

**Task Force on Infectious Disease Preparedness and Response**  
**APPROVED DRAFT Meeting Minutes**  
**Tuesday, September 21, 2021**  
**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 1:01 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the thirteenth meeting of the Task Force on Infectious Disease Preparedness and Response. Dr. Hellerstedt announced that questions and comments on agenda items #3 through #5 will be taken at the end of the presentation on agenda item #5.

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 Tuesday, September 21, 2021 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.		X	Kristy Murray, D.V.M., Ph.D.	X	
Toby Baker* - Michelle Havelka	X		Major General Tracy Norris *Colonel Peter Caldwell, PH.D.	X	
Christopher R. Frei, Pharm.D.	X		Patrick O'Daniel	X	
Sheila Haley, Ph.D.		X	Dorothy Overman, M.D.	X	
John Hellerstedt, M.D.	X		Daniel Owens	X	
Peter Hotez, M.D., Ph.D.	X		Gerald Parker, D.V.M., Ph.D.	X	
Deputy Secretary of State – Joe Esparza	X		Victoria Sutton, Ph.D.	X	
Harrison Keller		X	The Honorable Nancy Tanner	X	
Nim Kidd	X		Surendra Kumar Varma, M.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		Bobby Wilkinson	X	
David Lakey, M.D.	X		Executive Commissioner Cecile Young	X	
James Le Duc, Ph.D.		X	Edward E. Yosowitz, M.D.	X	
Scott Lillibridge, M.D.		X	The Honorable Ben Zeller	X	
Tony Marquardt		X			
Steve McCraw * Freeman Martin	X				
Michael Morath		X			

Yes: Indicates attended the meeting  
P: Indicates phone conference call

No: Indicates did not attend the meeting  
\* Designee in attendance on behalf of Task Force Member.

**Agenda Item 2: Approval of June 29, 2021 meeting minutes**

Dr. John Hellerstedt called for a motion to review and approve the minutes of the June 29, 2021 meeting.

## **Motion:**

Dr. Surendra Kumar Varma moved to approve the minutes from the June 29, 2021 meeting as presented. Dr. Edward Yosowitz seconded the motion. Mr. John Chacón conducted roll call vote and announced the Task Force members approved the minutes unanimously, with 20 approves, no disapproves, and no abstentions.

## **Agenda Item 3: COVID-19 Situation Update**

Commissioner John Hellerstedt, M.D., Chair, and Dr. Jennifer Shuford, Chief State Epidemiologist, provided a situational update on the COVID-19 pandemic and referenced a PowerPoint presentation entitled "COVID-19 Update". Highlights of the update and task force member discussion included:

- In the last week or so there has been a decrease in hospitalizations in Texas.
- New cases are laboratory confirmed cases, but we know the true number of cases is much higher.
- 7-day average for new daily cases is decreasing.
- Hospitalization is the only metric that the denominator is the entire population of Texas.
  - Hospitalizations is lagging metric
  - Hospitalizations is decreasing
- Fatalities is also a lagging metric and the fatalities are still quite high.
- DSHS Role:
  - Increase public awareness
  - Coordinate medical supplies
  - Manage lab capacity across the state
  - Ensured equitable distribution of vaccine across the state
- Medical surge staff:
  - DSHS has mobilized medical surge staff, over 8,000 in the field by 9/17
  - Hospitals provide services for other things than COVID-19 and hospital medical surge staff enable hospitals to serve more patients.
  - This is the third wave that we have deployed surge staff for.
  - There is a current downward trend in hospitalizations.
- Durable medical equipment and resources:
  - DSHS has deployed multiple types of medical equipment and ambulances to meet the needs of the surges.
- Monoclonal Antibodies:
  - DSHS Regional infusion centers – there are other places where people can receive mAb, but these facilities are coordinated and monitored by DSHS.
  - To receive mAb requires a doctor's order and children must weigh at least 40 kg.
  - Supply at the federal level has decreased and shipments to states will decrease through pro rata population based and COVID-19 case based to the states.
    - It is important for all providers to report usage to ensure accurate allocations to the state.
- Texas School Data:
  - 1,086 reported outbreaks
  - 143,563 students infected
  - 55,145 staff infected
  - 198,708 total infections
  - There are data limitations like time lag in the reporting and variability from source to source to timing of reporting and completeness.

