



Task Force on Infectious Disease Preparedness and Response

Brown Heatly Building, Rooms 1410-1430

4900 N. Lamar Blvd., Austin, Texas

March 9, 2016

2:00 p.m.

MINUTES

Webcasting available at: www.dshs.state.tx.us/TaskForceID

Task Force Members Attending:

Mark Williams for James Bass – Texas Department of Transportation

Carlos Cascos – Texas Secretary of State

Brett Giroir, M.D. – Texas Medical Center Health Policy Institute

Janet Glowicz –Centers for Disease Control and Prevention

John Hellerstedt, M.D. – Department and State Health Services

Peter Hotez, M.D. – Baylor College of Medicine

Richard Hyde – Texas Commission on Environmental Quality

Nim Kidd – Texas Division of Emergency Management

Binh-Minh “Jade” Le, M.D. – University of Texas Southwestern Medical Center

James Le Duc, Ph.D. – University of Texas Medical Branch

Tony Marquardt – Austin/Travis County Emergency Medical Service

Muriel Marshall, D.O., DrPH – Collin County Health Authority

Steve McCraw – Texas Department of Public Safety

Kristy Murray, D.V.M., Ph.D. – Baylor College of Medicine and Texas Children’s Hospital

Major General John Nichols – Texas Adjutant General

Dorothy Overman, M.D. – Comal County Health Authority

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

Chris Traylor – Texas Health and Human Services Commission

Ben Zeller – Victoria County Judge

Attending by Teleconference:

Tim Irvine – Texas Department of Housing and Community Affairs

Thomas Ksiazek, D.V.M. – University of Texas Medical Branch, Galveston

Raymund Paredes – Commissioner of Higher Education

Victoria Sutton, Ph.D. – Texas Tech University School of Law

Task Force Members Not Attending:

Ed Emmett – Harris County Judge
David Lakey, M.D. – University of Texas System
Scott Lillibridge, M.D. – Texas A&M Health Science Center School of Public Health
Michael Morath – Commissioner of Education
Dale Wainwright – Texas Board of Criminal Justice

Visitors:

Jennifer Herricks – Rice University’s Baker Institute
Anna Dragsback- The Immunization Partnership
Matt Matthews – MMICO
Alicia Pierce – Secretary of State
Alejandro Downey – Secretary of State
Bridgette Dechant – Representative Sarah Davis
Jennifer Deagen- UT Health
Rosa Garrett – Dallas Morning News
Representative Stephanie Klick
MC Lambeth – Office of the Governor

Call to Order

Commissioner John Hellerstedt, M.D., called the meeting to order at: 2:06 p.m.

1. **Opening Remarks by the Task Force Director**

Dr. Hellerstedt provided the opening remarks. Today’s meeting is mainly organizational. There will be no action items and no public comment.

2. **Task Force Member Introductions**

Task Force members introduced themselves – See Roster above.

3. **Presentation on Infectious Disease and the Texas Response System**

Dr. Hellerstedt provided a presentation on Infectious Disease and the Texas Response System. The entire presentation can be found at: www.dshs.state.tx.us/TaskForceID.

Task Force members had no questions or comments.

4. **Open Government Compliance**

Mack Harrison, J.D. presented on Open Government Compliance. The presentation can be found at: www.dshs.state.tx.us/TaskForceID.

Task Force members had no questions or comments.

5. **Governance Issues**

The Task Force members discussed the following governance issues:

- The Task Force agreed to use Roberts Rules of Order as a basic framework for the governance standard for the Task Force.

- A quorum of 16 members must be present to vote. If a member cannot attend they can send a delegate; however, the delegate may not vote.
- The Task Force must comply with the Open Meetings Act.
- The Open Meetings Act applies to email communication between members.
- The Task Force is able to organize themselves in sub-working groups.
- The Open Meetings Act also allows a body to have an electronic message board.
- The statute governing the Task Force does not specify the process on how to make recommendations to the Governor. The Task Force agreed to a process whereby they will vote on recommendations during the year, which will be compiled into one annual report for the Governor.

Representative Stephanie Klick made a statement.

