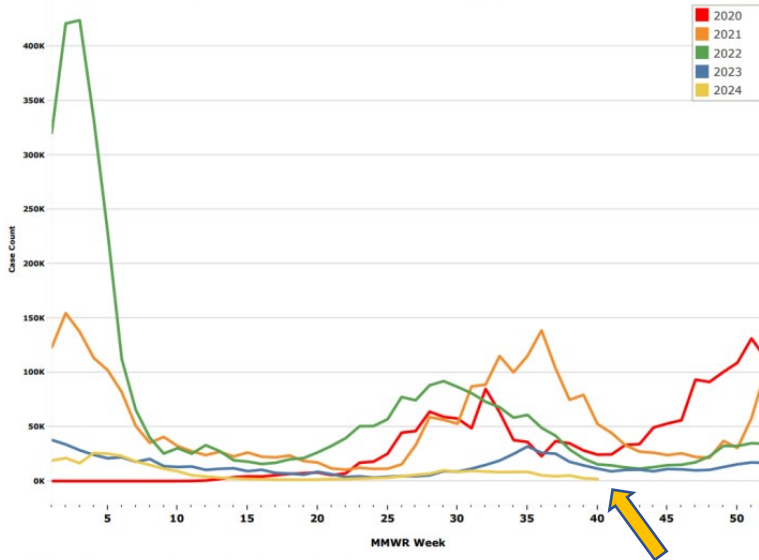


Public Health Regions (PHRs) PCC REPORT 21 OCT 2024

COVID-19 cases reported have significantly decreased in TX with half of the analyzed samples being KP.3 and KP.3.1.1 variants.

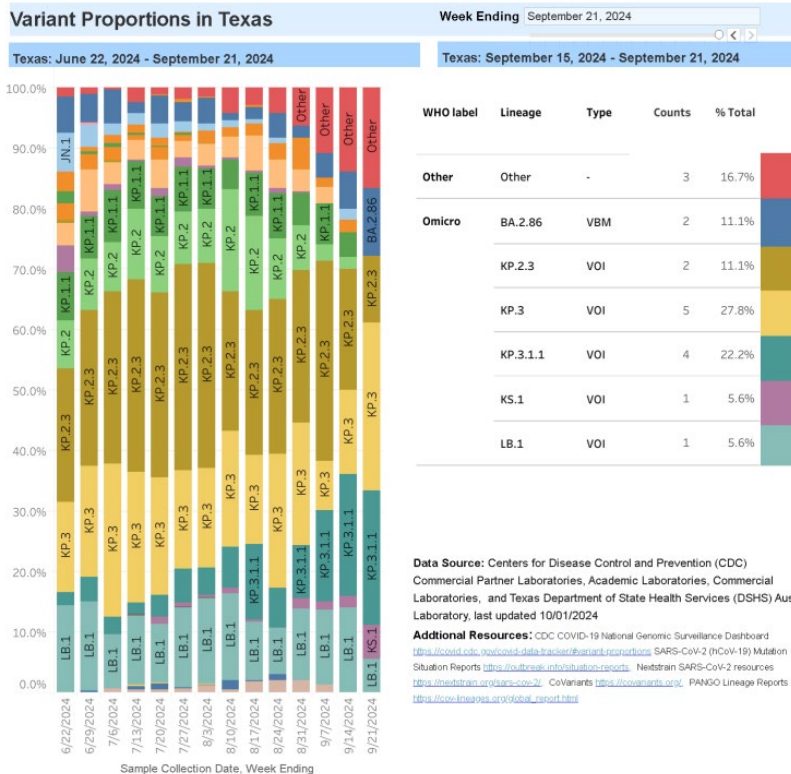
[Texas DSHS | Respiratory Virus Surveillance Report | 10.11.24 | Week 40](#)

Figure 6. Cases of COVID-19 by MMWR Week, Texas, 2020 to Current Report Week (N = 9,310,985)



