

2020 Annual Report

Public Health Region 8

Message from the Regional Medical Director

2020 was truly an unprecedented year for our country, our state and for public health. Typically, public health works behind the scenes to promote health and prevent disease. With the COVID-19 pandemic, our public health team was thrust into the spotlight. I am proud of the tenacity, determination, and compassion the Region 8 team has demonstrated throughout this lengthy response. Our team's efforts have included surveillance, case investigations, contact tracing, outbreak site assessments, technical assistance, infection control guidance, and reporting. In 2021, we will focus on administering the COVID-19 vaccine to as many people as we can with a focus on underserved areas.

Despite the COVID-19 pandemic, our normal public health work has continued. Throughout 2020, we have continued treating tuberculosis patients, investigating and treating people with sexually transmitted diseases, conducting epidemiological investigations of transmissible diseases, assisting families with children who have special healthcare needs, providing other needed vaccinations, and working with retail food establishments to ensure safe food service, among other efforts.

I hope you enjoy reading about the work the Region 8 team has been doing. Thank you for your support and commitment to the health of your community.



Lillian Ringsdorf, MD, MPH

Public Health By the Numbers

- 17 binational and 33 regional persons with tuberculosis disease identified and treated
- 2,186 individuals tested for tuberculosis infection through the 1115 waiver program
- 33 animal quarantine facilities inspected
- 130 rabies investigations conducted
- 84 animals tested positive for rabies
- 283 retail food inspections performed
- 7 general sanitation inspections performed
- 73 school cafeterias inspected
- 5,482 clients received Specialized Health & Social Services case management services
- 934 children received an oral health screening (2019-2020 school year)
- 894 fluoride varnish treatments provided to children (2019-2020 school year)
- 147 notifiable conditions investigated
- 4,243 COVID-19 investigations conducted
- 637 non-COVID-19 investigations conducted by Region 8 Epidemiology Team
- 2,679 doses of non-COVID-19 vaccines administered at our regional field offices
- 2.24% of students with a conscientious exemption to vaccines, up from 0.91% last year

In This Report

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Tracking a Pandemic

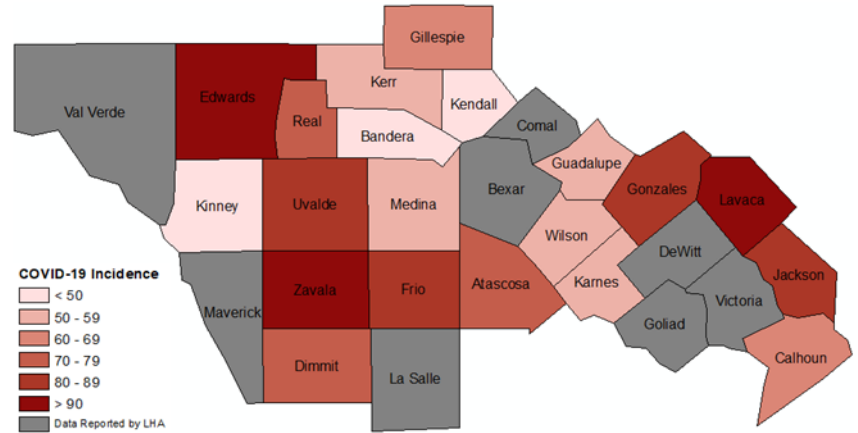


The scale of the COVID-19 pandemic is so big, it can be easy to forget that each number represents an enormous amount of work being done by public health professionals who are working to help protect people from this disease. More importantly, each number represents an individual person and their health. The Region 8 COVID-19 Response Team would like to thank all the schools, businesses, healthcare providers, and individuals within Region 8 who have worked to help protect the health of our communities throughout this pandemic.

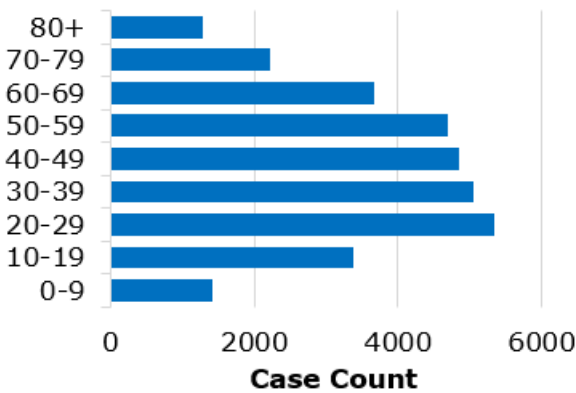
RHMOC COVID-19 Incidence¹

COVID-19 Surveillance

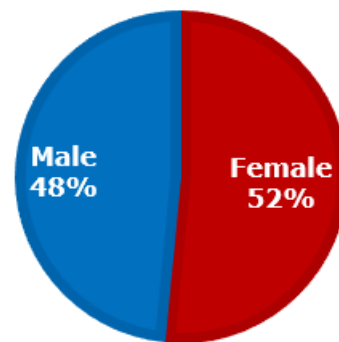
When the virus that causes COVID-19 was first identified, there were very few laboratories that could test for the virus. Region 8 worked closely with healthcare providers to answer questions about the virus and send laboratory specimens to the Centers for Disease Control and Prevention (CDC). Now many commercial laboratories can test for COVID-19. When they do, they are required to send the results to their local or regional health department. Once a lab result is finalized, each test must be categorized so that the appropriate public health actions can be taken. Region 8 contacted healthcare providers to make sure all COVID-19 reports were complete and submitted to public health. Every report of a COVID-19 case was logged into a tracking database. This work is how COVID-19 case counts are tracked so they can be reported to local and state officials and to the public.