- There is a dashboard for this data.
- DSHS Supporting Schools:
  - Awarded \$800 million in grants for testing to reopen and keep open.
  - City of Houston has received its own grant.
- Epidemiological Trends:
  - New Texas Cases by Day:
    - First wave: June 2020
    - Second wave: October 2020
    - Third wave July: 2021
    - Peak of the third wave has not reached the peak of the winter surge
  - Hospitalizations over time:
    - Surge in January 2021 and current surge rates are very similar, and the strain is similar.
    - We do see some decreases in hospitalizations over the last week or two and we have seen a plateau of positivity rate.
  - New Hospital Admission Rates by Age:
    - 70+ age still has the highest hospitalization rate with 50-69 years following behind.
    - 70+ has maintained the highest rate; the rate is much lower than it was in January, whereas the younger age groups are either the same as in January or higher.
      - Contributed to the higher vaccination rates in the older ages
  - Healthcare Burden by Age group:
    - The majority of new hospitalizations is in 50-69 age groups, followed by 30-49.
    - Pediatric was high during the current wave but has declined.
  - Pediatric Hospitalizations:
    - Hospitalizations during this current surge are higher than the surge in January 2021 but we are seeing decreases in hospitalizations in this group currently.
  - Hospitalizations over time:
    - COVID-19 patients aren't making up a majority of total hospitalizations but the proportion of ICU beds going to COVID-19 patients is very high and the majority.
      - 33-50% COVID-19 patients are taking up the ICU beds.
    - Why is the wave much steeper than the other waves? It is due to Delta and the higher transmissibility that ripped through the unvaccinated populations and spread very quickly.
  - New Hospital Admits Dashboard:
    - Added features to this dashboard
      - General beds
      - Pediatric beds
      - Ventilators
      - Available staff beds / pediatric beds
  - Total Texas COVID-19 Confirmed Cases, Confirmed New Cases
    - Above 60,000 fatalities in Texas
  - COVID-19 Fatalities by Age:
    - Fatalities hitting the older age groups compared to the younger
    - There is a changing impact that has increased in recent months with the current surge hitting the unvaccinated younger pediatric populations harder.
  - COVID-19 Fatalities Demographics

- Hispanic making up about 45% of fatalities but only 33% of the population in Texas, which is indicating the disparity in impact.
  - More male fatalities
- Re-infections
  - Re-infections is when a person recovers and becomes infected again (variability of natural immunity so re-infections are expected).
  - Vaccine immunity has been found to be stronger than natural immunity and doesn't come with the complications from natural infection.
  - Re-infections must be reported to be counted.
  - 1,708 confirmed reinfections reported January 1-September 8, 2021
    - 8.9% of total cases were hospitalizations during their reinfection.
    - 117 cases in 0-19 age groups
- Vaccine Breakthrough Cases:
  - Patient must be 14 days post completion of vaccine series to be counted as a vaccine breakthrough case.
  - As the number of vaccinated people increases, breakthrough cases will increase.
  - DSHS collects breakthrough cases that result in hospitalization or death.
    - Most 60+ age
    - 119 fatalities, recognized 101 in 60+ and 89 had reported underlying health condition
  - These are the cases that have been reported to Texas through the public health system, but it is incomplete, and they will be looking into PCR data to determine a true breakthrough rate.
- MIS-C cases in Texas:
  - 231 total confirmed cases
  - Age range: 7 months-18yrs (median 9 years)
  - 150 male / 81 female – male predominance also seen on the national level
  - 1 fatality
- Variants:
  - CDC dashboard of variants that are circulating across the US through data from contracted labs that send data to the CDC.
  - Texas is represented in the data with a few labs reporting.
  - Delta makes up over 99% of variants that are sequenced across the US
  - 96-99% of Texas sequences are Delta, which matches the national trends.
- Impact of COVID-19:
  - Looking at Texas Vaccines for Children childhood non-flu vaccine, there is an impact of doses administered in 2020 and in March of 2021.
  - There is still the lag in administration missed in 2020 that needs to be made up for.
- Impact of COVID-19 on flu doses reported to ImmTrac2:
  - There was a significant decrease in doses reported to ImmTrac2 in the 2021-2021 season compared to 2019-2021.
- HIV Diagnoses:
  - Diagnoses have decreased and they are unsure if this is due to reduced transmission or impact from COVID-19.