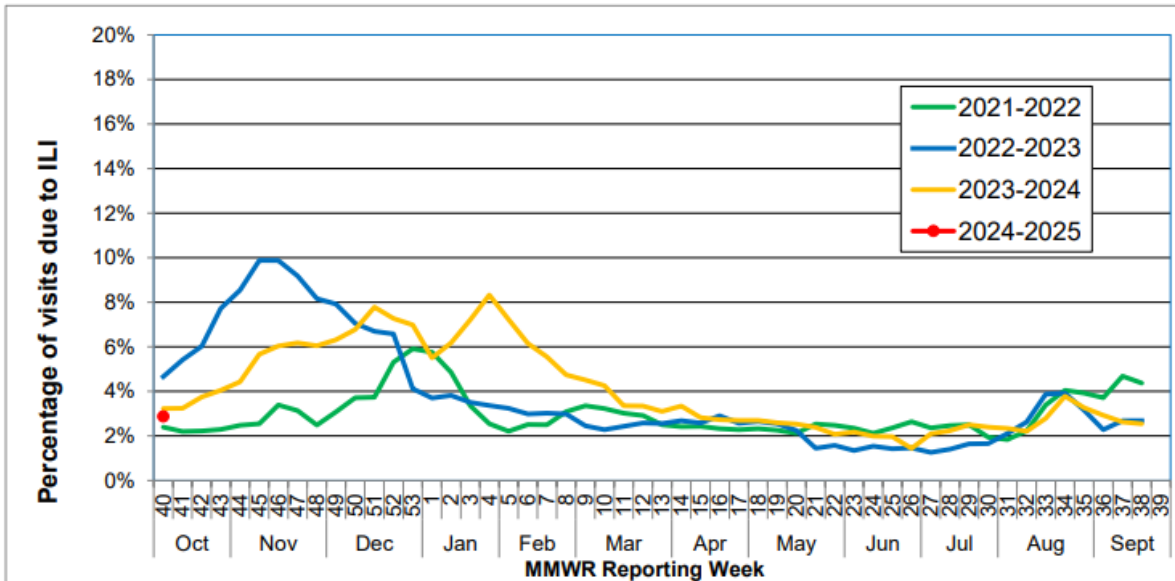
COVID-19 Sequencing and Variant Surveillance

An interactive version of the DSHS COVID-19 variant dashboard, updated weekly, can be viewed at: <https://www.dshs.texas.gov/covid-19-coronavirus-disease/sars-cov-2-variants-and-genomic-surveillance-texas>



Since COVID-19 is no longer reportable, the number of Influenza-Like Illnesses (ILI's) reported by Texas ILINet Participants may provide a better and timelier glimpse into the burden of respiratory diseases in Texas. Note that the reporting year starts in October.

Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021–2025 Seasons

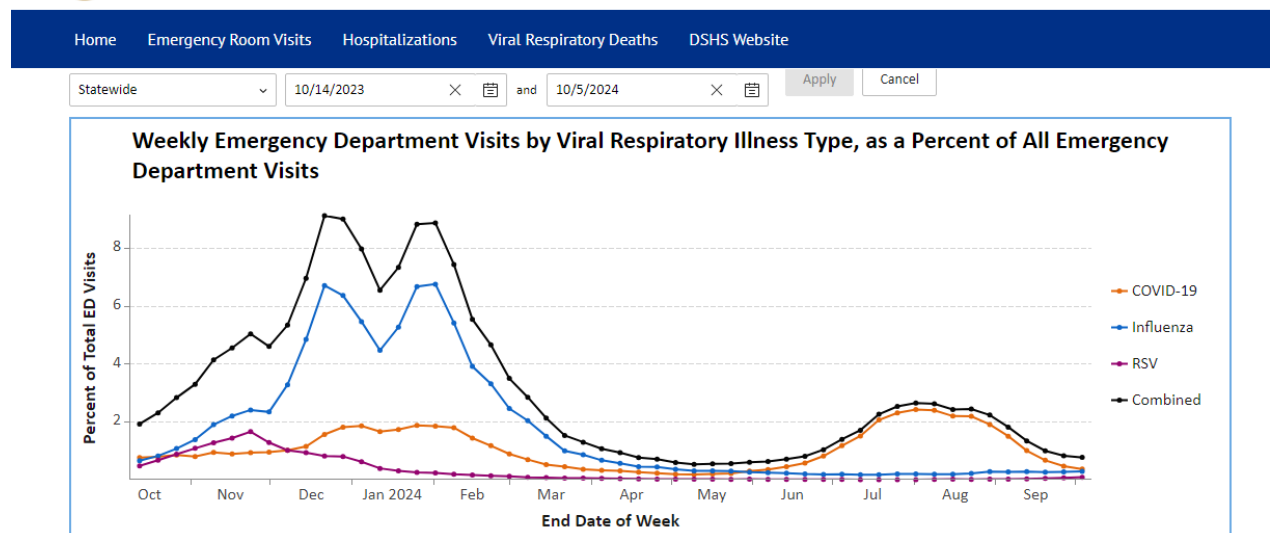


Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using MMWR week 52 and 1.

Also available for surveillance of respiratory diseases is the Texas Respiratory Illness Interactive Dashboard which displays the number of Emergency Department visits per week by type of respiratory illness: COVID-19, Influenza and Respiratory Syncytial Virus (RSV).



