

Region 8

Annual Report

2022

DSHS South Central Texas

Public Health Region 8 Serving You

Port Lavaca, Photographer: Rachel Warns

Message from Regional Medical Director

I am proud to present DSHS Public Health Region 8's 2022 Annual Report. I hope you find this report informative and engaging.

In public health, we must be flexible and ready to respond to new infectious diseases, natural disasters or any events that may impact our community members' health. As we emerged from our pandemic response this past year, we faced new challenges. Last May, a mass shooting occurred at an elementary school requiring our Preparedness and Response team to deploy to Uvalde to assist with the response. Another challenge was the outbreak of a disease called MPox. To control the outbreak, PHR 8 staff conducted disease tracking and investigations, provided education on prevention, treated infected patients, administered vaccines and distributed vaccine to healthcare providers. You can read about our response efforts for both events in this report.

In addition to responding to new health threats, staff must continually work to provide core public health services including retail foods sanitation inspections, immunization administration and promotion, tuberculosis treatment and control, social work services for children with special healthcare needs, infectious disease investigations and health data analysis.

PHR 8 is committed to protecting and promoting the health of the residents of our region. Thank you for taking the time to read our report and learn about all we do in public health.



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TEXAS
Health and Human
Services

Texas Department of State
Health Services

dshs.texas.gov/region8

Public Health By the Numbers

- 3744 doses of non-COVID-19 vaccines administered
- 3695 doses of TB medication administered
- 2506 doses of COVID-19 vaccines administered
- 1200 students in 23 South Texas schools provided oral healthcare evaluations
- 1195 regional and 62 binational contacts identified and evaluated for tuberculosis
- 1017 notifiable condition reports investigated
- 232 persons suspected of having tuberculosis evaluated and monitored
- 646 clients received Specialized Health & Social Services case management
- 85 regional and 18 binational persons with tuberculosis disease identified and treated
- 73 rabies investigations conducted
- 36 animal quarantine facilities inspected
- 34 regional children and 4 binational children provided window treatment to prevent tuberculosis
- 32 regional and 16 binational persons treated for tuberculosis infection
- 31 animals tested positive for rabies
- 1.22% of students with a conscientious exemption to vaccines, down from 1.66% last year



Uvalde: Region 8 Responds

On May 24, 2022, a gunman killed 19 children and two teachers at Robb Elementary School in Uvalde, Texas. Within minutes of the attack, emergency responders from federal, state, regional and local agencies responded. Among those responders were staff from DSHS Region 8 Preparedness and Response Team. Upon notification of a potential mass shooting, Region 8 Preparedness and Response (PAR) began mobilizing personnel and assets to assist the community of Uvalde.

One of PAR's many roles under Emergency Support Function 8 is to assist with mass fatality management. Region 8 maintains a cache of mass fatality response equipment that can be quickly deployed in response to an incident that overwhelms a jurisdiction's abilities. Region 8's equipment and personnel arrived on scene within a few hours of the incident and while the equipment was not utilized for this response PAR remained on scene for several days. In the days that followed, PAR's role transitioned into supporting the public health and medical needs of the community and first responders. PAR staff served as the public health liaison to the Disaster District Committee (DDC) on-site at Robb Elementary for six days. As the Region 8 public health liaison to the DDC, the focus was on public health, including dealing with COVID-19 issues but, more importantly, assisting stakeholders and partner agencies unfamiliar with Uvalde to develop a unified approach to respond to the growing needs effectively and expeditiously, especially the mental health needs of the community and first responders.

Members from the Region 8 Specialized Health and Social Services (SHSS) program were also asked to deploy to Uvalde to assist Texas Health and Human Services Disaster Behavioral Health Services (DBHS) team to connect with community leaders and emergency management personnel. A coordination meeting was held between state, local and nonprofit agencies to determine the long-term mental health needs for Uvalde. SHSS staff from Region 8 worked with the Texas Health and Human Services Commission to better organize these services. SHSS created a resource list of community agencies serving Uvalde and shared the list with Hill Country Mental Health Center. The list was posted on the Hill Country's website as a resource for the community. The resource list was also shared with SHSS families in the Uvalde area. When the DBHS team became fully established and the public health needs were under control, Region 8 was demobilized from the DDC and the Robb Incident.



Public Health Response to Mpox

Background

Prior to 2022, Mpox (formerly called monkeypox) infections were usually associated with travel to an endemic area or contact with a species of animal that carries the virus. However, in May 2022 public health officials in the United Kingdom (UK) identified a cluster of cases that were spread by individuals who had not left the country. Soon after, cases of Mpox were identified in other non-endemic countries across the world and in July 2022 the World Health Organization declared the multi-country outbreak of Mpox a Public Health Emergency of International Concern.

Cases in Region 8

The first cases of Mpox were identified in Region 8 in July 2022. Since that time, over 200 cases have been identified, with the greatest numbers of cases reported in mid-October (Figure 1). Most individuals with reported Mpox infections identified as male (97%), white (63%) and were between the ages of 18-39 years old (63%) (Figure 2).

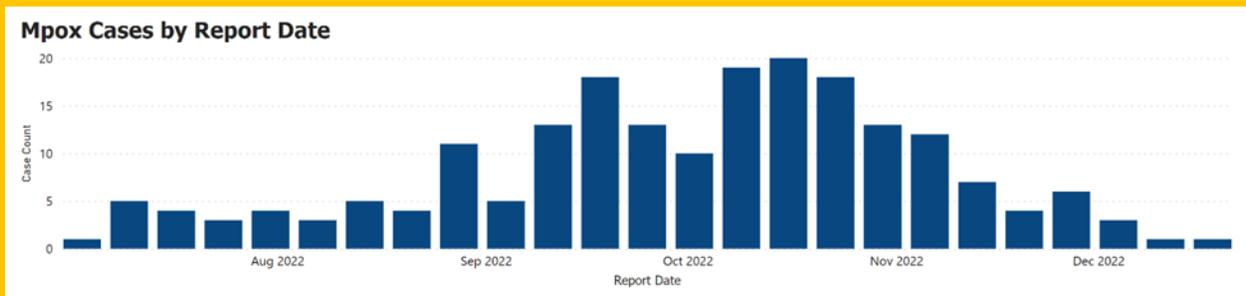


Figure 1: Mpox cases reported in PHR 8 in 2022. Cases are grouped by 7-day periods and categorized by the date the case was reported to public health.