RHMOC COVID-19 Cases by Age¹



RHMOC COVID-19 Cases by Sex¹



¹RHMOC cases include all COVID-19 investigations except those performed by the following counties: Bexar, Comal, DeWitt, Goliad, LaSalle, Maverick, Val Verde, and Victoria.

²Incidence is calculated per 1,000 population using 2019 U.S. Census Bureau Population Estimates

12/31/19: Wuhan Municipal Health Commission, China, reported a cluster of cases of “pneumonia of unknown cause”, in Wuhan, People’s Republic of China. A novel coronavirus was eventually identified

Our 2020 Timeline

Tracking a Pandemic (cont.)



COVID-19 Investigations & Contact Tracing

Each person who tests positive for COVID-19 must be contacted so that public health officials can try to figure out how they became infected with the virus and to find out where they might have spread it. Over 33,000 individuals in the counties covered by the Region 8 Regional Health and Medical Operations Center (RHMOC) counties received calls from COVID-19 case investigators and over 64,000 case contacts were identified by contact tracing.

33,217 Total RHMOC COVID-19 Investigations

64,461 Case Contact Referrals

COVID-19 Symptom Monitoring

After someone tests positive for COVID-19, it is also important to identify how long they are infectious to others. This can be determined by laboratory testing or by tracking their symptoms. From March – July of 2020, Region 8 staff contacted 2,319 individuals with COVID-19 to help monitor symptoms and identify when it was safe for them to resume normal activities without putting others at risk.

COVID-19 Infection Control Outreach

Region 8 spoke with individuals, businesses, schools, and healthcare facilities to help provide infection control guidance as they worked to keep their families, employees, students, and customers safe from COVID-19.

Our team provided resources, tracking tools, and infection control assessments to schools in 66 Independent School Districts, 196 healthcare facilities, and 144 worksites within Region 8. Remote and on-site infection control assessments were conducted at 137 healthcare facilities and manufacturing sites to assist facilities in their efforts to protect their residents and employees.



196

Healthcare Facilities



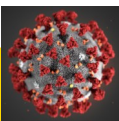
66

**Independent
School Districts**



144

Worksites



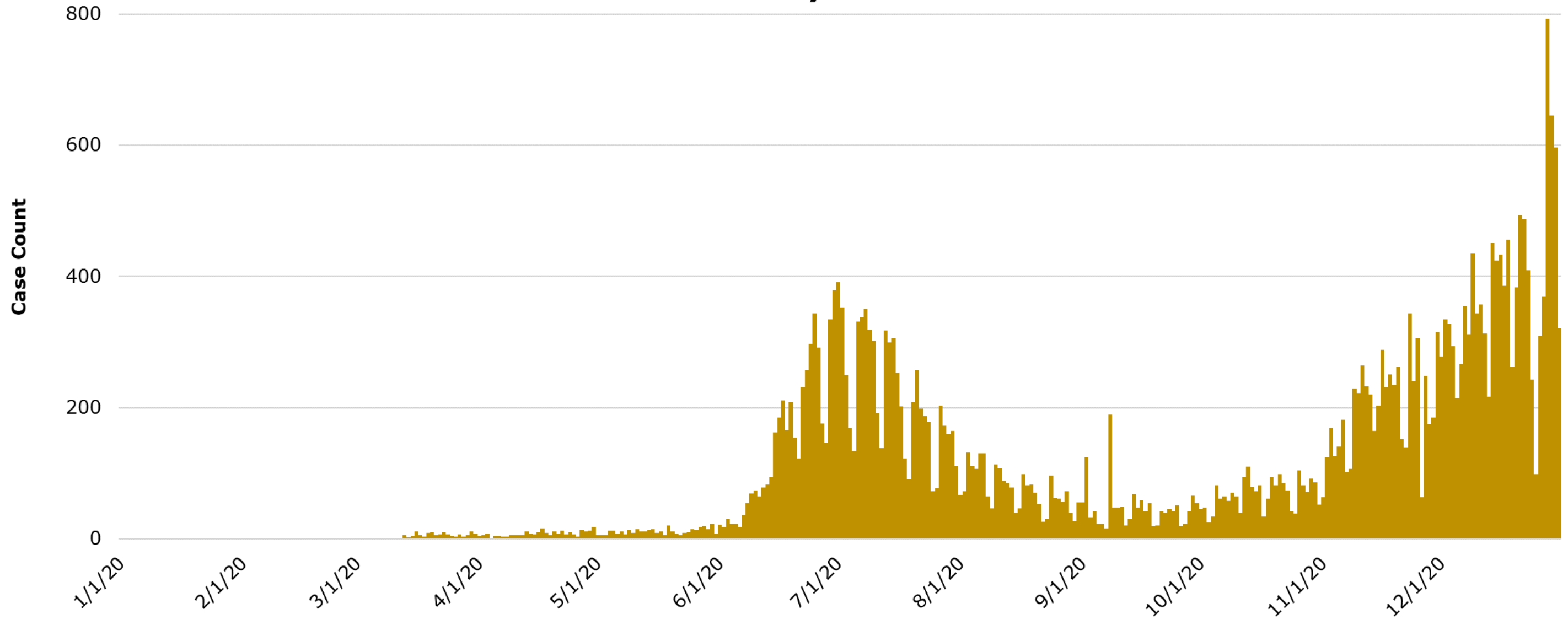
1/20/20: First case of novel coronavirus identified in the United States in Washington State