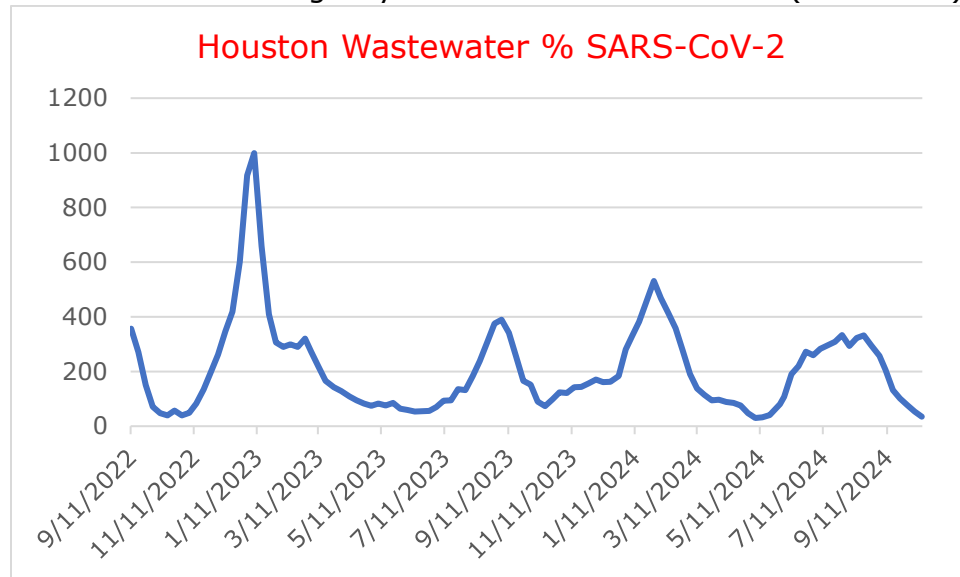
Texas Respiratory Illness Interactive Dashboard



TX Respiratory Illnesses Dashboard:

[Texas Statewide Emergency Department Visits for Respiratory Illnesses | Texas Respiratory Illnesses Dashboard \(arcgis.com\)](https://arcgis.com)

Houston wastewater percent SARS-CoV-2 is down to 35% as of 10/14, as are the number of emergency room visits for COVID-19 (see above).



Houston wastewater SARS-CoV-2 percent for the weeks of 9/11/2022 to 10/14/2024.

City of Houston SARS-CoV-2 Wastewater Dashboard: <https://covidwwtp.spatialstudieslab.org/>

DSHS also publishes the [weekly respiratory virus surveillance report](#), combining separate reports on influenza, COVID-19 and RSV.

H5N1 Update:

A human H5N1 case with no known animal exposure was reported in September 2024 in Missouri as part of routine surveillance. The illness was not severe and the patient was discharged on antiviral medication. On investigation, a family member had developed mild symptoms during the same time period and subsequently six healthcare personnel who cared for the patient before precautions were implemented also developed mild symptoms. Blood specimens have been collected and sent to the CDC for further testing to see if these individuals were infected with H5N1, but results are not expected until mid-OCT. Additional cases with no known animal exposure have not been reported.

Assessing Influenza Pandemic Risk

Whenever a new subtype of influenza is identified in humans, there is increased vigilance with risk assessments being performed as new information becomes available. In June of this year, the Centers for Disease Control & Prevention (CDC) issued a report detailing the results of an evaluation of the H5N1 strain detected in Texas using the *Influenza Risk Assessment Tool* (IRAT).

[Influenza Risk Assessment Tool \(IRAT\) Virus Report--Highly pathogenic avian influenza A\(H5N1\) virus; clade 2.3.4.4b Virus Strain: A/Texas/37/2024 \(cdc.gov\)](#)

Their assessment of the current situation indicates,

“The current overall individual and population health risk to the general public posed by the avian influenza A(H5N1) virus presently spreading in cows, poultry, and other mammals **remains low**. Systematic comparisons of data related to this avian influenza A(H5N1) virus using the Influenza Risk Assessment Tool (IRAT) to data from other influenza A viruses has scored this virus’s future pandemic potential as “moderate risk” based on information through June 26, 2024. This is **similar to previous assessments** of earlier avian influenza A(H5N1) viruses.”

An IRAT uses expert opinions to determine the potential pandemic risk of a specific influenza virus and answers the following questions:

Emergence – What is the risk that a virus not currently circulating in the human population has the potential for sustained human-to-human transmission?

Public Health Impact – If the virus were to achieve sustained human-to-human transmission, what is the risk that a virus not currently circulating in the human population has the potential for significant impact on public health?