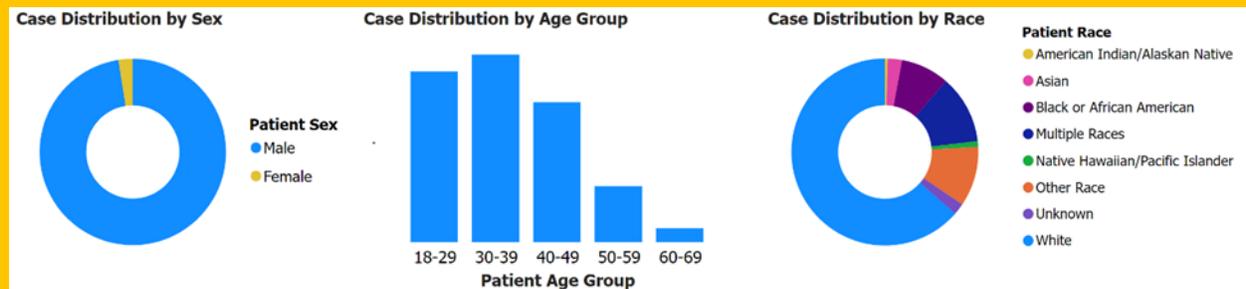


Figure 2: Demographics of Mpox cases reported to Region 8 in 2022.

Vaccines

The JYNNEOS vaccine is FDA approved and has been shown to prevent Mpox. It is the primary vaccine being used to prevent Mpox infections in the United States. The JYNNEOS vaccine is a two-dose series. The second dose should be administered 28 days after the first.

Vaccines against Mpox are available to individuals who are most likely to be exposed to the Mpox virus, based on multiple risk factors.

Over 1,700 individuals within Region 8 received a JYNNEOS vaccine in 2022. Most vaccines were administered in September 2022 (Figure 3).

Public Health Response to Mpox

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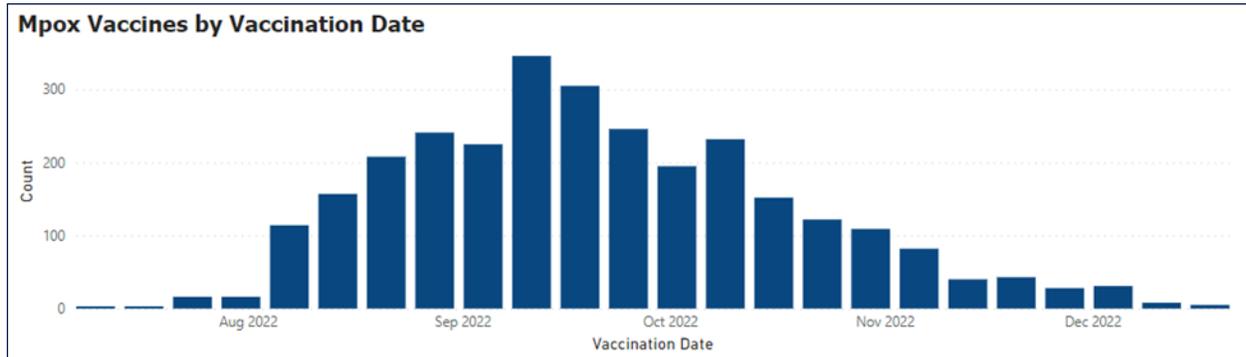


Figure 3: Mpox vaccinations administered in PHR 8 in 2022. Cases are grouped by 7-day periods and categorized by the date the vaccine was administered.

Mpox and Sexual Health

Mpox is most commonly spread through skin-to-skin contact with a person who is infectious. In the current outbreak, transmission of the virus has almost exclusively occurred through sexual contact with someone who is sick with Mpox.

The Epidemiology and HIV/STD programs collaborated to offer free HIV/STD testing to all individuals that received an Mpox vaccine through Region 8. Of the individuals that received Mpox vaccines through Region 8, 22% accepted testing for HIV/STDs. Two new HIV/STD infections were identified and treated as a result of these tests.

Prevention

Anyone with a new or unexplained rash, or other symptoms of Mpox, should avoid sex or being intimate with anyone until they have been evaluated by a healthcare provider. If you are unable to isolate at home, spend as little time around others as possible. Wear a well-fitting mask around others and make sure to cover the rash. Clean and disinfect any surfaces or objects that could be used by others.

For more information about Mpox, visit: <https://www.cdc.gov/poxvirus/monkeypox/index.html>

MONKEYPOX

VISUAL EXAMPLES OF MONKEYPOX RASH



Photo Credit: NHS England High Consequence Infectious Diseases Network



CS328947-EK

Public Health Region 8 COVID-19 Vaccine Response in 2022



Public Health Region 8 (PHR8) continued the COVID-19 vaccine response in 2022 with focus on younger populations. In November 2021, COVID-19 vaccines were approved for children 5-11 years of age. The PHR 8 vaccination team included this vaccine at our community-based events and continued to partner with school districts to provide COVID-19 vaccines for students, teachers and staff at school-based events. PHR 8 also partnered with Texas Military Department to provide vaccine to the 5-11 age group at community events in Uvalde and Val Verde Counties. School-based events were held at Sabinal ISD, Navarro ISD, Runge ISD and Seguin ISD. Community events were held in Bandera and Rocksprings. From January through March of 2022, PHR 8 provided 1,736 doses of COVID-19 vaccine to children 5-11 years of age and we continue to provide this vaccine and all other COVID-19 vaccines at our regional field offices as our community-based clinics came to an end in May of 2022.

In June of 2022, COVID-19 vaccine for 6 months to 4 years of age was approved. This age group presented an extra challenge as the provider network was limited, with pharmacists only allowed to vaccinate 3 years and older. PHR 8 offered and continues to offer the vaccine for this age group at our regional field offices and, just as it was statewide, uptake of the COVID-19 vaccine for this age group has been minimal. Statewide, 8% of 6 months to 4 years of age have received one dose of the vaccine and 4% have completed the series.

In July of 2022, Novavax's COVID-19 vaccine was approved for adults 18 years and older, offering another option for COVID-19 vaccination. In August of 2022 the vaccine was approved for 12 years and older. PHR 8 field offices also included this vaccine in their COVID-19 vaccine inventory.



September 2022 brought the approval of both Pfizer and Moderna's bivalent vaccine, which covers the original variant and the Omicron variant, which was detected in late 2021. PHR 8 provided the bivalent booster vaccines in the regional field offices and promoted coadministration of the bivalent booster with influenza vaccine. The bivalent boosters were then approved for children aged 5-11 in October and 6 months to 4 years in December. We continue to offer and provide all of the COVID-19 vaccines at our regional field offices.

The PHR 8 COVID-19 vaccine response began on January 11, 2021 and continues as we work to provide the COVID-19 vaccines in Public Health Region 8. PHR 8 has provided 15,376 doses of COVID-19 vaccine since this time. As COVID-19 cases remain we may see a future of an annual COVID-19 vaccination along with the influenza vaccine. PHR 8 will be here to provide them.