1/21/20: Region 8 distributes Novel Coronavirus Health Advisory



1/30/20: World Health Organization (WHO) declares the outbreak a Public Health Emergency of International Concern

RHMOC Daily COVID-19 Cases^{1,2}



¹RHMOC cases include all COVID-19 investigations except those performed by the following counties: Bexar, Comal, DeWitt, Goliad, LaSalle, Maverick, Val Verde, and Victoria.

²Incidence is calculated per 1,000 population using 2019 U.S. Census Bureau Population Estimates



2/1/20: 250 American evacuees from China arrive at Joint Base San Antonio-Lackland (JBSA-Lackland)

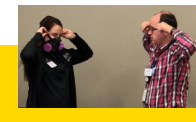
2/3/20: Region 8 begins to monitor travelers from China for potential signs or symptoms

2/24/20: Case totals in Texas now six, all quarantined at JBSA-Lackland



3/4/20: : First presumptive case of COVID-19 in a Texas resident (Fort Bend County)

3/11/20: W.H.O. declares COVID-19 a pandemic



3/13/20: First confirmed case of COVID-19 identified in Region 8

Getting the Message Out

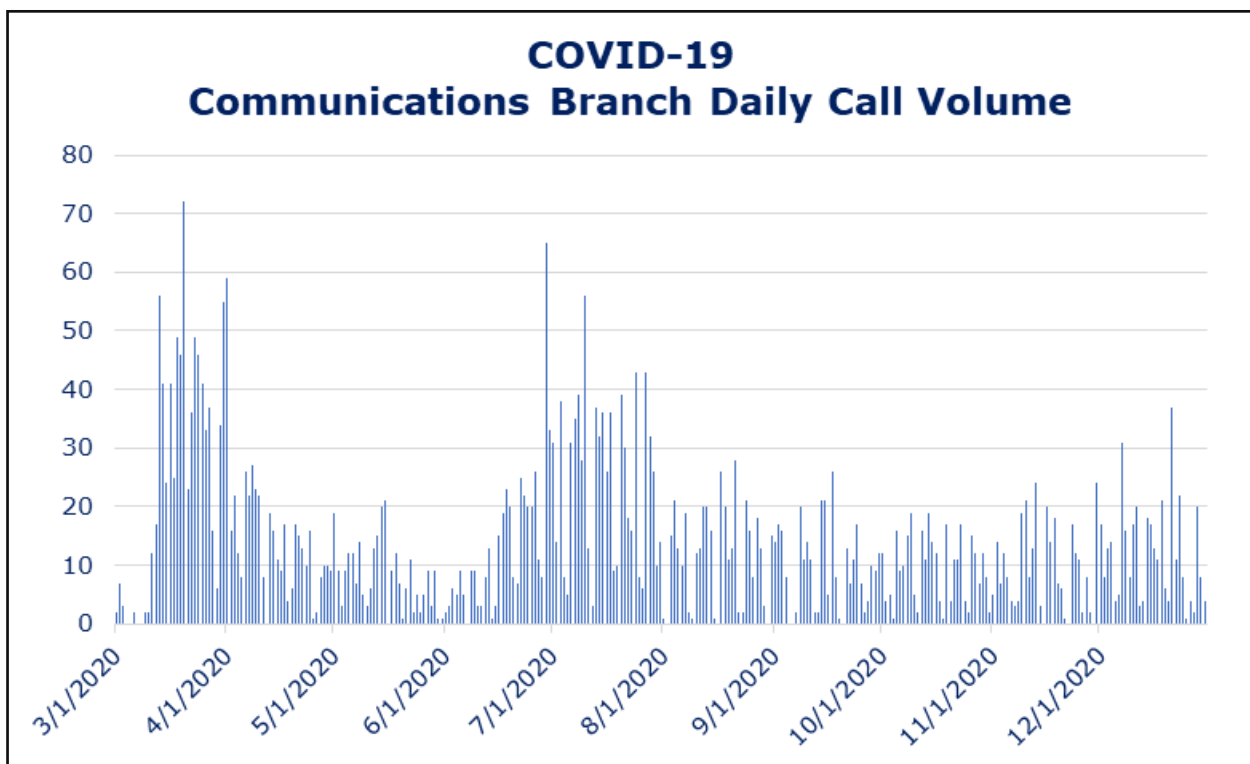
During the 2020 COVID Response, the Region 8 Regional Health & Medical Operations Center (RHMOCC) Communications Branch had primary responsibility for relaying key messages to and from our stakeholders. The Communications Branch focused on three core Public Health Emergency Preparedness (PHEP) capabilities:

- Community Preparedness
- Emergency Public Information & Warning
- Information Sharing

Collectively, these capabilities allowed the Communications Branch to identify key local, regional and state stakeholders and establish methods of information exchange between stakeholders and Region 8. The Communications Branch also provided training, guidance and resources to support community involvement, including the creation of the School Task Force and the Immunization Task Force.

From March 1st through December 31st, 2020, the Communications Branch received over 4,200 phone inquiries and over 5,800 emails. Highest call volumes occurred in March and July, with the record call volume of 72 calls in one day on March 20th. The Communications Branch also distributed a daily Coronavirus Update with over 700 subscribers on the distribution list. The Update included articles, announcements, case data, trainings and other useful information, and was made possible through the contributions of numerous Region 8 staff members.

Often serving as a friendly voice or as a calm, understanding ear, the Communications Branch served a vital role in keeping our communities informed, safe and prepared for COVID-19.



3/19/20: Gov. Abbott closes bars, restaurants and schools effective 3/20/20 and bans gatherings of more than 10 people

4/9/20: Texas surpasses 10,000 confirmed cases of COVID-19



4/17/20: Gov. Abbott calls for public schools to remain closed for the remainder of the school year

Vaccines that Protect Against COVID-19

In response to the COVID-19 pandemic, the federal government, through Operation Warp Speed, has been working since the pandemic started to make one or more COVID-19 vaccines available. There are six vaccine manufacturers participating in Operation Warp Speed. Pfizer-BioNTech COVID-19 Vaccine submitted an application for an Emergency Use Authorization (EUA) on November 20, 2020 and Moderna submitted an application on November 30, 2020. Both manufacturers reported clinical trial results that suggest their vaccines are 94 percent or more effective. After review by the FDA and recommendations from the Advisory Committee on Immunization Practices (ACIP) Pfizer's product was approved for emergency use on December 10 and Moderna's was approved on Dec. 17, 2020.

These 2 vaccines represent a new type of vaccine called Messenger RNA vaccine or mRNA. To trigger an immune response, many vaccines put a weakened or inactivated germ into our bodies. Not mRNA vaccines. Instead, they teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. That immune response, which produces antibodies, is what protects us from getting infected if the real virus enters our bodies.

Pfizer-BioNTech COVID-19 vaccine is approved for those 16 years and older and is a 2-dose vaccine separated by 21 days. Moderna's vaccine is approved for those 18 years and older and is also a 2-dose vaccine separated by 28 days. Though both vaccines are mRNA vaccines they are not interchangeable, so you should receive the same vaccine for both doses.

Distribution of the limited supply of doses is scheduled in phases with Phase 1 targeting healthcare workers and first responders and moving to Phase 1B targeting populations who are at high risk of severe effects of COVID-19 including those 65 years and older and individuals with comorbidities.

Public Health Region 8 will work to provide COVID-19 vaccination services to counties in the region that have not been allocated vaccine as well as supporting vaccination efforts in other counties with established vaccination plans.



Community Health Improvement During the Pandemic

When DSHS Commissioner Dr. John Hellerstedt declared COVID-19 a public health emergency in March 2020, how we prioritized and provided services in Region 8 field offices and in the Community Health Improvement program changed. Our primary mission shifted to responding to the emergency and to protecting the public's health. Our offices and services were available by appointment only while staff focused their work on preventing and managing COVID-19. Staff assisted in emergency operations by conducting virtual case investigations and data entry, monitoring positive cases and answering community questions or making referrals to other community resources. As contractors were hired, DSHS Community Health Improvement staff returned to more traditional responsibilities. We added and prioritized services developing protocols for scheduling appointments, patient screening, mask wearing and between patient cleanings to protect patients and staff from COVID-19 transmission. We also continued to support the COVID-19 response.



4/30/20: Stay at home order ends in Texas

5/8/20: Texas surpasses 1,000 deaths. 36,609 cases reported



5/13/20: U.S. Air Force Thunderbirds fly over Central Texas, as part of Operation America Strong honoring health care and essential workers

Responding to a Pandemic

The Preparedness and Response Program began responding to COVID-19 by monitoring the progression of the disease's international spike starting in January 2020. Late that month, a federal mission was activated in San Antonio as quarantined patients from cruise ships arrived in Texas. Preparedness and Response program staff reported to the Regional Medical Operations Center and the Lackland Air Force Base (AFB) Emergency Operations Center to monitor the response on behalf of the Department of State Health Services (DSHS). Several planes with passengers arrived throughout the month and isolation and quarantine efforts were expanded to the Texas Center for Infectious Diseases campus. Region 8 Preparedness and Response staff along with our partners from Southwest Texas Regional Advisory Council's (STRAC) Infectious Disease Response Unit and BCFS Emergency Management Division assisted federal partners in caring for COVID-19 positive passengers who arrived at Lackland AFB in San Antonio. As the response evolved and became more complex, we activated the Region 8 Health and Medical Operations Center (RHMOC) in March of 2020. Region 8's incident command structure under the Operations Section, included an Epidemiology Branch, Social Services Branch, Communications Branch, and a Preparedness and Response Branch. Regional staff from all programs played major roles in sharing information, maintaining vital lines of communications with county officials and maintaining situational awareness throughout Region 8.