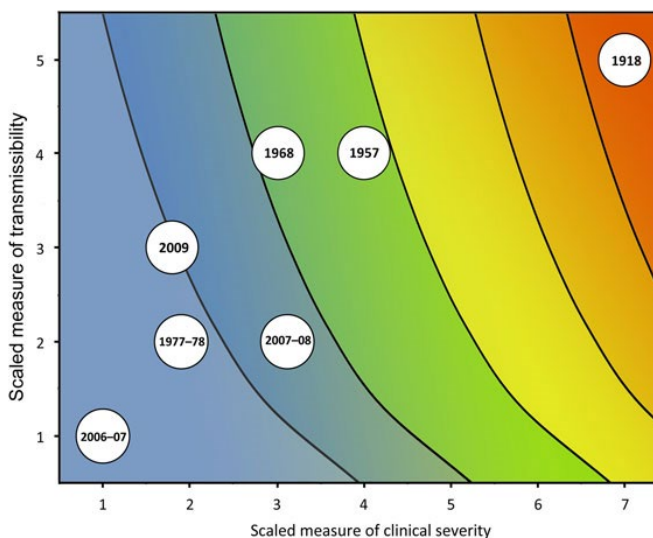
[Influenza Risk Assessment Tool \(IRAT\) | Pandemic Flu | CDC](#)

Once a novel influenza A virus spreads person-to-person in a sustained manner, a second tool, the *Pandemic Severity Assessment Framework* (PSAF), is used to predict impact and guide response activities.

[Pandemic Severity Assessment Framework \(PSAF\) | Pandemic Flu | CDC](#)

An initial assessment estimates the transmissibility and clinical severity of the new virus. This is followed by a more refined assessment as more information becomes available.

[Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics - Volume 19, Number 1—January 2013 - Emerging Infectious Diseases journal - CDC](#)

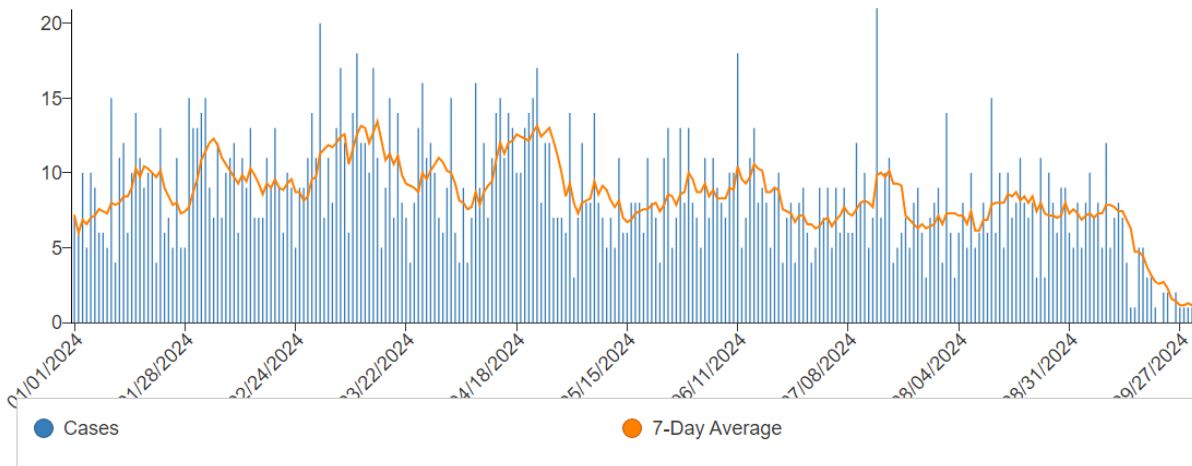


Refined assessments comparing previous influenza pandemics is available (left). The colors indicate the number of estimated deaths.

[Figure 3 - Novel Framework for Assessing Epidemiologic Effects of Influenza Epidemics and Pandemics - Volume 19, Number 1—January 2013 - Emerging Infectious Diseases journal - CDC](#)

Mpox

Clade IIb continues to circulate in the US at low levels.



[U.S. Case Trends | Mpox | CDC](#)

Whereas Clade II has spread globally, Clade I remains localized to central Africa except for a few travel-related cases.



Clade II distribution



Clade I distribution

[Ongoing Clade II Mpox Global Outbreak | Mpox | CDC](#)

Marburg

Marburg virus disease (MVD), an often-fatal hemorrhagic fever in the same family of viruses (Filoviridae) as Ebola, generally is transmitted to humans from exposures to fruit bats, its natural host. However, the virus can be spread via human-to-human transmission. When it does, its route of transmission and severity are similar to Ebola with fatality rates reported as high as almost 90% when care to more advanced medical care is limited. Transmission can be prevented by using appropriate Personal Protective Equipment (PPE), so early detection and isolation is important in preventing spread, which often occurs among healthcare workers. Though no vaccines or antivirals are currently approved, trials are ongoing.

