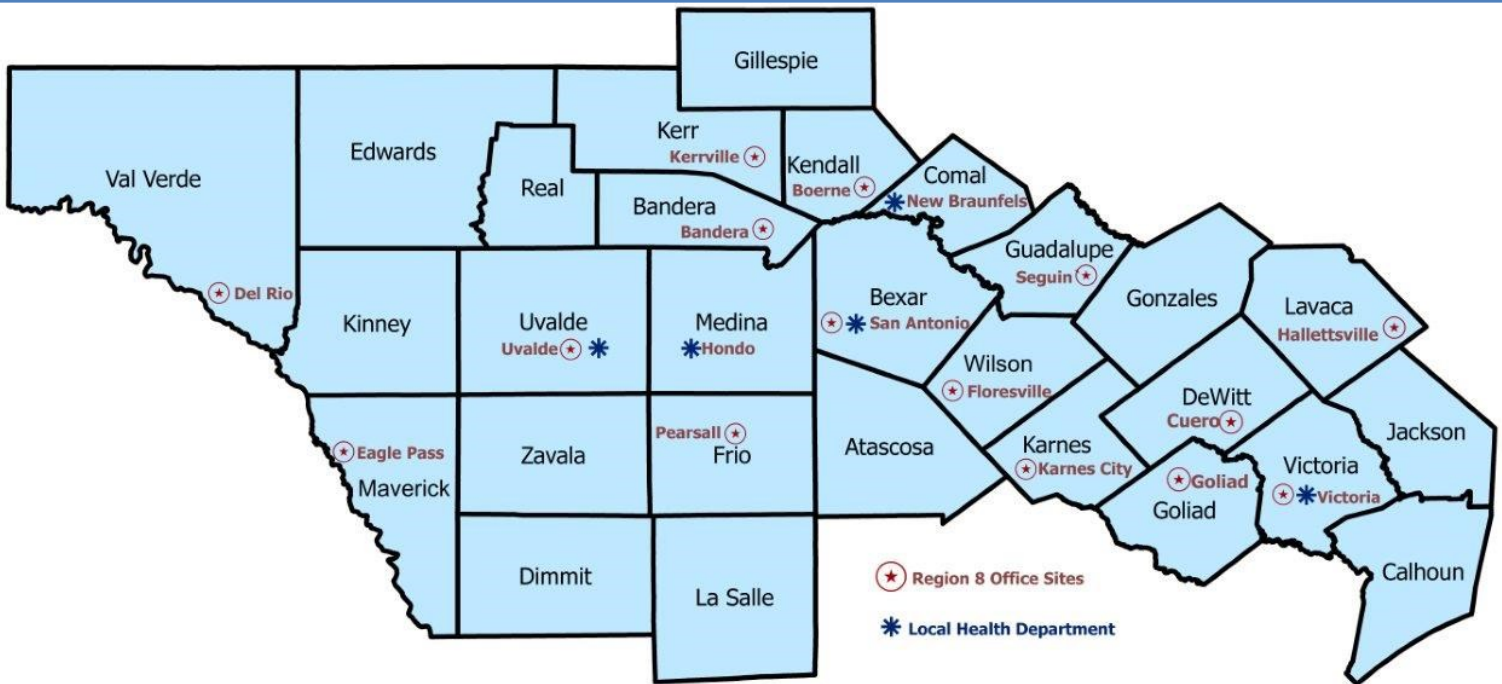


Health Service Region 8



Message from the Regional Medical Director:

In December of 2012, I was pleased to become the new Regional Medical Director for Region 8. Before taking the position, I had worked in Region 8 for almost two years as a Preventive Medicine Resident and then as the Tuberculosis Physician. I already had tremendous respect for all the great work regional staff do for the people and communities in the region so I was excited about this new opportunity.

I am originally from Alabama, where I attended college and medical school at the University of Alabama—Birmingham. After moving to Texas in 2009, I obtained my Master of Public Health degree from the University of Texas Health Science Center and then came to DSHS for residency training

My goals over the next few months include traveling around the region and meeting elected officials and community leaders to better understand their varied public health needs in order to build relationships region-wide. I am excited about the future and looking forward to working with the dedicated and professional staff in region 8 to improve public health.