Members of Region 8 Epidemiology and Preparedness Teams on first day of RHMOC activation.

From Left to right:

Martika Batista-Martin, Rina Solanki, Adriana Pozo, Miguel Cervantes, Elise Rush and Sammy Sikes.

Routine Vaccination is Important to Maintaining a Healthy Population

Maintaining high rates of vaccination coverage (the percent of a given population vaccinated) is critical to protect Texas children and adults from vaccine-preventable diseases. Since the COVID-19 pandemic was declared a national emergency a wide variety of stay-at-home measures, school closures and business closures began to impact Texas. Many healthcare providers reported temporary suspension or postponement of wellness visits, including vaccination in some cases.

As the shutdowns continued for most of 2020, impact to vaccination programs has become a serious concern, especially for children under two years of age who are most vulnerable and require on-time vaccination to be fully protected. Public Health Region (PHR) 8 saw a 49% decrease in the vaccine doses administered by the Texas Vaccines for Children providers in the region during the month of April 2020 compared to April 2019. During this same time PHR 8 saw a 75% decrease in the number of adolescent vaccines administered. PHR 8 worked to ensure that routine vaccinations were maintained during the COVID-19 pandemic to protect individuals and communities from vaccine-preventable diseases and outbreaks. Routine vaccination prevents illnesses that lead to additional medical visits, hospitalizations and further strain on the healthcare system.



5/18/20: Phase II of Texas reopening begins

6/8/20: Region 8 reaches 1,000 cases of COVID-19

6/19/20: A total of 2,140 COVID-19 deaths statewide. Texas averages 2,593 new cases daily

COVID-19 School Task Force

When schools modified their curricula to online learning at the end of the 2019-20 school year, everyone hoped school would resume as usual in the fall. As the summer progressed, it became clear that when school resumed, it would not be business as usual. Region 8's Communications Branch created a School Task Force (STF) to help answer the many questions from schools, parents and stakeholders. Staff from several DSHS programs comprised the STF, which included former school nurses as well as public health nurses from our field offices and staff from Epidemiology, Office of Border Public Health and Oral Health Programs. The STF created a school information packet, developed a distribution list and started a weekly call for schools to get updates and ask questions. STF members responded to well over 1,000 inquiries by phone and email on such topics as creating school COVID plans, reporting COVID cases, defining close contacts, and calculating isolation and quarantine periods. The STF also had the dubious pleasure of interpreting policy and letting schools know about unreported cases in their districts when public health action was required. Our favorite salutation? "Don't get me wrong, but I hope you don't ever call me again." As the calendar year ended, schools were doing more reporting and making fewer inquiries, so as happens during emergency operations, roles change--many of the STF members switched to COVID vaccine planning and communications. All of us have immense respect for the challenges schools and families have endured and that will continue into the new year, and we deeply appreciate the cooperation and role of schools—administrators, teachers, and school nurses, as well as students and families, in assuring public health.



Restaurant Inspections During the Pandemic

Due to the COVID-19 pandemic, Region 8 sanitarians changed the way they conduct restaurant inspections. Needing to maintain six-feet of social distance in what would normally be crowded restaurant kitchens meant that, early in the pandemic, our staff began conducting inspections by phone, scheduling them in advance and using photographs to document the results. Inspections that were more geared toward educating the public were also done by phone with an e-mail follow-up. Mobile food units that normally must be inspected in person are now given a checklist of requirements that are photographed and submitted in order to get a permit. The sanitarian reviews the pictures and, when necessary, asks for additional ones to get a clear understanding of what the unit looks like and whether it meets the criteria for final approval. Before the pandemic most of our inspections were unannounced. Due to the pandemic, sanitarians called and or emailed establishments to set up a time and date.



More recently, our sanitarians have begun conducting in-person inspections. They start by asking the person in charge of the restaurant (owner or manager) what COVID-19 protocols they have in place. The common protocols consist of temperature taking prior to entering the building and answering questions about signs and symptoms. During the inspections, our sanitarians wear respirators, and keep a six-foot distance between themselves and the workers when possible. If it is not possible, they ask everyone to leave the area. Region 8 sanitarians document the inspections on a computer tablet that is carried in a plastic bag for cleaning. Currently, they are not capturing signatures from the restaurant manager or owner. The restaurant operators and managers we serve are adapting to the new protocols and staying positive as we work together.