[Marburg virus disease \(who.int\)](#)



[Marburg virus - Filoviridae - Wikipedia](#)



[Egyptian fruit bat \(Rousettus aegyptiacus\)](#)

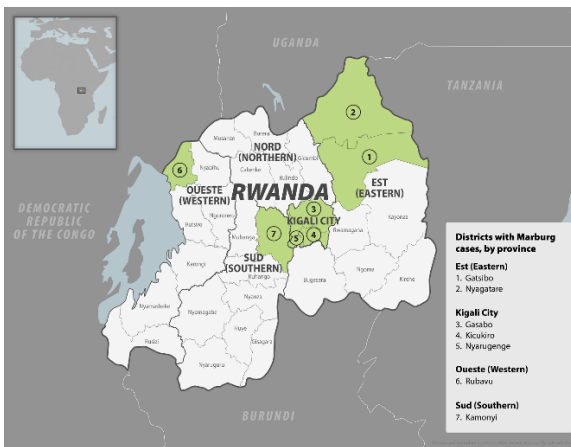
Since September, Rwanda has experienced an outbreak of Marburg with 62 [cases](#) as of mid-October and 15 deaths. In response, a [travel advisory](#) has been issued and travelers from Rwanda are being routed to one of three airports in the U.S. (JFK, ORD, IAD). Incoming passengers will be screened for symptoms and referred for hospital evaluation if MVD is suspected. Asymptomatic passengers will proceed to their destination but will be monitored by their Local Health Department for 21 days after leaving Rwanda (the incubation period). Healthcare workers and those who were in a healthcare facility are being given additional guidance. For additional information:

[About Marburg | Marburg | CDC](#)

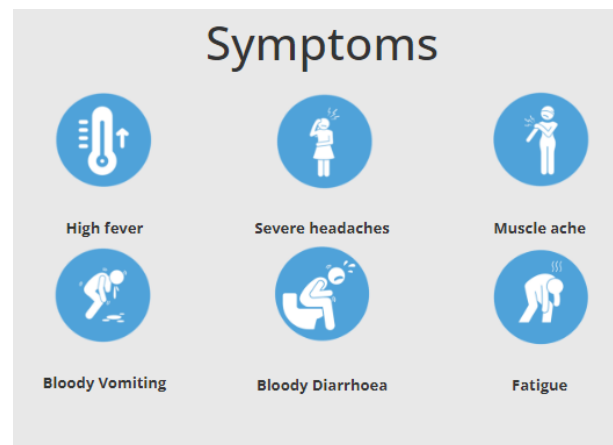
[Traveling to the United States from Rwanda | Marburg | CDC](#)

[Interim Recommendations for Public Health Management of U.S.-based Healthcare Personnel Returning from Rwanda | Marburg | CDC](#)

[Public Health Management of People with Suspected or Confirmed VHF or High-Risk Exposures | Viral Hemorrhagic Fevers \(VHFs\) | CDC](#)



[marburg-rwanda.png \(1500x1159\) \(cdc.gov\)](#)



[Marburg symptoms](#)

A suspected case will need to be isolated and evaluated in a hospital setting. All hospitals should be prepared to perform initial triage and take appropriate precautions while providing necessary medical treatment. Transport to a higher-level care facility will be determined based on the results of the evaluation. Marburg testing and shipping information is available at: [Marburg Virus: Diagnostic Testing, Packaging, and Shipping | NETEC](#)

DSHS Public Health Regions

For more information on dispensing Medical Countermeasures:

<https://www.ncbi.nlm.nih.gov/books/NBK190045/>

CHEMPACK is a federal program that provides locally available antidotes in the event of a nerve agent exposure.