Lillian Ringsdorf, MD, MPH

Public Health By the Numbers

- 10, 417 doses of vaccine administered to HSR 8 clients
- 2,017 children received preventive dental care services during the 2011-2012 school year
- ◆ 961 General Sanitation inspections conducted
- ◆ 81 safety seats distributed
- ◆ 1,008 rabies investigations completed
- ◆ 839 confirmed and probable notifiable conditions reported to Epidemiology Response Team
- ◆ 331 group presentations performed for Texas Health Steps medical and dental providers
- ◆ 1,034,745 minutes spent serving 1,757 special children and their families

Border in Motion

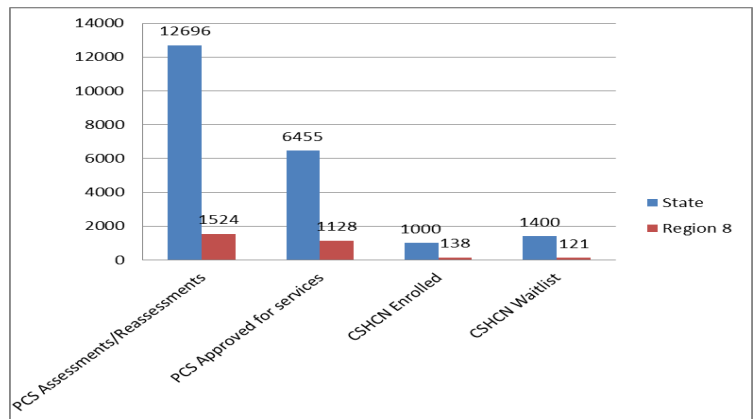
In 2012 Region 8’s Office of Border Health (OBH) focused on preventing obesity in border communities through partnerships with community agencies and the two border health councils. Through the efforts of the HOPE-K (Health Opportunities in Piedras Negras, Eagle Pass and Kickapoo Tribe) Tri-national Council, the Maverick County Commissioners Court approved that a local park and its surrounding streets be closed to vehicles and open for people to engage in various types of physical activity. This concept is known as **Ciclovia** and, since its approval in October 2012, *Ciclovia*s are celebrated the first Saturday of every month at Maverick County Lake. Local policies supporting changes to the built environment, such as the designation of Maverick County Lake for **Ciclovia** events, are centered on proven interventions and have the potential for greatest reach, effectiveness and sustainability.



The OBH also trained community health workers (promotoras) and parent volunteers in a program known as **BodyWorks**. **BodyWorks** was developed by the Office of Women’s Health in the U.S. Department of Health and Human Services. It is a program designed to help parents and caregivers of adolescents improve family eating and activity habits. Available in English and Spanish, the program focuses on parents as role models and provides them with hands-on tools to make small, specific behavior changes to prevent obesity and help maintain a healthy weight. After several successful cycles of this project, Eagle Pass was one of five sites selected nationally to implement the Spanish **BodyWorks** program. The purpose of this national evaluation was to determine whether the revised English and Spanish **BodyWorks** programs effectively achieve intended outcomes, and whether these outcomes are maintained beyond the end of the programs. As part of this evaluation, promotoras from the Mexican Consulate in Eagle Pass carried out three eight-week cycles of the program and the Eagle Pass Independent School District-Parent Learning Center carried out one eight-week cycle with parents and their children ages nine to fourteen.

