

Task Force on Infectious Disease Preparedness and Response
APPROVED Meeting Minutes
Monday, October 19, 2020
1:00 p.m.

TEAMS Live Events Virtual Meeting

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:00 p.m. by Commissioner John Hellerstedt, Chair, M.D. Dr. Hellerstedt welcomed everyone to the meeting and notes that this is the 8th meeting of the Task Force on Infectious Disease Preparedness and Response.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and asked each task force member to briefly introduce themselves after they confirm attendance. He announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1 notes Task Force member attendance.

Table 1: IDTF member attendance at the Monday, October 19, 2020 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.	X		Steve McCraw* - Martin Freeman		X
Toby Baker* - Kelly Cook		X	Michael Morath		X
James Bass	X		Kristy Murray, D.V.M., Ph.D.	X	
Christopher R. Frei, Pharm.D.	X		Major General Tracy Norris		X
Sheila Haley, Ph.D.	X		Patrick O'Daniel	X	
John Hellerstedt, M.D.	X		Dorothy Overman, M.D.	X	
Peter Hotez, M.D., Ph.D.	X		Daniel Owens	X	
Ruth R. Hughs	X		Gerald Parker, D.V.M., Ph.D.	X	
Harrison Keller	X		David Slayton	X	
Nim Kidd	X		Victoria Sutton, Ph.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		Nancy Tanner	X	
David Lakey, M.D.	X		Surendra Kumar Varma, M.D.	X	
Binh-Minh "Jade" Le, M.D.		X	Bobby Wilkinson	X	
James Le Duc, Ph.D.	X		Executive Commissioner Cecile Young	X	
Scott Lillibridge, M.D.		X	Edward E. Yosowitz, M.D.		X
Tony Marquardt	X		The Honorable Ben Zeller	X	

Yes: Indicates attended the meeting

No: Indicates did not attend the meeting

P: Indicates phone conference call

* Other designated member was in attendance on behalf of Task Force Member.

Agenda Item 2: Approval of February 4, 2020 meeting minutes

Dr. John Hellerstedt called for a motion to review and approve the minutes of the February 4, 2020 meeting.

Motion:

Dr. David Lakey moved to approve the minutes from the February 4, 2020 meeting as presented. Dr. Chris Frei seconded the motion. Mr. John Chacon conducted roll call vote

and announced the Task Force members approved the minutes by a majority, with 22 yeas', no nays and two abstentions.

Agenda Item 3: Open Meetings Act Overview

Barbara Klein, DSHS, General Counsel, provided an overview of Open Meetings Act (OMA) and referenced a PowerPoint entitled "Texas Open Meetings Act". Highlights of the overview included:

- Recommended that Task Force members take a refresher course every 5 years and a copy of certificate be sent to Ms. Daniel for update.
- The Task Force Committee is subjected to OMA because it is charged with the responsibility of giving expert assessments and recommendations as related to infectious diseases as well as providing information for Texas leadership and citizens
- According to the OMA, a meeting is a deliberation involving public business discussion by a quorum and a formal action taken which in this case is the minutes
- A governmental body must notify the public of a meeting that will occur
- Open portion of a meeting must be broadcast live over the internet, recordings archived for 2 years and available no later than seven days from the date of the meeting
- A portion of a meeting is closed after announcement has been made about when the closed meeting will be and the laws allowing the closure. However, if a vote is to be taken, it must be done in the open portion of the meeting
- Violations of the OMA can result in fines between \$100 and \$500 and/or jail confinement. Vote could be null and void if challenged

Agenda Item 4: COVID-19 Situation Update

Commissioner John Hellerstedt, M.D., Chair, provided an update on the COVID-19 Situation and referenced a PowerPoint entitled "COVID 19 Update". Highlights of the update and task force member discussion included:

