Task Force on Infectious Disease Preparedness and Response
APPROVED Meeting Minutes
Monday, December 7, 2020
1:00 p.m.

TEAMS Live Events Virtual Meeting

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:01 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the meeting and notes that this is the 9th meeting of the Task Force on Infectious Disease Preparedness and Response.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and asked each task force member to briefly introduce themselves after they confirm attendance. He announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.
Table 1 notes Task Force member attendance.

Table 1: IDTF member attendance at the Monday, December 7, 2020 meeting.

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

Yes: Indicates attended the meeting
No: Indicates did not attend the meeting
P: Indicates phone conference call

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

Agenda Item 2: Approval of October 19, 2020 meeting minutes

Dr. John Hellerstedt called for a motion to review and approve the minutes of the October 19, 2020 meeting.

Motion: Dr. David Lakey moved to approve the minutes from the October 19, 2020 meeting with edits on spelling and credentials of task force members and public member who provided oral comment. Dr. Chris Frei seconded the motion. Mr. John Chacón

conducted roll call vote and announced the Task Force members approved the minutes unanimously, with 22 approves, no disapproves, and no abstentions.

Agenda Item 3: COVID-19 Situation Update

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

- COVID-19 is one of the most momentous events in human history and we're still in the midst of it; at a very critical inflection point. We have vaccines on the way and some effective therapies in the form of monoclonal antibodies being distributed and used but the brightest light is the vaccines which we'll talk about in a little bit.
- Sufficient vaccine for true herd immunity to genuinely arrest the spread of COVID-19 will require many more weeks and months of vaccine manufacturing and distribution. We do have priorities of where to concentrate first.
- We are in an upswing in measures. It may be more threatening than the upswing this past summer when we reached a level of 10,800 hospitalizations per day; now measures are vacillating between the high 8,000s and the mid to low 9,000s.
- Although vaccines are helpful, if we forget to stop our behavioral practices, we have plenty of risk of having a spike on top of a surge. We're seeing surge. We're worried about the kind of gatherings over the holidays where the virus is spread and among the most significant ways in which it's spread in the past few weeks and months.
- Texas COVID-19 timeline:
    - Jan. 23 – DSHS launched coronavirus website and prepared #Texas DSHS media campaigns
    - Jan. 31 – activated SMOC
    - March 4 – DSHS announced first positive test results
    - March 13 – Governor Greg Abbot declared a state of disaster for all Texas counties and began issuing executive orders and waivers to mitigate the crisis
    - March 17 – announced the first death
    - March 19 – Dr. Hellerstedt declared a public health disaster
    - Dec. 6 – 1,249,323 confirmed cases reported in all Texas counties with 22,594 fatalities
    - The CDC said there could be 8 times as many people who have had the infection. What we understand now is how significant transmission is from people who have no symptoms but still shed the virus, and there's also a number of people who have a minimum number of symptoms or those who are pre-symptomatic. The CDC thinks that those people may account for 80 percent of spread.
- You can see that there's a new peak higher in December than back in the surge in July or August, which may be due to the increase in testing. We can't say that the true infection number is the same as back in the summer months since we can't test everyone every day.
- We look at death certificates for fatalities. There is some concern about those who died of a motorcycle accident but tested positive for COVID-19. We don't count those. We have two tiers for COVID-19 causes of deaths. Those with COVID-19 in the top tier, are counted as COVID-19 cases. You can see peaks from the middle of July and the peaks in fatality later in August. That is what we would expect clinically.

The clinical course is people become infected, then go through an incubation period with no symptoms. If they get symptoms and start getting sicker, this goes to a need for hospitalizations until an infection overwhelms them. When we think of hospitalizations, there are far more hospitalizations than deaths but there is still a lag.