6/26/20: Reopening pauses.
Bars close and restaurant
capacity rolls back to 50%



7/2/20: Gov. Abbott
imposes mask mandate

7/15/20: 10,000 cases in
Region 8

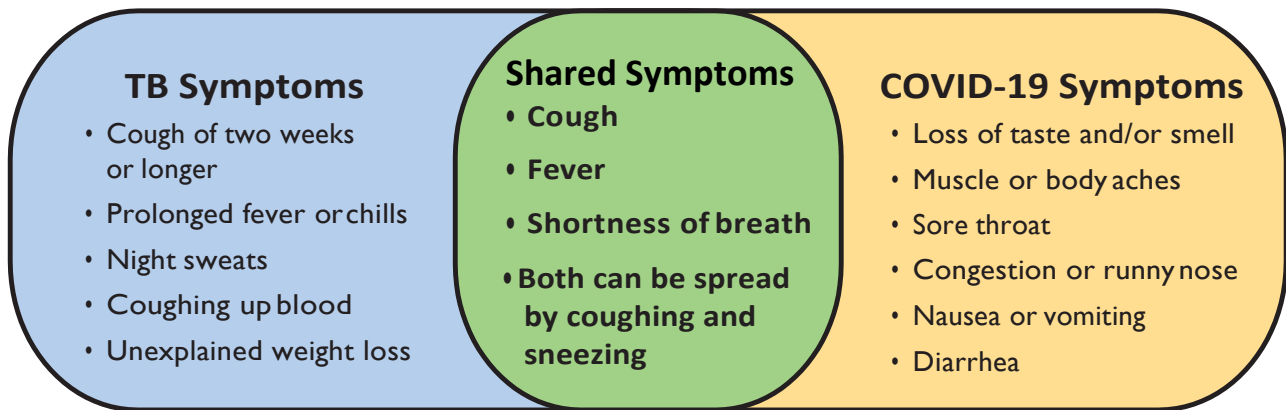
TB Reporting In Region 8

1. Tuberculosis (TB) by the numbers

In 2020, Region 8 reported a total of 33 TB cases. This is a 36% decrease in the number of reported TB cases compared to 2019. In these unprecedented times, creating awareness to health care providers, correctional facilities, and long-term care facilities about how to identify and test for TB is extremely important, as providers may be focused on diagnosing COVID-19 and could miss a TB diagnosis.

2. Recognize Signs of TB (Think TB)

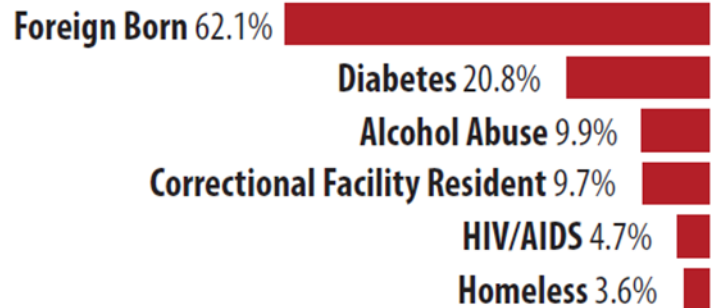
TB and COVID-19 have some similar symptoms. It is important to **Think TB** when symptoms and risk factors for TB are present.



Who is at Risk for TB?

- Persons recently infected with TB bacteria
- Persons who are immune suppressed
- Children, as they are more likely to develop TB meningitis

Risk Factors Associated with TB Patients Reported in Texas in 2019



7/30/20: Isolation Support Facility opens in San Antonio

8/11/20: Texas reaches 500,000 COVID-19 cases

8/17/20: 12,000 COVID-19 deaths in Texas

TB Reporting (cont.)

3. TB Diagnosis

TB diagnosis requires a full evaluation:

- A detailed history and physical assessment help to identify risk factors and symptoms of TB.
- The TB skin test (TST) or blood test, a chest x-ray (CXR), mycobacteriology testing, and symptom screening can support a TB diagnosis. It is important to know about abnormal CXR findings, as TB can be misdiagnosed as other respiratory diseases.
- One negative test result (i.e. TB blood test, TST, acid fast bacilli [AFB] smear) does not necessarily mean TB is not present.
- AFB smear results (positive or negative) should be followed by rapid testing (such as a polymerase chain reaction [PCR]) as well as cultures.



4. TB Clinical Services we provide

Region 8 provides clinical services to:

- Patients **diagnosed with suspected TB disease and active TB disease**. These include medication administration, directly observed therapy (DOT), case management, specific laboratory testing during treatment, chest x-rays and sputum collection.
- Patients **listed as contacts to cases of active TB disease**. These include identification and testing of patients with a blood test, directly observed preventive treatment (DOPT) for contacts who are at high risk for progression to active TB disease, chest x-ray referrals and medication for those diagnosed with latent TB infection.
- Patients **referred through the Electronic Disease Network**. These include nursing assessments, TST or blood tests, sputum collection, chest x-rays and medication administration.

