presidential directive giving the FBI authority to take the lead?
- During Ebola crisis, CDC came in, but did not take over.
- Is Texas the only state that has an opt-in registry for tracking immunizations? If so, how do we track them?
- If they don’t opt in, do we have means by which we can control the spread of the disease.
- In the event of a public health disaster, do the local officials have to ask for the Governor to declare a disaster? Governor can declare without a local request authority.
- There has not been a declaration of public health disaster since the law went into effect in 2003.
- Dr. Hellerstedt stressed the overarching message at the state level declaring of a public health emergency, it has to be declared within the context of state law and does not make any additional funds available.
- The current law was written in 2003, post 9/11/01.
 - Post Ebola, there are gaps that have been identified that were not addressed last legislative session.
 - Inability of Commissioner of Health to immediately take control causes problems.
 - The need to be able to issue an immediate quarantine, dealing with a dead body, the ability to make hard decisions.
 - Our law currently does not provide the support to deal with these issues.
- When dealing with a disaster situation, time is of the essence, communication is most important, very useful to be able to articulate that you have met reasonable standard of care when you are addressing what is not statutorily addressed for guidance.
- This Task Force is an advisory board, part of their role is to advise the Governor on things that might be recommendations.
- Dr. Lakey, Gerald Parker, and others were asked to come up with specific recommendations to bring to the next meeting.
- Take stock of lessons learned during Ebola on legislation or policy pieces, also look to future for Zika, legislative or policy tweaks.

- This group is top down, also include bottom up such as first responders, to determine how they are dealing with issues.
 - Chief Kidd asked to include first responders who are actually putting these plans in place at the next meeting.
 - How the system is set up is not necessarily how it works. Debriefing is very valuable to determine what lessons are learned.
 - Really helpful to have narratives of how issues were handled, gives a sense of the structure and how it works.
 - There are provisions in law which define a Public Health Nuisance that allow for treatment of mosquitoes. Local Health authority can investigate.
 - Tire removal, expense of picking up tires, and hauling them off, is a big problem. City and county are asking if they have funding. Laredo has instituted a tire disposal fee, if old tires are not turned in for recycling, there is a \$10.00 disposal fee.
5. Arbovirus Background - Tom Sidwa unable to attend, Laura Robinson, Susan Morris, Sharon Shaw, Mustapha Debboun, Umair Shah & Eddie Oliveira – presented background on arbovirus. The complete presentations can be found at: <http://www.dshs.texas.gov/TaskForceID/>
Task Force members had the following questions and comments:
- What does unfunded mosquito control program mean? This means it is not funded at the county level.
 - The likelihood of finding a Zika positive mosquito is low due to the standards that must be met.
 - Traps are low tech, low cost.
 - How do you determine where you are going to go? Working with universities and Ag agencies to set traps, monitor and pick up traps.
 - Hope to prioritize those counties where there is no data.
 - Mosquito abatement Health and Safety Code Section 341.019, legislation added in 2013 legislative session due to West Nile Virus.
 - There are at least 40 counties that have no data. Is it fair to say that if you do not have an organized mosquito control district that there is no funding?
 - Harris County has a mosquito control district.
 - What counties have a mosquito control program, whether it is a mosquito control district or not?
 - Many counties put no dollars into mosquito control. Many major cities do not do mosquito control.
 - Formula for Zika is mosquitoes plus population of people.
 - What do we mean by a mosquito control program? They spray, but when asked if they have a mosquito control program would probably say no. Is spraying done on as needed basis, or on a rotating schedule.
 - What about the human side of this?
 - Is it up to the physician to order the right diagnostic test?
 - Who controls the decision making process about testing?
 - Blood banks, better testing done now. Active surveillance system.
 - Hospitals and physicians would have to buy into the protocols.
 - Hearing from State Mosquito Control if not doing surveillance of people, how do we know we have Zika?

Recessed for lunch – 11:55

Resumed meeting – 1:08 p.m.

- Dr. Hellerstedt was very impressed with all that can be done at the local level.
 - Bring in district attorney's and educate them on prosecuting these cases.
 - Important not to educate in a negative way, not to cause a panic.
 - Positive campaign – look at eco friendly ways to deal with mosquitoes.
 - Dr. Hellerstedt– really striking that from a public health point of view, the border area is one single community which happens to be separated by a river.
 - Every day there are hundreds of thousands of legal crossings.
 - Harris County mosquito control program is 98% funded by local dollars
 - What are you saying on the Health Alert Network is for providers, alerts them to changing guidance from the CDC.
 - Would it be a good idea to focus on people who come from regions that have Zika?
 - Do we have a proposed timeline on when do you think the first non traveler will be infected?
 - The number of travel related cases – how do we remind people coming back from Zika infected areas to prevent transmission of Zika?
 - Its not a matter of if, it is a matter of when we will get local transmission.
 - What is the testing capacity in Houston for pregnant women who want to be tested?
 - Initially, there is an awareness, then the realization that there is a problem, then widespread requests for tests, laboratories get overwhelmed.
 - The ability to test pregnant women is going to be a huge issue.
 - In a state that has 400,000 births per year, two weeks to get a result, more bites that take place- the burden on the laboratory system is going to be immense.
 - Many variables in testing, if we get local vector control, only real control is denying the habitat.
 - We know this is coming and we can protect ourselves against it, and we can target all of the responses that we have concerning vector control.
 - We are so forewarned, places like Brazil did not have that early warning.
 - If we can show that we are not in a pandemic situation we can monitor laboratory capacity.
 - Harris County has almost all of the identified cases of Zika in the state.
6. Infectious Disease Communication Efforts - Melissa Loe, Carrie Williams, & Dr. Lisa Cornelius – provided an overview of Communication Efforts on Infectious Disease. The full presentation can be found at: <http://www.dshs.texas.gov/TaskForceID/>

Task Force members had the following questions and comments:

- We are targeting messages to people who do not have computers.
- We are working on campaigns to target posters, clinics, live remotes, live radio, promotoras.
- Work with medical schools, work with poverty programs across the state, also colonias residency council, clinical affairs with university,
- Developing a school program with telemedicine may be another target audience information going out to school nurses, push down to elementary school level.
- If a hurricane is coming, or natural disaster, public listens to what is being said, people buy into what they hear from other sources.
- In the case of a health crisis, the Commissioner of Health is the recognized spokesperson who can offset the talk shows.
- Should we have a celebrity spokesperson?

- All of the work that we are doing now are building up this agencies credibility, we want to drive people back to the sources of information TexasZika.org
- We need an agency that is strong and credible.
- First local case will be the supreme teachable moment, people will stand up and take notice.
- The message that you can decrease the possibility of getting bit by a mosquito is the best defense.
- Know local resource, know best communication efforts, know tools in tool box.
- Stand up incident command center and study and learn more about variables.

7. Planning and Discussion of Future Meeting Topics* - Task Force Members

Future topics to be discussed include:

- Formulate recommendations for gaps that can be dealt with legislatively
- Hear more from people working in the field
- What works, what does not
- Get County by County data
- Messages go out the regional offices and schools

Future plans include:

August 8, 1:00 – 5:00 p.m. next meeting

8. Public Comment – Dr. Hellerstedt asked for any general public comments.

There was no public comment. Public comment provided in writing provided by:

Adjourn – Dr. Hellerstedt adjourned the meeting at 3:50 p.m. Next meeting to be held August 8, 2016, 1:00 p.m. – 5:00 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.