- They know that testing has been impacted by the pandemic and has decreased.
- Changes in DSHS funding for HIV Testing:
  - Testing by contractors has significantly decreased between 2019 and 2020 that is due to the pandemic.
  - Testing of partners for HIV/syphilis has also decreased significantly, which is concerning because testing of partners is what breaks transmission cycles.
- Congenital Syphilis:
  - Public health follow-up during the pandemic has been significantly impacted.
    - In 60% of programs, 50-100% of staff have been reassigned to pandemic activities, and field activities have decreased.
    - 50% reported local clinic closures, which has impacted treatment.
- DSHS Data Tools:
  - Dashboards are available for many data points.
- Q&A:
  - Have you noticed an increase in RSV?
    - Yes, there has certainly been an increase in RSV in the wrong season. Last winter, there was little circulation in children but as children have started back to school and gathering, RSV has increased. It has increased in adults too. RSV is not a reportable disease, so they do not have exact data, but they know that hospitals have seen a significant increase in RSV cases.
  - Deaths after April-May, these are deaths after vaccines were widely available, this is a surrogate way of looking at individuals who lost their lives due to not being vaccinated. Can we identify these vaccine refusal groups and determine a way to outreach and convert them to get vaccinated? Concerned about the impact to childhood vaccination and not being able to catch up the missing vaccines.
    - They do think there have been changing demographics of fatalities looking specifically at July because the race/ethnicity looked much different in July and they will be doing an in-depth analysis in the time frames to understand these trends. In July, more non-Hispanic whites were accounting for the deaths.
    - It would be interesting to see who is being vaccinated now through polling to understand why these individuals have chosen now to be vaccinated.

#### **Agenda Item 4: COVID-19 Vaccine Update**

Saroj Rai, Ph.D., Senior Scientific Advisor, DSHS, provided an update on the COVID-19 Vaccine and referenced a PowerPoint presentation entitled "COVID-19 Vaccine Update". Highlights of the update and task force member discussion included:

- August 23, 2021: FDA approved the Pfizer vaccine for ages 16+
  - Trade name is Comirnaty
  - Fully approved for 16+ only
  - Under emergency use authorization (EUA) for ages 12-15
  - Under EUA for additional dose for immunocompromised individuals
  - FDA advisory committee met on September 17, 2021 regarding a booster dose for individuals 65+ and at high risk for disease.
- COVID-19 Vaccine Biologics Licensing Application Status:

- Moderna has submitted an application for priority review but the FDA has not released a Prescription Drug User Fee Act date, which is the date the FDA has to give an answer.
- J&J has not submitted an application for full approval.
- Morbidity and Mortality Weekly Review (MMWR):
  - Many reports have been published recently on the vaccine effectiveness for each of the COVID-19 vaccines.
  - Key Points:
    - Among hospitalizations and ER visits, 33,000 individuals' overall vaccine effectiveness for this time period was 86% against hospitalization.
    - Looking across all three vaccines for ages 75+, we see reductions in vaccine effectiveness.
  - Booster Doses of COVID-19 Vaccines:
    - Data for all ages is holding strong but one age group – 65+ – is the group that is seeing the largest declines.
  - Path to Booster Dose Recommendation:
    - Pfizer has completed submission for booster doses as the same dose of their primary series vaccine.
    - Moderna has also submitted an application for a booster with a half dose of the primary series.
    - J&J announced submission of booster data.
    - FDA will review the data in the order received.
    - FDA has review Pfizer data.
    - ACIP is scheduled to meet September 22, 2021.
- Pediatric COVID-19 Vaccines:
  - Pediatric vaccines are necessary to reduce transmission and reduce disruptions in school learning.
  - The next age group is 5-11; CDC is working with the states for planning purposes for the rollout.
- Approach for Reaching Children:
  - Use existing infrastructure and new channels to reach children for COVID-19 vaccination.
- FDA issued a statement outlining the status and the steps it will take to authorize COVID-19 vaccines for this age group.
  - Minimum of 2 months of follow-up post dosing.
  - As soon as the data is submitted, they will review the data and work with the manufacturers for a thorough review.
- Pfizer announced results of their phase 2 study in ages 5-11.
  - Dose for 5-11 is 10 mcg versus 30 mcg for adults, 2-dose series given 21 days apart
  - 2,300 participants, randomization 2:1, full data has not been released but Pfizer has stated that there is a strong and robust immune response.
    - They plan to submit with urgency within the next couple of days.
- Pfizer is also studying children 6 months-4 years
  - Even lower dose of 3 mcg
  - Anticipate the data to be complete at the end of the year
- Moderna study in young children 6 month-11 years ongoing
  - Fully enrolled
  - Dose selection studies are still underway for 2 years <6 years old and 6 months to <2 years.