Serving Children With Special Health Care Needs

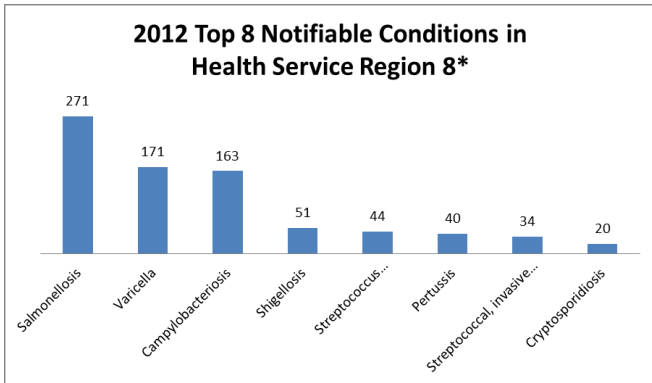
Specialized Health and Social Services (SHSS) provides services in Region 8’s 28 counties that are not provided by any local health departments, yet impact some of our most vulnerable Texas residents—adults with Cystic Fibrosis, children who qualify for Medicaid, and children with special health care needs. Many of these children have chronic conditions that range from Attention Deficit Hyperactivity Disorder and Asthma to untreatable cancers and debilitating genetic disorders and traumatic injuries resulting from events like Shaken-Baby Syndrome, drowning, and a variety of accidents; the rest are Medicaid recipients who are at risk of greater health care challenges that the programs strive to prevent. SHSS programs include Personal Care Services, Case Management for Children and Pregnant Women, Newborn Screenings, Texas Health Steps, and Children with Special Health Care Needs (CSHCN), a last resort health insurance for children with very special health care needs and limited income. SHSS staff works with the children and their families to assess and apply for services and with medical and dental providers to facilitate delivery of services. **Figure 1** illustrates the number of children, by state and by Region 8, who are assessed and approved annually for Personal Care Services (PCS), as well as children who are enrolled and receiving benefits from CSHCN or on its wait-list. CSHCN had a rare transfer, or pull, of children from the waitlist to the enrolled list in 2012; however, an additional pull occurred in 2013 and another larger pull is expected in Fall 2013. SHSS staff works hard to keep eligible children current on both lists.



Texas Health Steps and Case Management for Children and Pregnant Women provide medical, dental, and case management services in order to prevent the development or worsening of negative health consequences in Medicaid and Medicaid-eligible Texas children. In the State and Region 8 the number of children receiving the required periodic check-ups is markedly lower than the number of children who are enrolled and eligible for the Medicaid program. A critical issue for the program is the relatively small number of case management, medical, and dental providers, especially in rural counties, who are participating in the program and actively encouraging client participation. As of April 2013, Region 8 Texas Health Steps providers totaled 2,130 for 387,276 eligible children.

Notifiable Conditions in Region 8

Epidemiology is the study of health and disease in humans. The Region 8 Epidemiology Response Team has the job of investigating reports of state-mandated notifiable conditions when they occur in people who reside within our region. The team’s primary mission is to prevent more cases of disease. To achieve this mission, the team investigates diseases that are contagious from person to person and works with our Regional Medical Director to determine which control measures will keep the disease from spreading. In 2012, the team investigated 961 cases of notifiable diseases. The graph below illustrates the top eight diseases that were reported in Region 8 in 2012 *excluding Bexar County.

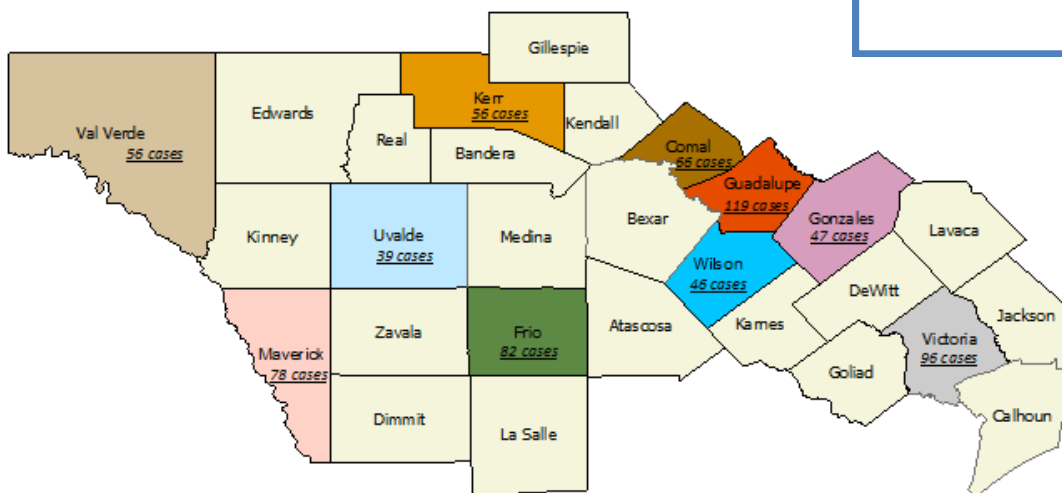


Over the years we have seen a steady decline in vaccine-preventable diseases due to the success of vaccination programs. In 2012, only 40 cases of pertussis were reported. The average age of pertussis cases was 21 years of age. Only six cases required hospitalizations and no deaths were reported for Region 8 in 2012. Reported cases of varicella decreased from 273 in 2011 to 171 in 2012. The age range of varicella cases is 1 month to 82 years of age.