Teen Battle Chef

According to the 2022 County Health Rankings & Roadmaps (CHR&R) data from the Robert Wood Johnson Foundation, the prevalence of obesity among adults in Maverick County is higher than that of the Texas average by 10% and of the United States average by 8%. The Centers for Disease Control and Prevention (CDC) reports that 22.2 % of adolescents between the ages of 12-19 are obese with the highest prevalence of obesity being among Hispanic children. According to 2022 Behavioral Risk Factor Surveillance System (BRFSS) data, Texas ranks number 14 in the United States in vegetable consumption. To address this growing health issue, the Texas Department of State Health Services (DSHS) Office of Border Public Health (OBPH), in collaboration with Maverick County, implemented a nutrition education program aimed at teaching teens about strategies for preparing healthy meals and building a healthier lifestyle. Teen Battle Chef (TBC) is an eight-week program that teaches youth about nutrition through a culinary experience. During the program, participants prepare and cook healthy meals while learning about teamwork, organization, cleanliness, food safety, knife skills and nutrition.

TBC allows participants to build their culinary skills and learn about the nutritional components of foods as they prepare meals from different regions. Each lesson culminates in a “cooking battle” where participants showcase their presentation skills while conducting cooking demonstrations.

TBC was implemented by Maverick County in Eagle Pass, as part of the Supplemental Nutrition Assistance Program Education (SNAP- Ed) Initiative, during the Summer of 2022. A total of 17 students between the ages of 13 and 17 completed the summer program. After eight weeks, students learned how to prepare and cook foods using healthy ingredients. They learned techniques in food preparation and the nutritional value of each of the ingredients. As part of the program, students worked as a team to conduct research on the ingredients and presented their findings when conducting their food demonstrations. Students showed a significant increase in vegetable consumption in the post assessment. One student stated that, “I had to try the vegetables we learned about and I kinda like it now”. Another student indicated that because of the program she wanted to pursue culinary training as her career.

Beginning in January 2023, DSHS OBPH will be collaborating with Eagle Pass Independent School District to implement TBC at Eagle Pass High School and CC Winn High School. DSHS OBPH will also be scheduling TBC sessions during the summer of 2023.



“I had to try the vegetables we learned about, and I kinda like it now”



Senate Bill 1312: Vector-Borne and Zoonotic Disease Mitigation in Border Counties

In 2019, the 86th Texas Legislature enacted **Senate Bill 1312** to create **Health and Safety Code, Chapter 12, Section 12.072**. The statute directs the Texas Department of State Health Services (DSHS) to provide support for vector-borne and zoonotic disease preparedness in counties located along the international border with Mexico. The statute also tasks DSHS with developing rapid local and regional response and support plans for (A) ongoing vector-borne and zoonotic disease control activities; and (B) disasters, including flooding, hurricanes and outbreaks of vector-borne diseases. In response to this bill, DSHS is currently finalizing a support and response plan for mosquito-borne diseases along the US-Mexico border region of Texas.

One important aspect of vector-borne disease response is the existence of a mosquito surveillance program. Following an incident that requires mosquito abatement activities for response and recovery operations, jurisdictions may request state assistance through submission of a STAR (State of Texas Assistance Request). As part of the STAR submission process, DSHS will request mosquito surveillance information pre- and post-incident. Jurisdictions should establish mosquito surveillance programs to collect baseline surveillance data so that when or if assistance is needed, they will already have historical data on hand.

The PHR8 Zoonosis Team strives to enhance public health response and vector surveillance capabilities across the Region. The team can provide technical assistance to local jurisdictions to assist with mosquito surveillance, arboviral disease investigations and educational outreach materials. The Zoonosis Control Program can also provide mosquito trapping kits and training upon request to interested jurisdictions. The kits include:

- BG-2 Sentinel Mosquito Traps with Lures
- CDC Mini Light Traps with Dry Ice Dispensers
- Gravid Mosquito Traps
- Aspirators
- Trap Batteries

If you would like more information on vector control and surveillance opportunities, please contact us at Region8.Zoonosis@dshs.texas.gov.



Breastfeeding

The Community Health Improvement (CHI) program in PHR 8 has been building on efforts started several years ago, bolstering breastfeeding support and education for parents in the communities we serve. This year, those efforts have included research, outreach, coalition building and education.

CHI staff representing twelve regional field offices interviewed community stakeholders to identify gaps in breastfeeding support. Stakeholders included hospital staff, physicians, nurses, WIC personnel, pregnancy care center staff and more. CHI staff compiled and shared findings with other staff. Using this data, we were able to identify areas for outreach efforts.

CHI's Maternal and Child Health (MCH) Program Specialist created a breastfeeding PowerPoint and trained staff to hold presentations in their communities. We also created pre- and post-test, resource hand-outs and a magnet promoting the Texas Breastfeeding Support Line.

We are very excited by the creation of two area breastfeeding coalitions! CHI regional staff planned and facilitated the formation of the Hill Country Breastfeeding Coalition and the South Central Texas Breastfeeding Coalition. The Hill Country Breastfeeding Coalition serves Bandera, Kendall and Kerr Counties while the South Central Texas Breastfeeding Coalition serves Frio, Dimmit, La Salle, and Zavala Counties.

Some staff worked on building connections and increasing support. In Bandera we partnered with the local library to host an event during World Breastfeeding Week. The event included a children's story time featuring nursing animals, coloring sheets and crafts. The library displayed a selection of breastfeeding books and DSHS PHR 8 breastfeeding newsletters in their front area. Our Pearsall staff participated in the Frio Baby Shower event hosted at Frio Regional Hospital to celebrate World Breastfeeding Week. They created a dynamic table display along with an interactive activity to further parent knowledge.

During National Breastfeeding Month in August, CHI staff put together weekly newsletters to highlight all breastfeeding families. The newsletters included an educational piece, resources, activities and ideas for support.

Finally, we undertook a large breastfeeding outreach project in Guadalupe County. This project is ongoing and includes research, stakeholder meetings, parent survey, coordination with local hospital staff to enhance breastfeeding support and education, and outreach to area businesses to increase Texas Mother Friendly Worksites, as well as other activities.