- Virus discovered in late 2019
- January 7 – Virus identified as a new novel type of coronavirus
- January 21 – First case confirmed by Center for Disease Control and Prevention
- January 23 – DSHS launched website in response to the coronavirus
- January 30 – First meeting to discuss coronavirus with Task Force - Infectious Disease Preparedness and Response Rapid Assessment
- January 31 – DSHS activated State Medical Operations Center
- February 4 - Task Force - Infectious Disease Preparedness and Response Rapid Assessment met to discuss novel coronavirus
- February 11 - The official name of the virus "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2) was established by the International Committee on Taxonomy of Viruses.
- March 4 – DSHS announced first positive COVID-19 result in Texas
- March 13 - Governor Greg Abbott declared a state of disaster for all Texas counties.
- March 17th - DSHS announced first death of lab confirmed COVID-19
- March 19th – Commissioner Hellerstedt declared a Public Health Disaster for Texas
- March 26th - State Operations Center integrated with the State Medical Operations Center and other state agencies
- March – May, the Task Force, Rapid Response Assessment Subcommittee met to work on COVID-19 issues
- As of October 15, there were 809,808 confirmed COVID-19 cases reported in 252 counties in Texas with 16,822 deaths, we now have cases recorded in all 254 counties in Texas. Dr. Hellerstedt shared data graphs exhibiting peak times, new

cases, hospitalizations and fatalities. See presentation in detail at <https://texashsc.swagit.com/play/10192020-1501>

- Dr. Hellerstedt, Chair, shared the role of DSHS during the pandemic:
 - Coordinating local and state public health efforts
 - Management and provision of lab testing capacity
 - Data collection, analysis and reporting.
 - Health care system support
 - Statewide public awareness.
 - Provide public health guidance and consultation with local elected leaders
 - Sourcing and consulting on medical supplies and personal protective equipment.
 - Developing the infrastructure to safely and appropriately disseminate vaccine.
- Dr. Hellerstedt, Chair, stated that to coexist with COVID-19 we should understand that the virus is a real and present danger, continue with practices that will prevent virus transmission by continuing to observe infection control across all sectors, reopen business and resume activities strictly following the minimum standard protocols (www.dshs.texas.gov/coronavirus/opentexas) and get vaccinated for influenza. The influenza vaccine is essential for two reasons:
- Dr. Hellerstedt, Chair, stated that we have a vaccine for influenza and effects of that disease are concerning in itself. If an individual gets sick in the wintertime, the doctor is going to need to be able to test them and determine which of the two things they have, COVID-19 or influenza. It will be very important because the recommendations and the potential treatments of the two diseases are very different.

Agenda Item 5: Year-to-Date Rapid Assessment Subcommittee Recap

Commissioner John Hellerstedt, M.D., Chair, provided a recap on the Year-to-Date Rapid Assessment Subcommittee. Highlights of the update and task force member discussion included:

- January 30th, Task Force member reviewed initial guidelines/risk categories for persons being moderate for the coronavirus
- March 9th, members met to discuss PPE and the strategic national stockpile along with COVID-19 preparedness and response guide by DSHS
- March 16th, members discussed how to prioritize distribution of PPE relief from the national strategic stockpile
- April 16th, criteria to loosen social distancing was discussed
- May 9th & 21st, members discussed distribution of Remdesivir

Agenda Item 6: COVID-19 Vaccination Plan

Commissioner John Hellerstedt, M.D., Chair, and Imelda Garcia, Director IV, Laboratory and Infectious Disease Services, presented the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Plan". Highlights of the update and task force member discussion included:

COVID-19 Vaccination Landscape -

- Four Key Assumptions:
 - Expect a very limited supply of a vaccine to be available possibly as soon as next month, with the supply increasing in 2020 to 2021.
 - The initial supply could be approved either as a licensed vaccine by the FDA or authorized for use by an Emergency Use Authorization (EUA). Either one of those factors can play a role into how we distribute moving forward.
 - The cold chain storage will vary everything from refrigerated to frozen to the ultra-cold frozen being that of a negative 80 degrees Celsius.