- It is harder to staff up ICU beds vs general beds. You can see the curve going up at a slow rate compared to the summer but reaching close to the same absolute numbers that put stress on the hospitals because you can only expand your hospital capacity so much and so fast. We really want to deliver all the inpatient care that we can inside the four walls of the hospital. You need all people inside the hospital, not only nurses, to make it all work. Our amazing colleagues in the hospital systems in Texas are able to provide that care.
- We never want to have a situation where those who need a hospital can't be accommodated. There are lots of regional variations over time. The El Paso area very recently spiked higher. We are seeing a sustained downturn. We saw the same thing this past summer in the communities in the lower Rio Grande Valley. Talking with public health officials, healthcare professionals, and elected officials that once it got really bad the people in the community knew someone who died of COVID-19 or got really sick and were hospitalized. The communities had a change of heart in terms of understanding the necessity of prevention behaviors. Remarkably, even though we're seeing a resurgence in the Rio Grande Valley, it is much slower than in other parts of the state and much slower than El Paso used to be. People can learn that practicing these preventive behaviors works and they're necessary to protect the entire community.
- DSHS Roles during the pandemic:
    - The biggest role has been providing professional staff and help to hospitals that need it and doing that through a series of contracts with various staffing agencies. They're amazing and are the unsung heroes and heroines of this crisis.
    - Coordinator of local and state public health efforts
    - Lab testing and capacity
    - Data collection, analysis, and reporting
    - Statewide public awareness
    - Public health guidance for individuals and businesses, and consultation with local elected leaders
    - Sourcing and allocating medications, medical supplies, and personal protective equipment
    - Developing the infrastructure to safely and appropriately disseminate vaccine
- Estimated COVID-19 pandemic expenditures:
    - Close to $2 billion, the vast majority in medical surge staffing. Every reason to expect that expenditures at this level will continue for weeks or an indefinite period of time until immunizations can really take effect.
- DSHS outputs as of late November:
    - 2,447 STARs filled
    - 10,016 staff assigned to support hospitals
    - 850 alternate care beds

    - 850+ oxygen concentrators distributed
    - 980+ ventilators distributed
    - Call center = 29,410 calls and 26,727 emails received
    - Contact tracing = 3,058 state and local contact tracers active, 51 local health entities
- DSHS Communications
    - Thanksgiving news release
    - #HealthyTexas Holiday Communications Toolkit
    - Asking people to understand that COVID-19 is real and dangerous
- COVID-19 Prevention
- Influenza update as of late November:
    - Activity is low for influenza
    - Texas Vaccines for Children and Adult Influenza Vaccine Initiative vaccine doses – 71 percent total shipped

Agenda Item 4: COVID-19 Vaccine Update

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

- Evolving landscape for COVID-19 Vaccine:
    - Unprecedented development and speed that vaccines have been studied and developed
    - Four key assumptions for COVID-19 vaccine:
        - Doses of vaccines will be available in limited supply for the end of December but will increase next year
        - Initial supply will either be emergency use authorization (EUA) or licensure by FDA
        - Cold-chain storage and handling requirements are likely to vary from traditional vaccines. Some vaccines need ultracold storage.
        - Three vaccine candidates are two-dose regimens, 2 to 3 weeks apart.
- There are six vaccines that are part of Operation Warp Speed; four vaccines are in late-stage development, phase 3, either in the process or have completed phase 3.
    - Pfizer, mRNA technology platform, ultra-low frozen storage, 2 doses 21 days apart
    - Moderna, mRNA technology platform, frozen for 6 months or refrigerated for 30 days, 2 doses 28 days apart
    - AstraZeneca, viral vector, refrigerated for 6 months, 2 doses 28 days apart
    - Janssen, viral vector platform, refrigerated for 6 months, 1 dose
- Efficacy and safety for each vaccine candidate:
    - Large number of participants in all of these studies
    - Pfizer 90 percent effectiveness
        - EUA filed
        - No serious adverse events reported to date
    - Moderna 94.5 percent vaccine efficacy
        - EUA filed
        - 1 death in the placebo group