Breastfeeding Support Line
Free phoneline — 24 hours a day, 7 days a week
1-855-550-6667




Línea de apoyo a la lactancia
Una línea directa gratuita disponible las 24 horas del día, los 7 días de la semana



Texas Department of State Health Services

dshs.texas.gov



INTERVIEWS	COALITIONS	OUTREACH	NEWSLETTERS	TOOLKIT	PROJECT
<ul style="list-style-type: none"> • 12 offices • 45 stakeholder interviews 	<ul style="list-style-type: none"> • Hill Country Breastfeeding Coalition • South Central Texas Breastfeeding Coalition 	<ul style="list-style-type: none"> • Bandera Library Event • Frio Baby Shower Event 	<ul style="list-style-type: none"> • World Breastfeeding Week • Indigenous Milk Medicine Week • Asian American Native Hawaiian and Pacific Islander Breastfeeding Week • Black Breastfeeding Week 	<ul style="list-style-type: none"> • PowerPoint • Pre- and Post-Test • Resources • Training 	<ul style="list-style-type: none"> • Guadalupe County Breastfeeding Outreach Project • Research • Survey • Education • Outreach

Safe Sleep

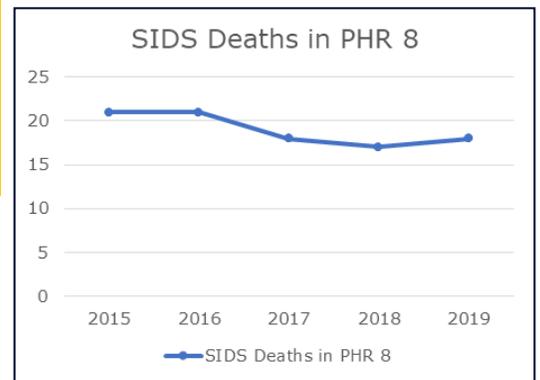
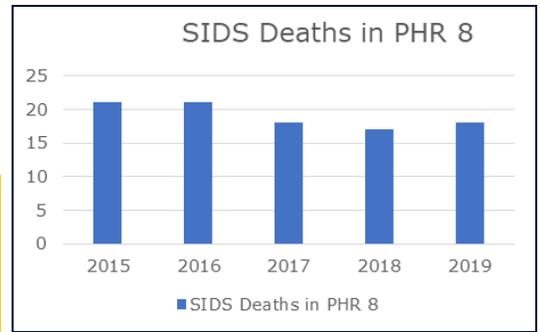
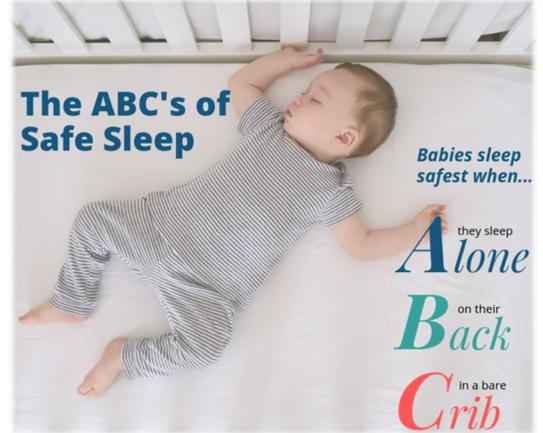
Each year in the United States, about 3,500 babies die from sleep-related causes. The primary causes of these deaths include sudden infant death syndrome (SIDS), accidental suffocation and deaths from unknown causes. To reduce risk and provide education to the families we serve, the Community Health Improvement (CHI) program in PHR 8 created an outreach effort around safe sleep. SIDS and safe sleep education are important not just for parents, but also for grandparents, aunts, uncles, babysitters, childcare providers and other infant caregivers.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year of age that does not have a known cause even after a complete investigation. SIDS is sometimes called “crib death” because it is associated with the time when the baby is asleep. The crib itself is not the cause of SIDS, but the sleep environment can play a role. Most SIDS deaths occur in babies between 1 month and 4 months of age, and the majority (90%) of SIDS deaths happen before a baby reaches 6 months of age. Babies are at a higher risk for SIDS if they:

- Sleep on their stomach
- Sleep on soft surfaces
- Sleep on or under soft or loose bedding
- Get too hot during sleep
- Are exposed to cigarette smoke in the womb or in their environment
- Sleep in an adult bed with parents, other children or pets, especially if the parent is a smoker, has recently had alcohol or is tired

A Community Health Improvement workgroup developed an outreach program to coincide with Safe Sleep Awareness Month and SIDS Awareness Month, both in October. The program includes a lesson plan and outreach outline for CHI field office staff to use, a Safe Sleep PowerPoint presentation in both English and Spanish, pre- and post-tests for the presentation participants in English and Spanish, a list of resources, brochures and materials, such as infant onesies with safe sleep messaging, and an optional certificate of completion for participants. Staff also have demonstration cribs for participants to join in the #Clearthecrib challenge, which is a great way to practice and reinforce what they’ve learned.

DSHS also launched a Safe Infant Sleep webpage for parents and caregivers to learn more about safe infant sleep in October. This webpage launch was accompanied by online, radio and television ads in communities with high infant mortality rates. CHI staff reached out to a variety of community entities and venues to provide safe sleep events. While staff concentrated efforts in October, they are still making presentations to childcare centers, Head Start programs, parenting groups and other groups.



Responding to a Radiation Emergency

Throughout 2022, Preparedness and Response focused on creating a plan outlining Region 8's response role in radiation emergencies. If a radiation emergency occurred within Region 8 or in a neighboring region, Region 8 may respond by setting up and operating Community Reception Centers (CRCs) or supporting CRCs established by Local Health Departments. Examples of incidents that would create a need for a CRC include:

- Nuclear detonation such as an Improvised Nuclear Device (IND)
- Radiological Dispersal Device (RDD)
- An incident at a Nuclear Power Plant (NPP)
- Other accidental or intentional incidents that expose the general population to radioactive contamination

CRCs are locations where public health personnel and response partners conduct population monitoring following a radiation emergency. CRCs are opened a safe distance from the incident 24 to 48 hours after a radiological or nuclear incident occurs. CRC operations would require many personnel to operate. Region 8 would depend on staff from multiple DSHS programs, other state and federal agencies and local community volunteers to successfully operate a CRC. Basic services provided at the CRC would include:

- screening people for radioactive contamination
- assisting people with decontamination
- registering people for long-term follow-up
- prioritizing people for further care

In preparation for a radiation emergency, Preparedness and Response staff worked with the National Domestic Preparedness Consortium (NDPC) - Counterterrorism Operations Support (CTOS) to bring the Population Monitoring for CRCs course to San Antonio on December 9, 2022. Fifteen Region 8 employees attended this one-day course that trained participants to operate radiation monitoring stations within the CRC. These employees will now be eligible to serve our communities as CRC monitoring staff in a radiation emergency.

Once the plan is operational, Preparedness and Response intends to exercise the plan to test its effectiveness and implement improvements. Our mission is to advance DSHS Region 8's preparedness and ability to respond to these incidents to best serve our communities. To learn more about CRCs, visit <https://www.orau.gov/rsb/CRCoverviewVideo/>.