- Most of the vaccines will require two doses in order to convey immunity. This will be a pivotal point for us in comparing what we experienced during H1 N1
- Manufacturers:
 - Currently there are six manufacturers that are under FDA contract or a contract with the federal HHS in order to begin producing doses prior to FDA approval. These six are only a few amongst up to over 200 that are in development globally.
 - The first four are currently under phase three clinical trials and are currently being administered to individuals. Only adults are being studied with the exception of Pfizer, who is studying participants 16 years and older.
- Doses:
 - At least five of the six brands are expecting a two-dose series.
 - Vaccination clinics will need to know when the individual took the doses and which brand was given. Brands are not interchangeable. If someone is given the Madonna manufactured vaccine, they must receive series one and two within the appropriate timeframes.
- Phases: There will be four phases to approaching the vaccination. Estimated time frames ranging from October 2020 to October 2021. The objective is for things to return to normal during this timeframe and ultimately by this time, providers will be able to order COVID-19 vaccine on their own and without the state intervention.
- CDC Critical Populations:
 - 1st category - essential workers. This includes healthcare personnel, and it could range from EMF hospital staff, other vaccinators, pharmacy and long-term care staff. The other population would be other essential workers and could include first responders, public safety, education, and other individuals who can't socially distance at work.
 - 2nd category - people at increased risk for severe COVID-19 ailments. And these really are our most vulnerable populations. People over 65 years of age, long-term care residents and those in nursing homes. People with underlying mental conditions that make them at greater risk.
 - 3rd category - people at increased risk of acquiring or transmitting COVID-19. Includes different racial and ethnic minority groups, tribal communities and individuals who may be incarcerated, homeless, students living on college campuses, and others living in other congregate settings.
 - 4th category - the fourth category, people with limited access to routine vaccines, individuals with disabilities and individuals who may be under or uninsured.
- CDC COVID-19 Provider Requirements:
 - Active NPI/TPI number
 - Follow ACIP requirements and recommendations
 - Comply with CDC requirements and COVID-19 vaccine management
 - Follow reporting protocols for all dose usage to ImmTrac2
 - Follow reporting protocols for all dose inventory
 - Follow reporting protocols for adverse events

- Communication, Outreach, and Engagement efforts across the state:
 - Providers
 - Public
 - Stakeholders
- Existing Safety Monitoring Systems – A tool implemented on the federal level that permits reporting of adverse events. Can be used by health care providers and the public. Systems:
 - VAERS – Vaccine Adverse Event Reporting
 - VSD – Vaccine Safety Datalink
 - BES – Biologics Effectiveness and Safety System
 - V-SAFE – Smartphone based post vaccination checker
 - NHSN – National Healthcare Safety Network
- Expert Vaccination Allocation Panel:
 - Formed with external and internal subject matter experts
 - Will make recommendations to the Commissioner
 - Phase 1 and 2 establish priorities for critical populations
 - Guide allocations with weekly data review
- Chair, Imelda Garcia, Associate Commissioner for Laboratory and Infectious Disease Services, DSHS
- The Honorable Lois Kolkhorst, Texas Senate District 18
- The Honorable Eddie Lucio, Jr., Texas Senate District 27
- The Honorable Stephanie Klick, Texas House District 91
- The Honorable Senfronia Thompson, Texas House District 141
- David Lakey, M.D., Vice Chancellor for Health Affairs and Chief Medical Officer, University of Texas System
- Gerald Parker, DVM, PhD, MS, Associate Dean, College of Veterinary Medicine & Biomedical Sciences, Texas A&M University
- John Zerwas, M.D., Executive Vice Chancellor for Health Affairs, University of Texas System
- W. Nim Kidd, Chief, Texas Division of Emergency Management, Texas A&M System
- Stephen Williams, MPA, Director, Houston Health Department
- Casie Stoughton, RN, MPH, Director of Public Health, City of Amarillo
- Paul McGaha D.O., MPH, Local Health Authority, Smith County, The University of Texas Health Science Center at Tyler
- David Gruber, Associate Commissioner for Regional and Local Health Operations, DSHS
- Manda Hall, M.D., Associate Commissioner for Community Health Improvement, DSHS
- Stephen Pont, M.D., Medical Director, Office of Science and Population Health, DSHS
- Jennifer Shuford, M.D., Infectious Disease Medical Officer, DSHS
- Ryan Van Ramshorst, M.D., MPD, Chief Medical Officer, Medicaid and Children's Health Insurance Program, Health and Human Services Commission
- Dr. Peter Hotez commented on the following two things: The latest from CDC reports that 30-35% of deaths among the African American and Hispanic communities are under the age of 65, we may want to rethink the age range to 60 to 65, the cut-off could leave some data not reported. Second thought

is that we will have to wait and see what actually becomes available and what is shown to be effective, we still don't know why some vaccines were put on pause.