5. Reporting Guidelines

- Texas law requires that certain communicable diseases, including TB, be reported to the local or regional health department
- To report a person suspected or diagnosed with TB disease or TB infection in Region 8, call a TB nurse at: **Phone: (210)-949-2000 Fax: 512-206-3949**

Diagnosing TB: dshs.texas.gov/idcu/disease/tb/publications/

Reporting TB: dshs.texas.gov/idcu/disease/tb/faqs/#report

9/17/20: Gov. Abbott announces expanded capacity in restaurants, stores, office buildings, gyms, museums and libraries in counties with COVID hospitalizations less than 15% of total hospitalizations (only Laredo, Victoria and Lower Rio Grande Valley regions above the 15% threshold)

10/14/20: Bars allowed to reopen

10/16/20: State resources sent to help West Texas manage surge

Preventing HIV and STDs During the Pandemic

The HIV/STD Program is charged with providing public health follow up on all new HIV, AIDS, syphilis, gonorrhea and chlamydia cases reported in Region 8. Follow up services include providing adequate testing, treatment, partner elicitation and providing referrals to link newly diagnosed HIV and AIDS patients to appropriate medical care. The program works with local health department clinicians, community-based organizations, private providers and the Specialized Health and Social Services program (SHSS) to provide clinical services as well as referrals for specific needs.

The program includes two disease intervention specialists (DIS). The role of the DIS is to ensure clients are aware of their exposures or confirmed diagnosis of HIV and/or STDs. DIS are accustomed to providing services in non-traditional settings in the field as well as clearing pathways and providing resources to assist clients in overcoming obstacles to testing, treatment and long-term care.

March 2020, however, was the start of a new reality for the state of Texas as well as the public health follow-up team. The COVID-19 pandemic forced our program to make the adjustments necessary to allow our processes to be flexible and ensure that public health services and disease intervention continued.

Prior to COVID-19 our staff were in the office daily and in the field at least twice a week providing in-person services to clients. To limit the potential for COVID-19 exposure, staff were instructed to work remotely and come to the office only two days each week. Disease reporting was converted to electronic records to allow staff access while teleworking. Daily communication via phone, email, instant messaging and video conferencing was vital to program success.

Initially, to reduce the potential exposure to COVID-19, DIS were instructed to attempt to contact clients primarily by phone and schedule appointments with their providers or clinicians in the field as much as possible. Client face-to-face interaction was limited to outdoor meetings and required the client and DIS to wear masks. Each client was screened for COVID-19 with a questionnaire and the patient's temperature was taken. Over time we learned how to safely increase the occurrence of face-to-face interaction and provide more in-person services.

As a direct result of the pandemic our program encountered new obstacles to patient care. The most significant obstacle was learning that clients were afraid to access care due to fear of exposure to COVID-19, including for prenatal care. In rural areas this concern further increased the potential for lack of access to care. Public health clinicians across the region were deployed to assist with COVID investigation and management, which significantly reduced their availability to treat HIV and STD patients. To combat the potential spread of infection and provide adequate treatment, field treatment and partner expedited therapy administered by our DIS in the field increased.



11/19/20: Bamlanivimab antibody therapy for patients with high risk of progressing to severe COVID-19 disease arrives in Texas

11/25/20: New COVID-19 infections in Texas exceed 15,000 per day



12/2/20: Texas prepares to receive vaccine allotment of 1.4 million doses

Preventing HIV and STDs (cont.)

Despite the pandemic, the program was able to overcome unforeseen obstacles and continue to provide services in a timely and efficient manner to our clients within the 27 counties where Region 8 provides STD services.

***Updates:** The CDC has updated its recommendation for the treatment of uncomplicated gonorrhea in adults. Gonorrhea should now be treated with just one higher dose (500 mg) injection of ceftriaxone, and dual therapy is no longer the recommended approach. The new recommendations are described in [2020 Update to CDC's Treatment for Gonococcal Infections](#), a special policy note published on December 18, 2020 in the Morbidity and Mortality Weekly Report (MMWR). This new recommendation supersedes the gonorrhea treatment recommendation included in the [2015 STD Treatment Recommendations](#).

Gonorrhea
should be treated
with a **single**
500 mg injection
of **ceftriaxone***



CDC no longer recommends
a 2-drug approach.

*See updated guidelines for details: <https://bit.ly/6950a6>



Heart Disease Prevention in Maverick County

Heart disease is the leading cause of death in the United States according to the Centers for Disease Control and Prevention (CDC). Maintaining a healthy lifestyle, including a healthy diet and weight, can reduce the risk of heart disease. In Maverick County. The death rate from heart disease and stroke is 419 for every 100,000 persons, 20.5 percentage higher than the state of Texas and 35.5% higher than the national average (CDC). According to county health ranking data from the Robert Wood Johnson Foundation, the rates of obesity and uninsured populations in Maverick County are higher than both the state and national averages. Additionally, the ratio of health care providers to persons in the county is limited to 1 primary care physician for every 2,375 persons. These health disparities contribute to poor health outcomes and increased hospitalizations due to cardiovascular disease.