    - AstraZeneca, 90 percent vaccine efficacy half dose/full dose; 62 percent vaccine efficacy full dose/full dose; combined efficacy was 70 percent
    - Janssen not out yet
- Now that two companies have filed for EUA, what does that mean?
- Pfizer timeline:
    - The remaining regulatory process, companies both Pfizer and Moderna, have filed for EUA with the FDA.
    - FDA has set Dec. 10 to meet with an advisory committee called VRBPAC. This will be an open meeting and after that meeting, they will vote on recommendations. It is anticipated that in between, the FDA could issue an EUA for the Pfizer vaccine. Once an EUA is issued and all systems are loaded, and hospitals are ready to go, those pre-positioned sites will be ready to receive vaccine shipments.
    - After EUA, the Advisory Committee on Immunization Practices (ACIP) will commit their review and submit their recommendations. We anticipate that as soon as ACIP provides recommendations, the initiation of vaccination can begin. Anywhere from Dec 14-18 to begin vaccination.
- Moderna Timeline:
    - Dec. 17 for VRBPAC Open Session Meeting. They are slightly behind the timeline compared to Pfizer. Similar thought to the previous timeline, between Dec. 18-21. FDA could issue a second EUA and then ACIP will similarly provide recommendations within that timeframe. Hopefully at Christmas, we'll have a second vaccine for additional vaccinations.
- COVID-19 vaccine safety monitoring:
    - Vaccine Adverse Event Reporting System (VAERS) – existing system since 1990 for any adverse events related to post-vaccination
    - A new system by the CDC called V-safe that has been implemented
- VAERS system:
    - Nation's frontline system for monitoring vaccine safety
    - Co-managed by the CDC and FDA
    - VAERS is used to detect possibly safety signals that may be related to vaccines.
    - Main goals are used to detect rare or unusual events related to vaccination, identify potential patient risk factors related to vaccine, assess the safety of newly licensed vaccines, watch for unusual patterns, serve as a monitoring system in public health emergencies.
    - Any individual can report to VAERS.
- V-safe designed specifically for COVID-19 vaccine
    - More active surveillance of safety monitoring. Begins at point of vaccination.
    - Smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after someone receives a vaccination.
    - Vaccine recipients can quickly tell the CDC if they have side effects.
    - Will also remind them to get their second COVID-19 vaccine dose, if needed.
- Details on how the health checks will happen and what frequency of using v-safe
    - During the first week, a text message each day to check on individuals.
    - Then once a week for up to 5 weeks.

- Based on safety monitoring of existing vaccines, adverse events happen in the very beginning in general.
- Questions v-safe asks should take less than 5 minutes to answer.
- Process begins again after the second dose of vaccine.
- V-safe will do a long-term follow-up for 3, 6, and 12 months.

- V-safe provider role
  - The CDC is requesting that all healthcare providers encourage and engage in discussions with individuals receiving vaccine to enroll with v-safe. At vaccination, recipients will receive an information sheet for how to enroll.

Agenda Item 5: COVID-19 Vaccination Plan

Dr. Saroj Rai, Ph.D., Resident Vaccinologist, DSHS, provided an update on the COVID-19 Vaccination Plan and referenced PowerPoint entitled "COVID-19 Vaccination Plan". Highlights of the update and task force member discussion included:

- Texas is taking a phased approach to vaccination.
  - Phase 0 is the preparation phase that has been taking place since October and continues to enroll new providers.
  - Phase 1 (Dec. to Jan.) – Supply is limited for a few weeks but expected to increase as we move into next year. Vaccines will be direct-shipped to registered providers serving healthcare workers and other select populations based upon the DSHS Commissioner's approval in accordance with CDC/ACIP recommendations. Occupational healthcare settings will be the primary administrators of vaccines with some large chains enrolled, with the CDC also providing vaccines.
  - In Phase 2 (Feb. to July) – There will be some overlap, with a substantial increase in vaccine doses. Ensuring access to vaccines for members of phase 1 critical populations who were not vaccinated and additional populations, and an expanded provider network. Texas will use specialized vaccine teams to vaccinate identified critical groups lacking access to vaccine.
  - Phase 3 (July to Oct.) – Anticipated sufficient supply of vaccine doses for the entire population. DSHS will focus on ensuring equitable vaccination access across the entire population and will reassess strategies to increase uptake.
  - Phase 4 (Oct. and forward) – Sufficient supply of vaccine with a decreased need due to most of the population being vaccinated already. May include boosters or annual vaccines if required. Vaccine availability open throughout private providers.
- CDC Critical populations for COVID-19:
  - Groups or individuals may fall into overlapping categories. Five categories
    - Essential workers: healthcare providers and other essential workers who cannot easily social distance
    - People at increased risk for severe COVID-19 illness
      - People 65+
      - Long-term care (LTC) facility residents
      - People with underlying medical conditions
    - People at increased risk of acquiring or transmitting COVID-19
      - People from racial and ethnic minority groups
      - People from tribal communities