- She was present during the Ebola crisis.
- Texas needs to prepare for another Ebola type crisis. The threat of emerging and new threats is not going to go away.
- Issues regarding strategic supply of Personal Protective Equipment should be considered. Many are being produced overseas. How we plan for the future must be considered. If we have a supply chain disruption there will be consequences.

6. **Planning**

Dr. Hellerstedt discussed future meeting activities.

- There are a broad range of items to tackle. The Task Force should consider focusing on one primary topic over the next year. This approach would enable them to make more robust recommendations for policy makers.
- The Task Force agreed arboviruses should be a primary focus over the next year. Additionally, there are loose ends from last task force that should be addressed this year including statutory issues related to control orders.
- A full day meeting was suggested for the next meeting. A portion of the meeting will be spent hearing from public health partners. Then Task Force will focus on establishing a foundation for their work on arboviruses.
- The Task Force will meet on a quarterly basis, subcommittees will meet more often to get their work done. As Director, Dr. Hellerstedt will be coordinating these activities.

Members engaged in discussion related to the organization of the Task Force and the focus of future meetings.

- Regarding Zika and arboviruses there is a time sensitive nature in addressing issues. *Aedes aegypti* mosquitos are already being collected in Harris County and this trend will increase as we move into April and May.
- There is no federally coordinated plan for mosquito control. There are 727 mosquito control authorities in the U.S that all operate independently. Zika planning efforts emphasize the health sector and have not included focus on poverty stricken areas or environmental clean-up.
- Due to the time sensitivity related to addressing arboviruses, the Task Force could create a subcommittee to work on these issues between meetings of the full Task Force.
- DSHS and local health departments are already actively working on mosquito control efforts.

- It will be helpful to have the Task Force to provide feedback about how the state should define sustained local transmission.
- Public health is a team sport and public health is just one member of the emergency management team. It would be helpful to have a discussion about any gaps or seams that exist between what Texas Department of Emergency Management does and public health.
- Clarity around the issue of who is in charge and how resources flow at the local level when responding to an emergency is very important.
- The previous Task Force did recommend that an infectious disease state of emergency be established that would be very specifically applied.
- It may be helpful for DSHS to identify the top issues that the agency is dealing with related to Zika and ask that the Task Force assist in working through the concerns.
- For the day-to-day operations of local health departments, local control works well. When there are emerging threats that cross those local boundaries, there may need to be some thinking about how we can reinforce and help with local efforts.
- The Governor of Florida has declared several areas of the state a “public health emergency.” The conditions in Florida mirror those of areas of the Texas Gulf Coast.
- Communication around infectious disease is important, the risk of a disease and the messaging do not always seem aligned. We need to be able to communicate at a moment’s notice. There are resources available to provide people with information about how to effectively communicate during these situations.
- Texas did a good job in responding to the West Nile Virus outbreak. Local communities knew where to go for mosquito testing. It would be good if municipalities were aware of who was performing testing for arboviruses like Zika and chikungunya.
- PCR testing for Zika is available at DSHS, Dallas County, Harris County, and UTMB.
- DSHS did a good presentation on arboviruses in the Valley, which included information about mosquito testing.
- Good diagnostics are being rapidly developed for Zika through PCR which will allow us to identify an accurately ill individual. The more pressing issue may be the capacity for serological testing, which requires a supply of positive control material which is difficult to access currently. Local testing capacity may need rapid upscaling if there is confirmed local transmission.
- Texas Children’s Hospital has developed guidelines related to Zika testing.
- In Texas, disaster response is local. Chapter 418 of the Government Code and Chapter 81 of the Health and Safety Code outline entity’s legal authority. It could be beneficial to examine how these statutes work together.
- During the Ebola response, local control was a major concern.
- There may be some concerns that need to be addressed immediately, while others can be addressed on a longer timeline.
- Task Force agreed to form a Zika workgroup quickly, before the next meeting of the full Task Force. We will be accepting volunteers to sit on the workgroup. Communications could be a major focus of the workgroup.
- Addressing Zika will require a community wide effort.

Adjourn

Dr. Hellerstedt adjourned the meeting at 3:47 p.m. Next Task Force meeting to be determined.

* 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.