## **Agenda Item 5: COVID-19 Vaccination Distribution Plan Update**

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Ms. Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services, provided an update on the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Distribution Plan Update". Highlights of the update and task force member discussion included:

- Vaccine Planning:
  - Currently at the tail end of the Phase 2 rollout and the beginning of the Phase 3; this timeline released by CDC is still playing out in real time.
  - We believe that in October there will be a ramping up of vaccinations.
  - When vaccine arrived in Texas in December 2020, it was in short supply and there was an allocation schema to provide vaccine across the state, but this is no longer the case.
  - Trying to make vaccination as accessible and easy as possible
    - Have asked providers to bring vaccine to convenient locations like music events, sporting events, malls to increase vaccinations
    - The number of daily vaccinations is still low, and we want to increase.
- Texas COVID-19 Vaccine Administration Summary:
  - Total vaccine doses administered: 30,172,764
  - 60% of >12 are fully vaccinated.
  - 62% of >18 are fully vaccinated.
  - 78% >65 are fully vaccinated.
  - Pfizer makes up the majority of vaccinations due to the rollout and availability of approved products since Pfizer was given an EUA first and their vaccine was available for younger individuals.
  - Pfizer vaccine was offered to the long-term care facilities (LTCF)
  - J&J brand did have some manufacturing issues in the summer, which resulted in the vaccine not being able to be ordered, but as of two weeks ago the vaccine can be ordered and we may see an increase in J&J doses administered.
- Percentage of People Vaccinated by Age Group by Vaccination Date:
  - 88.7% 75+
  - 83.72% 65-74
  - 12-15 age is the most recent group to be eligible and they are currently at 53.97% fully vaccinated.
  - 16-17 age is separated out because they were eligible for vaccination with Pfizer since the beginning but were not prioritized in the early rollout.
- Race/Ethnicity Percentage of Population Vaccinated 12+:
  - Asian population has the highest uptake with 79.47%
  - Hispanic follows at 62.28%, which began to outpace the white population in May 2021.
- County population uptake for 12+:
  - There may have been slower uptake; we are seeing general increases overall
- County population uptake 12-17
  - Along the border and in urban settings, they are the quick adopters of vaccination, and the rural counties are slower to adopt.
  - Over time, more counties are increasing in coverage.
- 7-Day Rolling Average Doses Administered by Dose Number:
  - Right now, the second doses are higher than the first doses but in light of Delta, this is the best step to preventing the spread of COVID-19
- COVID-19 Vaccination Second-Dose Analysis:
  - Over 1.8 million Texans still need to get their second dose.
    - Need to remind these folks that the second dose is necessary.
  - 1.3 million of these overdue individuals had phone numbers and there were texts that were sent out as a second dose reminder campaign.

- Success rate is much higher than expected, 88% success rate for the numbers provided, which indicates good data quality in the registry.
- Almost 120,000 messages failed.
- We do not keep preferred language in the registry, so all of the texts were sent in English.
- Important to link the individual back to a COVID-19 provider in case the place they got their first dose is no longer providing vaccinations.
  - Gave them the link to the website and a number for the hotline
- Will be looking into how many individuals get their second dose after this reminder, will pull the data a month out
- Number of People 65+ Projected to be Due for Boosters:
  - Depending on what comes out of the Advisory Committee on Immunization Practices (ACIP) on Thursday, it will determine boosters, but they want to predict how many people will become eligible over the coming months.
    - 2.9 million Texans total will require a booster for all three vaccines, but this will reduce if ACIP decides not to recommend all three brands.
    - 1.9 million individuals will become eligible immediately, with numbers reducing over the coming months
      - This is due to how the rollout was prioritized with older ages being vaccinated first
    - Decisions will be left up to the locals, there will not be hubs supported by the states
      - Hubs originally used may not want to be hubs or do not have the capacity
      - Need to remind individuals that they can go to a pharmacy or local doctor to get a vaccine
      - Supply is there, and there is no constraint on supply, even though there may be a large number of individuals that may be eligible for boosters they want them to be vaccinated locally
  - Long-Term Care Facilities (LTCF):
    - There was a federal program where the state gave up doses to CVS, Walgreens, and MHA/Pharmscript to vaccinate LTCF residents and staff; this was for the original rollout last winter.
    - CDC will not be standing up this federal program again; instead, they believe the LTCFs can partner with pharmacies that serve them, local pharmacies, local providers or the state
      - CDC will step in to fill the gaps where none of the channels will work for an LTCF, but we do not expect this to be a wide issue in Texas.
      - HHSC has sent out a survey and they will be analyzing and determining how many LTCFs have plans or need help with gaps
      - HHSC will submit a State of Texas Assistance Request (STAR) on their behalf and DSHS will work with TDEM to get vaccines provided on site. Texas Military Department will be the ones to administer vaccines in LTCFs where the state needs to step in.
        - This will all be coordinated through the State Operations Center.
        - Teams will be available right out of the gate as soon as booster doses are recommended to ensure quick turn-around.
    - Federal COVID-19 Vaccine Mandate:



- OSHA will have to put in place an emergency rule for all businesses with over 100 individuals to require vaccinations or weekly testing, there is no timeline available or rule in place currently.
    - All federal branch employees will be required to be vaccinated with no option for weekly testing.
    - New Centers for Medicaid and Medicare Services rule will require all healthcare workers in most settings that receive Medicaid and Medicare reimbursements to get vaccinated with no option for weekly testing.
    - In Texas, we are in a special session where vaccine mandates are being discussed so that might need to work through the courts, but they do expect the uptake in vaccines to increase due to the federal mandates.
  - Unvaccinated People:
    - Rural counties have the highest rates of unvaccinated individuals
  - Areas of Focus:
    - 7 million Texans are eligible, but unvaccinated.
    - The pediatric age group will be approaching very quickly, and we may have a decision by Halloween; there is a need to plan for vaccinations in this age group.
- Q&A:
  - If someone got Pfizer primary series but a Moderna booster, do you know what the impact is?
    - Not authorized to mix vaccines. We do know that individuals have received mixed doses. Doctors call to report this and a Vaccine Adverse Reactions System (VAERS) report is created. There have been no known adverse reactions linked to mixing vaccines.
  - Why the half dose of Moderna?
    - We do not know why they chose the half dose; they did research a full dose as a booster, but the data is not publicly available. They have said that it is a benefit-to-risk analysis.
  - Masking and social distancing have really fallen off quite a bit, it is a topic that deserves more discussion.
    - The data is very clear that the non-pharmaceutical interventions work, and we know these reasons are why the first surge abated. I think the thing to remember is that all of the things that we can do prevention COVID-19 infection are additive. If people are not practicing those individual infection prevention behaviors this will lead to an increase in transmission.
  - When will the CMS rule take effect?
    - The CMS rule is expected to take effect in October and the other federal rules are expected to take effect in November.
  - Will testing be a challenge here in Texas?
    - We still do not have the testing supply we expected.
    - The supply issue is on the point of care / rapid testing, a manufacturer destroyed their supply when the cases decreased. As a state, we are buying up point of care / rapid testing to increase capacity, but it is difficult to obtain. PCR testing is abundant.
    - Testing in general has limitations that we need to understand. When you are first infected, you are not shedding enough virus. It would be wrong for anyone to believe that a test today would be able to determine disease in a person in the future.

**Agenda Item 6: Public Comment**

Mr. John Chacón, Advisory Committee Coordination Office, Facilitator, stated that there were no registrations for public comment and no requests for public comment were received during the meeting.

**Agenda Item 7: 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:

- Hellerstedt - COVID, RSV, Influenza will likely be discussed. Next meeting should be in a few weeks. The fact that we had so little flu last season is proof that the personal infection prevention measures work, because as soon as the recommendations for those measures changed, flu and other respiratory viruses came back.
- Lakey – Intrigued with the data on how we are falling behind on public health for other diseases of interest. Should have a discussion on how we can catch up.
  - Hellerstedt – We can give status reports and updates for routine childhood and adult vaccinations, but final numbers will lag.
- Sutton –impact of the border issues on public health.
- Timing: early December or soon after the New Year

**Agenda Item 8: Adjournment**

Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:15 p.m.

Below is the link to the archived video of the September 21, 2021 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting posted on the website and in accordance to the HHS records retention schedule.

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