Respiratory Illnesses in Region 8

Data referenced in this article are preliminary and subject to change.

The Region 8 Epidemiology Team continues to monitor COVID-19 and influenza activity. The best way to prevent COVID-19 and influenza is to stay up to date with vaccines, including all recommended boosters and seasonal vaccines.

For more information on COVID-19 vaccines, visit: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>

For more information on influenza vaccines, visit: <https://www.cdc.gov/flu/prevent/flushot.htm>



At the start of the year, Region 8 experienced a surge in COVID-19 activity fueled by the omicron variant (Figure 1). Additional increases in COVID-19 case activity were identified in the summer months and at the end of the year.

COVID-19 is a Texas Notifiable Condition and is required to be reported to public health. For more information on how to report cases of COVID-19, visit: <https://www.dshs.texas.gov/public-health-informatics-data-exchange-unit-phid/electronic-laboratory-reporting>

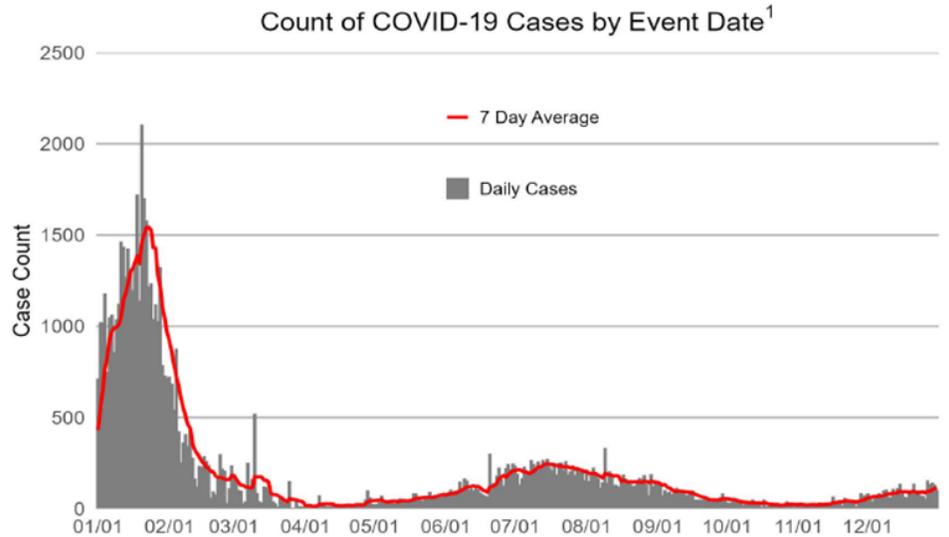


Figure 1: Cases of COVID-19 by event date.

¹Event date is the first available of: symptom onset date, specimen collection date, lab result date, or date reported to public health.

Influenza



Recent influenza seasons have been relatively mild, most likely because of the increases in masking and hand hygiene implemented due to the COVID-19 pandemic. However, the 2022-2023 Influenza Season began in October 2022 (shown in blue in the adjacent figure), with record-high levels of influenza-like illness (ILI) activity (Figure 2).

Seasonal influenza is not a Texas Notifiable Condition; however, novel influenza, influenza outbreaks, and influenza-associated pediatric mortality are all required to be reported to public health. To participate in the Region 8 voluntary influenza surveillance program, contact: Region8.Epi@dshs.texas.gov.

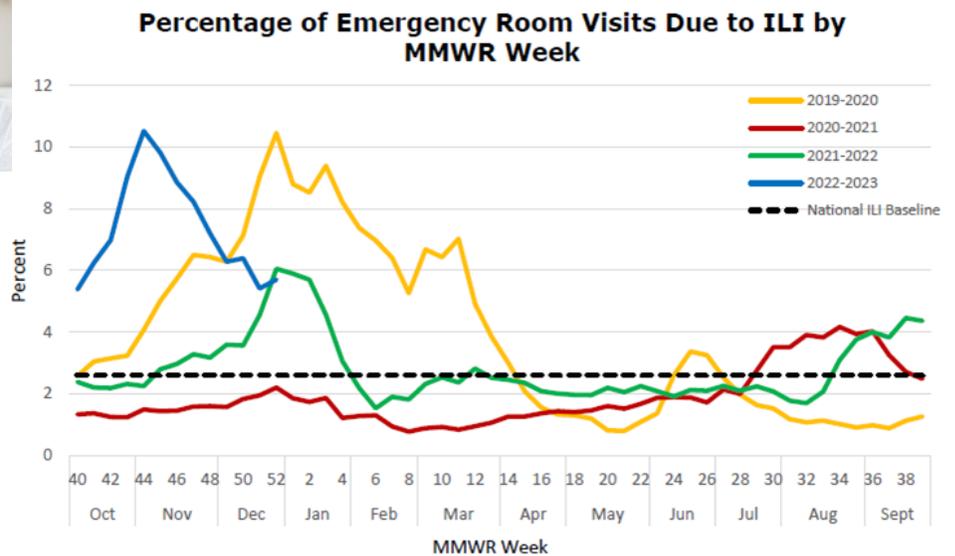


Figure 2: Percentage of visits made to emergency rooms within Region 8 due to influenza-like illness (ILI) by MMWR week, 2019 - 2022.

The Importance of Reporting Tuberculosis

Introduction

In 2021, the tuberculosis (TB) rate in Texas was 3.4 per 100,000 persons. Eight counties in Region 8 were above the state average in 2021 (Figure 1). A total of 48 people with TB disease were counted for Region 8 in 2021, which is a 60% increase from 2020. Region 8 continues to see an increase in the number of persons with TB disease and the case count for 2022 is expected to exceed the case count of previous years. This highlights the importance of rapid identification and reporting of persons evaluated for or confirmed to have TB.