Agenda Item 7: Public Comment

John Chacon, Associate Director, Advisory Committee Coordination Office, Facilitator, read a public comment announcement prior to reading written testimonies and opening the floor for oral comments. The following are the written and oral public comments.

Written Comments:

Ms. Janna C in form of questions with response from Imelda Garcia, Director IV, Laboratory and Infectious Disease Services.

Mona Drake, MHA, BSN, RN, HACP, Su Clínica, Chief Nursing Officer, in form of questions with response from Imelda Garcia, Director IV, Laboratory and Infectious Disease Services.

Tim Launhardt, regarding "Why are we supposed to take a vaccine for something which has never been isolated, doesn't meet Koch's postulates and has a morbidity rate less than .003 according to the CDC, even with artificially inflated numbers due to financial incentives for case numbers?"

Dr. Shawn A. Hayden, M.D., PhD, MBA, Onto Orthopedics, regarding their practice offering an effective corona virus vaccine to the athletic age population in Junior High, High School and College.

Oral Public Comment:

Brian Maysal, MD asked a few questions. There was some concern about overwhelming providers offices with patients and if vaccine will be a billable service. He inquired about vaccine mobile sites. The efficacy of the vaccine is still up in the air and will there be any follow-up testing following vaccine administration.

DSHS stated that if a provider is offering the vaccine, they still get to set the ground rules. There are reporting requirements as well as storage requirements. Nothing is off the table regarding mobile sites. We are focusing on the providers we have typically had. Sites must be safe and employing best practices for vaccine administration. There will be patients followed at least during the trials, ensuring efficacy. At this point there are no recommendations to do antibody testing.

Carrie Kroll, Texas Hospital Association rapidly read from her written testimony. THA stands ready to administer the vaccine. Texas hospitals play an important role in vaccination. They stated their appreciation for flexibility in how they address patients during this pandemic.

Dr. John Carlo, Texas Medical Association stated their involvement in vaccinations back to the days of polio. There are a lot of unknowns. They offer the following:

- Make sure IMMTRAC 2 is capable of tracking
- Data should be shared
- Continued leverage of partnerships like TMA
- Work to promote confidence in the vaccine and trust in communities.

Agenda Item 8: Planning and Discussion of Future Meeting Topics

Commissioner John Hellerstedt, M.D., Chair, led the discussion and asked task force members to provide future meeting dates and topics. Highlights of member discussion included:

- Follow-up on the agenda items #4, #5, and #6 above.
- Vaccines and Therapeutics in general.
- Update on research programs related to antibodies.
- For the foreseeable future Task Force will have to focus on COVID
- If the state has vaccines by the end of November, it might be worth scheduling a meeting in December or early January.
- Update on COVID-19
- Update on Rapid Assessment Subcommittee
- Update on expert vaccine advisory panel
- Update on vaccine program
- Therapeutics distribution (Remdesivir and others)
- Dr. Jim Le Duc – Interested in an update on the research for neutralizing antibodies versus binding antibodies
- Dr. David Lakey – I agree that we need to keep the focus on COVID-19 and all the components of the response. We are approaching a legislative session; do you think this group will be meeting before the session and how can the group be of assistance?
- Dr. John Hellerstedt – What will be crucial for public health are all the pieces for the COVID-19 response and it will depend on if we have vaccines by the end of the year. If so, we may be able to meet in December and at the latest early January to update the committee. How much notice do we need to give for a public meeting?
- Ms. Barbara Klein – It's 7 to 10 days and the chair can call a meeting at any time. If members are traveling, we will use video conferencing and that would make it more feasible for people to attend.
- Dr. John Hellerstedt – With that flexibility, I could ask the committee to meet within the first two weeks in December.
- Dr. Gerald Parker – I concur with the plan and I feel that by January another meeting will be warranted.

Agenda Item 9: Adjournment

Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:44 p.m.

Below is the link to the archived video of the October 19, 2020 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting.

[Task Force on Infectious Disease Preparedness and Response Meeting Agenda](#)