The Region 8 Texas Department of State Health Services (DSHS) Office of Border Public Health (OBPH) has been working on developing a Chronic Disease Prevention and Management Program (CDPMP) to increase awareness and promote healthy lifestyle strategies to self-manage patient high blood pressure and cholesterol. By addressing risk factors that can lead to cardiovascular events, the program aims to improve health outcomes and prevent obesity and cardiovascular disease for Maverick County residents.



The CDPMP program is structured as follows:

Partners

- United Medical Centers (UMC)
- Maverick County Hospital District (MCHD)

Strategy

Promote communication between health care providers, pharmacists and patients. Community Health Workers will reinforce education messages and serve as liaisons between the patient and health care provider/pharmacist.



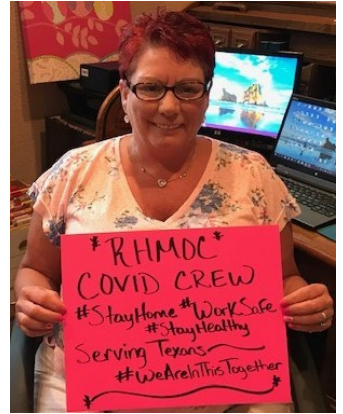
12/11/20: Region 8 exceeds
30,000 COVID-19 cases

12/11/20: USDA authorized first
emergency use of a COVID-19
vaccine in individuals 16 years of
age and older

12/14/20: First vaccines
administered to healthcare
workers in Texas

Social Services Support Those Affected by Pandemic

Region 8's Specialized Health & Social Services (SHSS) team has been in the forefront of the COVID-19 response, supporting the efforts of the Regional Health and Medical Operations Center (RHMOC). During March and April, SHSS staff contacted people who were identified as at risk of acquiring COVID-19 due to exposure. For these **Persons Under Monitoring (PUM)**, Region 8 staff provided telephone guidance for monitoring and quarantine. Other staff worked with **Initial Case Contacts** and notified over 1,000 people of their medium or high-risk exposures. One staff member worked in the **Contact Investigations and Case Monitoring Team**. She received positive COVID-19 test results, conducted investigations, and monitored patients daily to determine when cases were ready for review by the Local Health Authority.



Every day staff communicated with families that were scared and frustrated. Providing an array of social services, our team met the needs of the families affected by COVID-19. Staff educated the families about the virus; provided encouraging words; found food resources; secured funds for rent, electricity, water, medicines, medical supplies; and mailed thermometers to exposed people who had no way to take daily temperatures.

In May, SHSS staff were trained to enter data into the Texas Health Trace System. Texas Health Trace is the databased used to track COVID-19 cases and their contacts. Staff entered data for thousands of cases of COVID-19, conducted quality assurance reviews and made corrections in the system.

Because of the pandemic many families faced financial instability. Purchasing a Thanksgiving meal exceeded many families' budgets. The Specialized Health and Social Services program collected enough money from Region 8 staff to provide \$40 gift cards to 40 needy families receiving public health services from Region 8.

Oral Health

The Regional Dental Team (RDT) housed in San Antonio's DSHS Region 8, provides free preventive dental care in school-based settings, in DSHS Public Health Regions 8 and 11. During the 2019-2020 school year the RDT performed preventive dental services clinics in nine schools across six Region 8 counties: Guadalupe, Frio, La Salle, Victoria, Goliad, and Gillespie. The RDT also participated in community health outreach events in an additional two Region 8 counties: Maverick and Bexar.

Most schools ceased in-person learning when the COVID-19 outbreak escalated in March 2020. Both members of the RDT soon shifted to performing duties supporting the Region 8 COVID-19 response.

The RDT provided oral evaluations for 934 Region 8 school children, performed 849 fluoride varnish treatments, and placed preventive dental sealants on 627 teeth. The in-kind value of all services provided by the RDT, prior to most schools transitioning to virtual learning in response to the COVID-19 outbreak, was \$124,938.



12/22/20: Gov. Abbott is vaccinated

12/31/20: Region 8 ends the year with 39,691 COVID-19 cases



12/31/20: Texas ends the year with over 30,000 COVID-19 deaths and 1.7 million cases

Region 8 Public Health Adapts to Pandemic Response



Dr. Ringsdorf



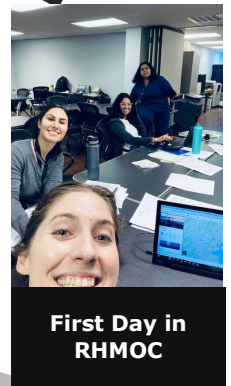
Novel Coronavirus Meetings Begin



SNS Warehouse Shipping



Regional Health and Medical Operations Center (RHMOC)



First Day in RHMOC



Extra Vaccine Paperwork



Working from Home New Normal



Adding COVID Database Team to Zoonosis Duties



Taking Time From Response to Celebrate Independence Day



Knocking Out COVID piñata



In 2021, Region 8 will focus on providing vaccine and education to reduce COVID-19 incidence.





Helpful Phone Numbers

Program	Contact Name	Phone	E-mail Address
Notifiable Conditions	On-call staff	(210) 949-2121	Call to report notifiable conditions or
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 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	Velma Stille	(210) 949-2159	Velma.Stille@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

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