TB Reporting Requirements

Texas law requires that persons evaluated for TB and confirmed cases of TB be reported to the local or regional health department within 1 working day. Reportable tuberculosis disease (known/evaluated) includes the following:

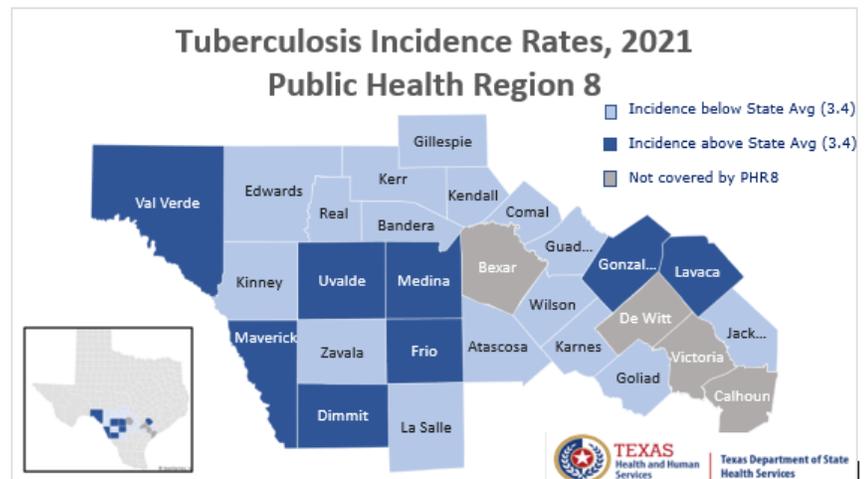
1. Persons evaluated for tuberculosis disease pending final laboratory results (TB symptoms and an abnormal chest x-ray or CT scan)
2. Positive nucleic acid amplification tests
3. Clinical or laboratory-confirmed tuberculosis disease
4. Culture for all Mycobacterium tuberculosis (M. tb) complex including M. tuberculosis, M. bovis, M. africanum, M. canettii, M. microti, M. caprae, and M. pinnipedii

Region 8 is responsible for evaluating referred individuals for possible TB, providing case management and ensuring medication adherence by administering treatment through directly observed therapy (DOT). Additionally, patients are educated on their diagnosis and the requirements for isolation, and contact identification is initiated on infectious patients to stop the spread of TB. **Region 8 maintains all reporting and data management requirements set by the state of Texas and the Centers for Disease Control and Prevention (CDC).**

Consequences of Delayed or Unreported TB

Promptly reporting persons evaluated for TB or confirmed TB to Region 8 helps ensure the patient is started on the correct drug regimen and is monitored daily for treatment adherence through DOT. DOT ensures that each dose of medication is counted appropriately to establish an accurate duration of treatment. DOT is also required for all TB patients as it decreases the risk of relapse, drug-resistance and the chances of treatment failure. Treatment that is intermittent or a drug regimen that is incorrect can lead to the development of drug resistance which would further complicate and prolong treatment. Furthermore, medications for drug-resistant TB can produce more adverse side effects and require an even more extensive monitoring protocol. TB that goes unreported also prevents Region 8 from conducting contact investigations. Contact investigations allow Region 8 to identify exposed individuals, and provide proper evaluation and treatment to those infected. Identifying and treating infected persons can ultimately stop the spread of tuberculosis and reduce incidence of the disease.

Figure 1.



Where to Report

If you have a patient being evaluated for TB or with known TB, please fax the information to the Texas Department of State Health Services (DSHS) Region 8 within 1 working day:

Fax Number: 512-206-3949

Phone Number: 210-949-2000

Address: Texas Department of State Health Services, Region 8
7430 Louis Pasteur
San Antonio, TX 78229

Animal Shelter Standards for Rabies Quarantine Facilities

The Texas Health and Safety Code (HSC) Chapter 823 defines an animal shelter as a facility that keeps or legally impounds stray, homeless, abandoned or unwanted animals. Each animal shelter operated in the state must comply with housing and sanitation standards found in HSC Chapters 823 & 826 and the Texas Administrative Code (TAC) Chapter 169. The Department of State Health Services (DSHS) Zoonosis Control Program annually inspects rabies quarantine facilities and animal shelters to ensure they meet housing and sanitation standards.

Minimum Standards for All Animal Shelters

All quarantine or impoundment facilities, regardless of county population, must meet minimum standards for shelter housing and sanitation. This include maintaining a facility with adequate:

- Structural strength
- Water and electric power
- Storage & waste disposal
- Washrooms and Sinks
- Record Keeping
- Lighting, Heating, Cooling and Ventilation
- Primary enclosures of sufficient size and construction
- Feeding & Watering Schedules
- Sanitation Practices
- Pest Control



*Shelter Inspection
at Universal City
Animal Care &
Control*

Additional Requirements for Rabies Quarantine Facilities

Rabies quarantine facilities are those that quarantine animals for rabies observation as part of a bite investigation. In addition to the minimum standards above, rabies quarantine facilities have additional requirements as outlined by TAC 169.28. The Local Rabies Control Authority (LRCA) is responsible for ensuring the standards for rabies quarantine facilities are met in their jurisdiction:

- **Standard Operating Procedures (SOP):** The facility must have an SOP specific to that facility that includes effective and safe quarantine procedures. The SOP must be posted and available to all employees.
- **Rabies Quarantine Kennel:** The kennel for rabies quarantine must have solid partitions between other kennels so that there is no possibility of physical contact between animals. The enclosure must be enclosed on all sides, including the top. A “Rabies Quarantine” sign must be posted on the cage, run, and/or room. Handling of the animal shall be minimized between people and other animals to prevent rabies transmission.
- **Facility Planning:** Construction of new quarantine facilities should be reviewed by DSHS to ensure they meet minimum standards.
- **Inspections:** DSHS will inspect rabies quarantine facilities annually. Any facility that does not achieve acceptable standards will not be licensed for rabies quarantine

If you have questions about animal shelters and/or rabies quarantine facilities, please contact the DSHS Region 8 Zoonosis Control Program at Region8.Zoonosis@dshs.texas.gov.

Today's Farmers' Market

The concept of farmers' markets originated from farmers setting up shop in the back of their pickup truck, selling fruits and vegetables from their farm. Today's farmers' markets are more diversified, with producers selling pasture-raised meat, baked goods, homemade soaps and even cooking up crepes on the spot. It's no secret that farmers' markets are evolving, and this means the rules need to evolve as well.

A Farmers' Market is defined as a designated location used for a recurring event at which a majority of the vendors are farmers or other food producers who sell food directly to consumers. A farmers' market must include at least two vendors who meet the definition of "farmer" or "food producer" as defined in the rules. In addition, a farmers' market may include vendors who are not "farmers" or "food producers," provided that "farmers" and "food producers" constitute the majority of vendors who participate in the market throughout the year.

The Texas Farmers' Market Rules can be found under Texas Administrative code Chapter 229 sub-chapter FF. Under Texas Department of State Health Services (DSHS), if a vendor is selling a time and temperature control for safety food (TCS), then a permit is required. TCS foods are foods that require time/temperature control for safety (TCS) to limit pathogenic microorganism growth or toxin formation. Some examples would include: meats, eggs, cooked foods or cut melons. DSHS does not sell a Farmers' Market permit but rather a Temporary Retail Food Permit for these types of vendors selling TCS foods.

Farmers' Markets today empower today's consumer to have a choice on where they are buying, from who they are buying and at what price. They create a positive impact on communities, and the DSHS Region 8 Retail Foods and Public Health Sanitation Program strives to support these historic and valuable marketplaces. If you have questions about these and other retail food establishments, please email us at Region8.RetailFood@dshs.texas.gov.