Region 1 Preparedness activities:

- Conducted a *Zumro* Tent setup/takedown exercise 7/11-7/12.
- Attended Mass Casualty Exercise in Wellington, TX on 7/16.
- Per South Plains Public Health District's request, PHR 1 EPI assisted with two provider visits in their jurisdiction to discuss notifiable condition reporting/influenza surveillance on 7/16 and 7/18.
- Epidemiology Program hosted a DSHS Healthcare Safety Unit – HAI meeting on 7/18.
- Strategic National Stockpile (SNS) Coordinator gave ChemPack presentation to Hale County officials on 7/19/2024.
- Two Preparedness and Response (PAR) staff served as evaluators during the Operation Border Health Preparedness Exercise 7/20-7/24.
- Hosted regional ESF-8 meeting in Lubbock on 7/25.
- EPI participated in the ongoing Infectious Disease Annex revision on 7/25, 8/29, and 9/27.
- SNS Coordinator presented SNS at quarterly Panhandle Regional Preparedness Council Emergency Managers (EM) meeting in Perryton (Ochiltree Co.) on 7/31.
- Attended Panhandle Volunteer Organizations Active in a Disaster (VOAD) meeting on 8/1. (staff member serves on committee)
- Assisted with Pantex exercise on 8/7 along with Texas Division of Emergency Management (TDEM), Pantex, DSHS Radiation Control, and other partners.
- Delivered excess personal protective equipment (PPE) from H5N1 influenza dairy response to DSHS PHR 1 field offices on 8/8.
- Epidemiology staff attended the Flu and Respiratory Disease Conference in Austin 8/6-8/9
- Epidemiology participated in Influenza Virologic Surveillance Discussion on 8/14.
- Attended XIT Feeders (feeder cattle) exercise in Dalhart (Dallam Co.) on 8/15.
- Attended Disaster District Emergency Operation Center quarterly meeting 8/15.
- Attended grand opening of Lubbock Health Department's new facility 8/16.
- Epidemiology staff attended Association of Professionals in Infection Control and Epidemiology (APIC) virtual meetings on 8/21 and 9/18.
- PHR 1 Epidemiology hosted an Antimicrobial Resistance Lab meeting for PHR 1 on 8/22.
- SNS Coordinator and PAR manager met with Panhandle Regional Advisory Council (RAC) – Hospital Preparedness Program (HPP) for sunset review interview and SNS alpha-pod discussion on 8/27.
- SNS Coordinator met with Hale County officials/stakeholders to discuss alpha-pod and alpha-pod site survey on 9/4.
- PAR staff attended the Pantex Agreement in Principle (AIP) meeting, attended by local/county officials within counties adjoining the Pantex facility on 9/4.
- Delivered excess PPE from H5N1 dairy response to South Plains Public Health District on 9/5.

- DSHS PHR 1 PAR and EPI staff participated in PHR 1 Health/Safety Fair for Employees, providing preparedness materials and presentation on 9/16 (Amarillo) and 9/17 (Lubbock).
- SNS Coordinator conducted alpha-pod site survey in Pampa (Gray Co.) and presented the alpha-pod concept to Moore County Judge and Emergency Management Coordinator (EMC) on 9/16.
- Attended Medical Preparedness and Response for Bombing Incidents (Mgt348) course on 9/17-9/18.
- PAR staff attended Panhandle Regional Emergency Preparedness (PREP) Conference in Amarillo on 9/19.
- PAR manager attended 5-day All-Hazard Incident Commander-specific training in Amarillo 9/23-9/27.
- Staff participated in TxHAN refresher course on 9/24.
- SNS Coordinator held an alpha-pod stakeholder meeting in Lamesa (Dawson Co.) on 9/26.
- SNS Coordinator met with Lubbock Health Department to discuss upcoming ChemPack tabletop exercise on 9/27.

Region 2/3 Preparedness activities:

- Developed a CHEMPACK seminar and table-top exercise for regional partners that is scheduled to take place at DFW airport October 25th.
- Collaborating with North Central Texas Regional Advisory Council (NCTTRAC) on integrating CHEMPACK contacts into EMResources.
- Reached out to the Office of Practice and Learning and asked that a Public Health Preparedness and Response information sheet be developed to promote our role in public health. Provided feedback on that topic sheet and was asked to participate as a panelist on October 16th when DSHS highlights the preparedness and response career field on their career panel.
- Conducted a Regional Health and Medical Operations Center table-top exercise for PHR 2/3 Command and General staff. Subsequent after-action conference resulted in an improvement plan.
- Conducted two sessions of the Point of Dispensing (POD) Essentials course and associated POD workshop for Dallas County Health and Human Services and Medical Reserve Corps (MRC) volunteers.
- Shared Alpha POD experience/information and planning documents with PHR 1 Preparedness staff. This will assist our sister PHR with establishing Alpha PODs in the Panhandle area.
- Participated at the Preparedness Events in the City of Burleson and Ellis County in the City of Ennis, shared preparedness information and provided swag to the community that attended the events.
- In contact with the new Emergency Management Coordinator for Parker County that will be starting on October 8, 202. He had questions about the upcoming meeting and the Cities Readiness Initiative (CRI) requirements for the upcoming 5 years, answered questions and exchanged contact information. Will be sharing information with him.
- Disaster Committee Meeting-Conduct RHMOC TTX Exercise.
- Updating PHR 2/3 PHEPR Disaster Behavior Response.