                - Individuals who are incarcerated/detained in correctional facilities
                - People experiencing homelessness/living in shelters
                - Congregate settings
                - Colleges
            - People with limited access to routine vaccination services
                - Rural communities
                - Disabilities
                - Under or uninsured
- Texas has convened an Expert Vaccination Allocation Panel (EVAP) that has a team of appointed external and internal subject matter experts. They develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health. The panel will develop and apply guiding principles in their recommendations. The final recommendations will be approved by the Commissioner.
- Texas Vaccine Allocation Guiding Principles:
    - Protecting healthcare workers
    - Protecting frontline workers
    - Protecting vulnerable workers
    - Mitigating health inequities
    - Data-driven allocations
    - Geographic diversity
    - Transparency
- Panel has finalized the phase 1 definition, split into tiers 1 and 2
    - Tier 1
        - Hospital staff working directly with patients who have COVID-19
        - LTC staff working with vulnerable residents
        - EMS providers who engage in 9-1-1 emergency services
        - Home healthcare workers
        - Residents of LTCs
    - Tier 2
        - Staff in outpatient care offices who interact with symptomatic patients
        - Direct care staff in freestanding emergency medical care facilities and urgent care clinics
        - Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID-19
        - Public health and emergency response staff directly involved in administration of COVID-19 testing and vaccinations
        - Last responders who provide mortuary or death services to decedents with COVID-19
        - School nurses who provide healthcare to students and teachers
- Texas COVID-19 Vaccine Allocation and Distribution Timeline
    - The first vaccine allocation –
        - Dec. 2-3 – vaccine doses allocated to 109 hospitals across the state
        - Dec. 4 – providers accepted allocations and DSHS submitted orders to the CDC

        - Dec. 4-18 – vaccine shipment and delivery to hospitals, depending on the date(s) of the EUA issuance/ACIP recommendations
    - Subsequent vaccine allocations
        - Will happen on a weekly basis depending on vaccine availability
        - Allocations are made ~2 weeks in advance of shipment/delivery
        - Vaccine delivery Monday-Friday

Agenda Item 6: Public Comment
John Chacon, Associate Director, Advisory Committee Coordination Office, Facilitator, read a public comment announcement prior to reading written testimonies and opening the floor for oral comments. The following are the written and oral public comments.

Written Comments:
Texas Dental Association, regarding Texas' COVID-19 response, specifically the Department of State Health Services' (DSHS) COVID-19 vaccine distribution plan, TDA respectfully asks that dentists and their dental teams be included in the groups eligible to be vaccinated in the next distribution phase.

Oral Public Comment

Ms. Sandra Batton, PACTEX (long term care providers), stated that it is unclear where congregate settings for IDD fall in the prioritization. People with IDD are twice as likely to die from COVID then the general population.

Commissioner John Hellerstedt, M.D., Chair, stated that the recommendations will be made more firm as the process evolves, using the vaccine allocation panel guidance. It will depend on the vaccines the state receives.

Imelda Garcia, Associate Commissioner, Laboratory and Infectious Disease Services, DSHS, will address questions about allocations to different hospitals.

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:

- Status report on each item discussed today.
- Next meeting tentatively scheduled for January 8, 2021.

Agenda Item 9: Adjournment
Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:20 p.m.

Below is the link to the archived video of the December 7, 2020 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting.

Task Force on Infectious Disease Preparedness and Response Meeting (IDTF) Agenda