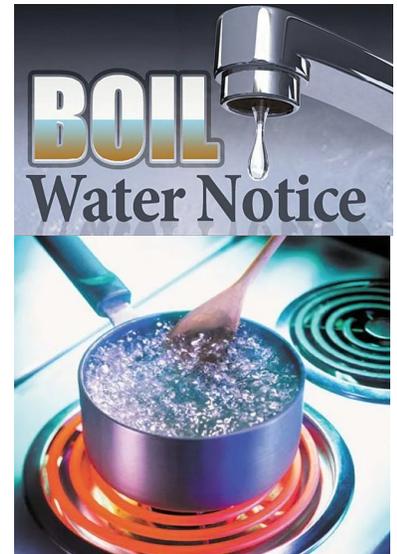


Boil Water Notices

Public water systems issue boil water notices when drinking water is unsafe for consumption. This can be due to bacteria, water pressure or other disease outbreaks. Imagine your community has gone under a Boil Water Order, and you already notified local members, Texas Commission of Environmental Quality (TCEQ) and your Texas Division of Emergency Management Disaster District emergency operations center. Managers of local restaurants are starting to call to ask if they can stay open? The Region 8 Retail Food Safety and Public Sanitation program provides guidance for retail food establishment managers under a Boil Water Order. This guidance includes temporary measures for drinking water, ice making, cooking, handwashing and cleaning. Restaurants that want to stay open and serve food through the boil order notice must do so responsibly. Our team can provide these entities with guidance documents to prevent regulatory and public health consequences.

For additional guidance, refer to Emergency Guidance Documents Found under:

<https://www.dshs.texas.gov/retail-food-establishments/forms-publications-retail-food-establishments>



What diseases are spread by drinking unsafe water?

- Diarrhea
- Cholera
- Salmonella infection
- Giardia
- E. coli Infection

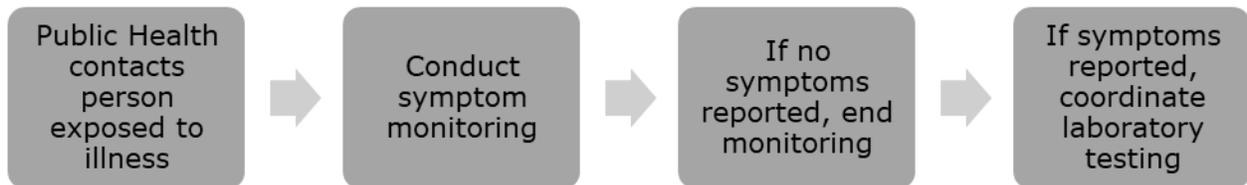
Monitoring for Infectious Diseases



Data referenced in this article are preliminary and subject to change.

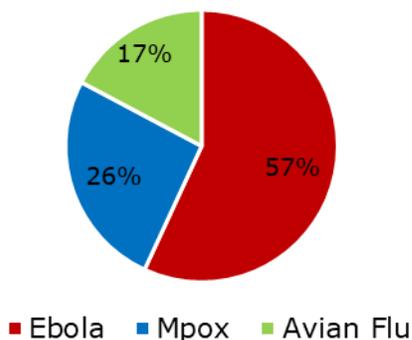
Public health jurisdictions frequently respond to outbreaks of infectious illnesses and may provide guidance, testing or treatment to stop the spread of disease. However, for some novel or high-consequence diseases, it is important to start monitoring for illnesses before they ever occur.

If a person is exposed to certain illnesses, public health staff will contact them to make sure they know about the exposure and to monitor them for symptoms of the illness. When a person is “under monitoring,” it does not mean that they are currently sick, or that they will become sick, with an infectious disease. It simply means that public health staff are helping that person check themselves for signs of possible illness. If symptoms develop, public health staff will quickly evaluate the symptoms and help coordinate laboratory testing, ensuring that no one else is exposed to the illness.



In 2022, the Region 8 Epidemiology Program conducted symptom monitoring for three novel or high-consequence illnesses: avian influenza, Ebola and Mpox. Throughout Region 8, over 50 individuals from eight counties were contacted with information about one of these conditions. These individuals worked with public health staff to carefully monitor themselves for symptoms until the end of their monitoring period.

Conditions monitored in Public Health Region 8 during 2022 and their associated monitoring periods:



Condition	Monitoring Period
Avian Influenza	10 days
Ebola	21 days
Mpox	21 days

Coordinated Approach to Child Health (CATCH) in Schools

During the Spring 2022 semester, the Texas Department of State Health Services (DSHS) Office of Border Public Health (OBPH) staff provided nutrition education to elementary students in Eagle Pass and Carrizo Springs using the Coordinated Approach to Child Health (CATCH) nutrition curriculum. According to the Centers for Disease Control and Prevention (CDC), childhood obesity is a serious health issue that affects approximately 14.7 million children and adolescents in the United States. Obesity is higher among Hispanic children. The CATCH program is evidence-based and has been shown to reduce obesity risk among school aged children by teaching students about health including nutrition and physical activity. The CATCH nutrition curriculum teaches school aged children how to make smarter and healthier food choices by teaching about GO, SLOW and WHOA foods. The GO, SLOW, WHOA model shows students which foods they should eat most (GO), those they should eat in moderation (SLOW), and the foods that are best to limit (WHOA). Using the colors of stop lights for reference, students learn that they can enjoy all types of foods while learning which foods are healthier.



OBPH also coordinated with participating districts to provide CATCH physical activity training for physical education coaches to supplement the nutrition education.



Successes

OBPH staff provided nutrition lessons to third grade students at San Luis Elementary in Eagle Pass and Carrizo Springs Elementary. Over the span of two months, approximately 200 students received nutrition education on topics including heart health, MyPlate, sugary drinks and foods, and physical activity. Staff collected data to measure knowledge gained as well as behavioral changes. After participating in the program, students showed a significant increase (20%) in fruit consumption and a decrease (13%) in sugar sweetened beverage consumption. Additionally, the number of days a child was physically active for more than 60 minutes in the past week significantly increased.

Next Steps

OBPH will continue to partner with Eagle Pass Independent School District as well as Carrizo Springs Consolidated School District to provide CATCH nutrition education lessons in the Spring of 2023. OBPH staff will also be expanding the CATCH program to additional schools to provide nutrition education to more students.



Oral Health Basic Screening Survey

Every five years the DSHS Oral Health Improvement Program performs the Texas Oral Health Basic Screening Survey, an important statewide evaluation of the oral health level of Texas third grade and kindergarten students. The data collected by the DSHS Regional Dental Teams (RDT) becomes Texas' official submission to the National Oral Health Data Portal. Local, state and federal researchers, and other public health stakeholders, use the portal data to help shape oral health policy and funding across Texas and the nation.