Region 4/5N Preparedness activities:

- Continue to build partnerships with regional and state radiological response groups to expand this capacity in 2025 through planning, training, and exercising public health emergency response activities conducted during a radiological incident, establishing Points of Dispensing (PODs) and SNS dispensing, and vaccination clinics (DVCs) used to provide urgent medical countermeasures (MCMs) to communities.
- Mobilized the Regional Health and Medical Operations Center (RHMOOC) for Hurricane Beryl level three (3), both virtually and in person. Played a pivotal role in supporting partner regions with evacuees and tropical storm effects. Focused on information sharing, weather & traffic monitoring, and coordination of shelter consultation & documentation teams. Instrumental in the response.
- Conducted regional health fairs promoting community preparedness, providing education on public health surveillance and epidemiological surveillance, and enhancing information sharing.
- Remained steadfast in planning and training efforts for the PHR 2/3 and 4/5N exercise. This ongoing commitment to preparedness is evident in the dynamic Receive Stage and Store (RSS) Medical Countermeasures (MCM) Scenario – Full Scale Exercise (FSE) 2026 that is being developed and implemented.
- Conducted training to Independent School Districts
 - Stop the Bleed (STB)
 - First Aid, CPR, and AED training/hands-on checkoffs
 - Narcan education and administration

Region 6/5S Preparedness activities:

- Activation and response for Hurricane Beryl, including recovery efforts like coordinating state post-flooding nuisance mosquito spraying missions.
- Partnered with SETRAC to provide Intermediate Incident Command System (ICS) and ICS – Emergency Operations Center Interface trainings for the region.
- Conducted Fit Testing for DSHS staff at field clinics to improve capacity to respond to potential infectious diseases.
- Developing a five-year Integrated Preparedness Plan, which will include developing radiological response capacity and medical countermeasures full scale regional exercise.
- Distributed over 22,000 laminated physical copies of the [Emergency Communication Aids](#) to organizations serving vulnerable populations. These Emergency Communication Aids have been translated into four additional languages, including: Dari, Pashto, Korean, and Vietnamese.
- The digital copy of the Emergency Communication Aids and its associated webpage has been linked to the Interfaith Ministries Refugee Care Navigator App – reaching recently resettled refugee populations in the greater Houston area.
- Securing an alternate/back-up site for the DSHS regional operations center that is hardened to sustain hurricane-force winds and flooding.
- Will need to transition to radios compliant with the digital P25 national standard of interoperability.

Region 7 Preparedness activities:

- Responded to Hurricane Beryl:
 - by maintaining situational awareness and information sharing with partners related to any impacts in PHR 7 counties,
 - by supporting PHR 6/5 remotely with response coordination and restaurant assessments.
- Hosted a 2-day Public Health Emergency Law course provided by the CDC. Presentation and discussion topics included the impacts of different types and levels of emergency declarations, legal protections for emergency responders and volunteers, public health investigations and privacy, isolation and quarantine, and mass movement including evacuations and gatherings.
- Epidemiology team identified and investigated a cyclosporiasis outbreak in which the most common food source was pre-cut bagged salads purchased locally. The team coordinated testing of food items by working with DSHS foodborne epidemiologists, the TX Rapid Response Team, DSHS Consumer Protection Division (specially manufactured foods which regulates grocery stores), and the FDA. This outbreak highlighted the coordination and communication required in outbreak investigations.

Region 8 Preparedness activities:

- Activated the Regional Health and Medical Operations Center (RHMO) during Hurricane Beryl.
- During the Hurricane Beryl response, partnered with PHR 7 & PHR 11 to provide relief for PHR 6/5 South which was directly impacted by the storm. Leveraging the use of Microsoft Teams and SharePoint we were able to remotely staff the Region 6/5 South RHMO providing their staff with much needed relief.
- Currently reviewing and reorganizing our Strategic National Stockpile (SNS) response plans.
- Hosted the CDC's Public Health Emergency Law Class, training 37 attendees.
- Currently finishing September Safety Month training activities. This year we offered 46 classes covering various safety and preparedness related topics such as CPR, NARCAN administration, snake safety, hurricane preparedness, water emergency preparedness, and many more.
- Provided the MGT 341- Disaster Preparedness for Healthcare Organizations class in Uvalde for area first responders and regional partners.
- PHR 7 and PHR 8 continue planning efforts for their combined 5-year exercise.