When Texas students returned to school for the 2022-2023 school year, the San Antonio based RDT began their data collection duties at schools across Public Health Regions 8 and 11. As the fall school semester drew to a close in December, the Region 8 and 11 RDT had evaluated over 1200 students in 23 South Texas schools.

As the Spring school semester begins, the Region 8 and 11 RDT prepares to complete the rest of their assigned Basic Screening Survey (BSS) schools. Upon completion of their BSS schools, the RDT will complete the school year performing preventive dental services clinics that provide preventive dental care to students from vulnerable populations who are at a high risk for developing tooth decay.

H.B.133 Changes Children and Pregnant Women Program Service Delivery

Case Management for Children and Pregnant Women (CPW) is a Medicaid benefit program that provides case management services to children who have a health condition or health risk, and pregnant women who have a high-risk condition. Historically, CPW services have been provided through traditional Medicaid, fee-for-service CPW contracted providers or by Department of State Health Services (DSHS) regional case managers. However, in 2021 the Texas Legislature passed House Bill 133 and directed the Health and Human Services Commission to transition CPW services to managed care organizations effective 9/1/2022. Subsequently, Medicaid recipients must receive case management services through the managed care plan in which the recipient is enrolled.

The Specialized Health and Social Services (SHSS) program collected data from April 2022-September 2022 to ensure the needed CPW case management services would successfully transition to the Managed Care Organizations (MCOs) on 9/1/22. The program was responsible for collecting and compiling information on clients who were actively receiving CPW case management services and have Medicaid as their primary insurance. The data collection ensured the continuity of care for the clients.

- ⇒ During the 1st cohort: April 1st to June 30th, 48 clients received CPW services.
- ⇒ During the 2nd cohort: July 1st to July 31st, 16 clients received CPW services.
- ⇒ During the 3rd cohort: August 1st to August 31st, 18 clients received CPW services.

Additionally, in August Admission, Review, Dismissal (ARD) data was also requested from the case managers. ARDs are school meetings that are attended by our social workers with their clients. The total ARDs attended by our cases managers for the 2020/2021 and 2021/2022 school years was 7. This number was dramatically impacted by COVID-19 during this timeframe. The total potential ARDs requested for September 2022 was two.

In September CPW case documents for the MCO transition were sent to our Austin office. Starting in October 2022, the SHSS department began monthly tracking of the number of CPW Fee for Service cases initiated, the number of CPW referrals for Managed Care Members redirected to the MCO and any complaints/questions from CPW Providers/Potential CPW Providers.

Taking Texas Tobacco Free

People who experience mental health problems, alcohol and substance use and abuse, and homelessness, or who belong to LGBTQ+ or are from lower income, less educated communities, use tobacco and related products, such as e-cigarettes and vaping, at a higher rate. DSHS partnered with Taking Texas Tobacco Free (via Austin Integral Care) to provide training and establish smoke-free policies in alcohol and substance abuse treatment centers. These patients have much higher substance abuse quit rates and lower relapse rates when they also quit using tobacco and related products. Region 8 recruited several centers for this project and outreached to LGBTQ+ communities. One success story includes the Maverick County Hospital District (MCHD) staff and their Ryan White/HIV Services Program. The Ryan White program provides services to the following counties: Maverick, Val Verde, Kinney, La Salle, Dimmit, Real, Edwards, and Zavala. The Regional Tobacco Specialist trained staff from the hospital and Ryan White on Ask, Advise, Refer (AAR) tobacco Quitline program. The UT Tobacco Research and Evaluation Team helped the programs implement an electronic medical record to connect to the TX Quitline. Clinical staff refer people to the Quitline to receive free nicotine replacement therapy and counseling. MCHD is also in the process of becoming a smoke-free workplace.



Region 8 participated in the National Behavioral Health Network (NBHN) for Tobacco and Cancer Control's 2022 State Tobacco Control Community of Practice (CoP). This network works to eliminate tobacco- and cancer-related disparities by strengthening the capacity of health care professionals to develop and implement efforts focused on eliminating tobacco- and cancer-related disparities among people with mental illness and addictions. Texas participants developed goals and strategies to implement during the year and beyond. These strategies include:

- Implementing tobacco free facilities and campus facilities,
- Increasing commercial tobacco use screening and cessation support for individuals with mental health, substance abuse or HIV/AIDS challenges,
- Expanding tobacco control education and resources for providers serving individuals with mental health, substance abuse or HIV/AIDS, and
- Enhancing coordination and partnerships between state tobacco control and mental health and substance abuse use treatment providers.

Texas Health Steps Manages Provider Data

Maintaining current information for all of Region 8's Texas Health Steps (THSteps) health care provider network is a challenging undertaking. During 2022, the Region's data management and analytics teams worked with the THSteps program to determine the pertinent provider information needed and how best to compile it. The new database now allows the program to easily access the data and run sophisticated reports.

Within the database, THSteps provider relations staff can enter newly enrolled providers and provider facilities assigned to their caseloads so that all are accounted for. The THSteps staff will also enter the number of individual providers per location to give an in-depth look at the total number of THSteps providers within Region 8. Using the THSteps Database in conjunction ensures the program has an accurate count of active THS providers within Region 8.

The outlook for the THSteps Database is to expand its capabilities, not only to have all provider contact sheets located in one central space for record retention, but to also allow the user the ability to keep track of Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) as well as Children with Special Health Care Needs (CSHCN) program providers. This database will also help track and maintain an adequate supply of healthcare providers enrolled in THSteps, particularly in those areas that could potentially be identified as having access to care issues in Region 8. In addition, this process will help identify Active vs Inactive Provider enrollment status to indicate whether they are accepting new Medicaid clients or not.

Helpful Phone Numbers

Program	Contact Name	Phone	E-mail Address
Notifiable Conditions	On-call staff	(210) 949-2121	Call to report notifiable conditions or
Communicable Disease	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Community Health Improvement	Katherine Velasquez, RN, PhD	(210) 949-2091	Katherine.Velasquez@dshs.texas.gov
Epidemiology	Elise Rush, MPH, CIC	(210) 949-2095	Elise.Rush@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
Office of Border Public Health	Rosy De Los Santos	(830) 758-4241	Rosy.Delossantos@dshs.texas.gov
Oral Health Improvement 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
Retail Foods & Public Health Sanitation	Maricela Zamarripa, RS	(830) 591-4389	Maricela.Zamarripa@dshs.texas.gov
Specialized Health & Social Services	Leticia Guerra, LBSW	(210) 949-2147	LeticiaD.Guerra@dshs.texas.gov
Texas Health Steps	David Garcia	(210) 949-2159	Davidc.garcia@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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