Region 9/10 Preparedness activities:

- Epidemiology and Preparedness staff presented Epidemiology 101 and Preparedness 101 training as well as RHMO operations during new employee orientation at Regional headquarters.
- Collaborated with Tribal Leaders from the Ysleta del Sur Tribe on trainings and preparedness initiatives for the upcoming year.

- As part of the CHEPR Public Health Integrated Preparedness Plan Rotation (PHIR), staff continue to participate in monthly technical assistance meetings to review and update 'Evaluation' cycle plans and activities with PHR 1.
- Preparedness and Epi staff participated in the Customs and Border Protection (CBP)-El Paso Sector Border Health System Symposium, featuring a presentation by the acting chief medical officer for U.S. CBP. The event also included a guided tour of the largest migrant processing facility in the US.-Mexico Border region.
- Epidemiology staff participated in the El Paso, New Mexico and Mexico Binational Health Council Meetings including a tabletop with partners.
- In recognition of National Preparedness Month, Preparedness and Epi Programs delivered presentations on emergency preparedness and Texas notifiable conditions at both the regional all-staff meeting and the Texas Health Steps Provider Relations Meeting. Additionally, in partnership with the U.S. Cybersecurity and Infrastructure Security Agency (CISA), the region is scheduled to host a virtual presentation on "Cybersecurity in Public Health and "Stop the Bleed" training sessions. To keep regional staff informed and engaged, Preparedness staff distributed weekly preparedness tips and messages to the region and stakeholders.
- Invited to present on SNS Operations in Texas at the El Paso Department of Public Health's quarterly meeting.
- Coordinated with regional CHEMPACK sites to deliver a "CHEMPACK 101" presentation before the October ASPR sustainment. This will help staff, many of whom are new to these roles, become familiar with the process.

Region 11 Preparedness activities:

- Operation Border Health Preparedness (OBHP) 2024 exercise was successfully conducted. This annual emergency preparedness initiative, coordinated by the Department of State Health Services (DSHS) in collaboration with various partners, aims to deliver services to underserved regions within Public Health Region (PHR) 11. During the OBHP 2024 exercise, a total of 5,787 individuals benefited from 26,011 health services provided at five medical points of dispensing (MPODs). Clinicians conducted 2,587 free medical examinations and administered 4,138 immunizations, with an estimated total value of \$597,439 in the private sector. Furthermore, the Texas A&M Veterinary Response Team rendered 4,559 veterinary services over five days, assisting 952 animals, including 748 dogs and 204 cats.
- Provided support to the PHR 6/5S Regional Health and Medical Operations Center (RHMO) in conjunction with PHR 7 and PHR 8 in response to the severe weather events caused by Tropical Storm Beryl in July. This support included maintaining communication with regional partners, ensuring situational awareness for Emergency Support Function 8 (ESF-8) events, monitoring incoming weather for potential hazards, and overseeing the opening of shelters within PHR 6/5S, as well as conducting shelter surveillance in non-local health department counties.
- The PHR 11 RHMO was fully activated for Hurricane Beryl and was virtually on increased readiness for Storm Francine.
- PHR 11 and PHR 6/5S are actively engaged in planning activities for a combined five-year full-scale exercise.

- In response to Hurricane Beryl and Storm Francine, PHR 11 deployed six staff members at the request of the Texas Division of Emergency Management (TDEM) to Disaster District Emergency Operations Center 21 (DDEOC21).
- Three new staff members completed the ICS 300/400 training.
- Collaboration with the Qualtrics team continued to enhance the development of a regional contact database, flu surveillance database, and other initiatives. Monthly and quarterly training meetings for the RHMOC were implemented.
- An internal discussion exercise for the Family Assistance Center (FAC) was conducted to formulate regional FAC plans applicable to all counties in the region. Efforts were also made to work with the regional Trauma Service Area (TSA) to establish and implement healthcare coalitions, providing technical assistance and program guidance.
- Regional stakeholder visits were conducted with local judges and the Emergency Management Coordinators (EMCs), alongside quarterly meetings involving all stakeholders to deliver updates on preparedness and program specifics, as well as technical guidance.
- Support was extended to all Regional Emergency Response Planners in the planning and integration of CHEMPACK Project materials into current Emergency Response Operations.
- A thorough introduction to Point of Dispensing (POD) concepts, operations, and management training was provided to local stakeholders, facilitating the completion of jurisdictional risk assessments, partner engagement, and the definition of roles and responsibilities among partners.
- Guidance on infectious diseases was proactively offered to regional stakeholders through ongoing surveillance and monitoring efforts.
- Participation in regional health fairs was undertaken to promote community preparedness, educate on public health and epidemiological surveillance, and enhance information sharing.