Foodborne and waterborne illnesses account for many of the notifiable conditions in Texas. There were 271 cases of salmonella and 163 cases of campylobacteriosis reported in 2012.

Disease	Cause	Signs and Symptoms
Salmonellosis	<i>Salmonella</i> bacteria	Fever, headache, abdominal pain, diarrhea and, sometimes, vomiting
Varicella (chickenpox)	Varicella-zoster virus	Fever and rash
Campylobacteriosis	<i>Campylobacter jejuni</i> bacteria	Bloody diarrhea, fever, malaise and vomiting
Shigellosis	<i>Shigella</i> bacteria	Loose stools, fever, nausea, vomiting and cramps
Streptococcal pneumonia, invasive	<i>Streptococcus pneumoniae</i> bacteria	Fever, cough, shortness of breath, and chest pain
Pertussis (whooping cough)	<i>Bordetella pertussis</i> bacteria	Severe coughing spells with vomiting

**To report a notifiable condition call
210-949-2121**



The above map displays the counties with the most diseases reported within our region excluding Bexar County. These counties are also the most populous in our region.

Child Passenger Safety

You would not know by looking at it, but this child safety seat saved the life of a toddler who was traveling in a minivan that flipped over in a rain storm when a wild hog ran out in front of the vehicle. No one was hurt, including the 18-month-old child from Region 8 who was riding in this seat.



The Safe Rider program works with partner agencies, including Region 8, that distribute safety seats in their communities in conjunction with education programs. Each agency goes through a certification process that requires having a Child Passenger Safety (CPS) technician on staff. Families that take part in the program must be low-income, have at least one vehicle and attend a one-hour class on child-passenger safety. Most participants receive a car seat the same day they complete the class. The CPS technicians teach parents to properly install and use their safety seats. The family whose seat is pictured with this article, returned the seat to the local program that issued it. They attended another class and were given a replacement seat.

Region 8 has seven certified Child Passenger Safety (CPS) Technicians who collaborate with Texas AgriLife & Extension agents, Safe Kids, Safe Riders and local sheriff and police departments to conduct community child safety seat inspections and installations. In 2012, 57 vehicle inspection and safety activities were held with 81 child safety seats distributed or replaced. Certified Child Passenger Safety Technicians complete an intensive four day workshop developed by CPS professionals and the National Highway Traffic Safety Administration. While it is important for all young children to ride in a child safety seat each time they are in a vehicle, installing and using one correctly requires training and practice. In fact, four out of five children are not properly restrained in appropriate child safety seats or safety belt systems when riding in a vehicle.

Any person who travels with young children should be confident that their young passengers are riding in child seats that are installed and used correctly. Increasing access to safety seats, providing education on their correct installation and use, and promoting consistent injury-prevention messages to children and their caregivers will bring about a reduction in death and injury from motor vehicle crashes.

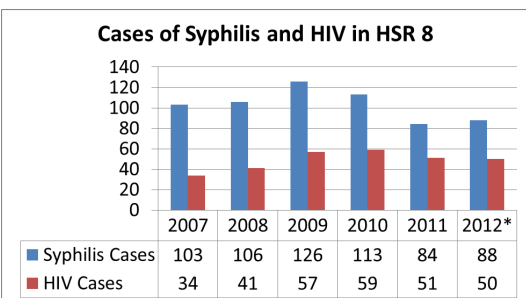
To find a child passenger safety class near you call
1-800-252-8255

HIV/STD

The HIV/STD team conducts investigations on two sexually transmitted diseases: syphilis and HIV. The number of syphilis cases has been falling since 2009 but the preliminary data for 2012 shows the number may be rising again in Region 8. There were 88 reported cases of syphilis in 2012 with an incidence rate of 9.9 cases per 100,000. Males accounted for 70.5% of all reported syphilis cases while Hispanics accounted for 64.8% of all syphilis cases. The majority of cases reported came from those between the ages of 15-34. The 25-34 age category accounted for 35.2% of reported cases while the 15-24 age category accounted for 28.4%.

For HIV, the number of cases rose from 2007 to 2010 but decreased in 2011. The preliminary data for 2012 also show a decrease in the number of cases year-to-year. There were 50 reported cases of HIV in Region 8 in 2012 with an incidence rate of 6.2 cases per 100,000. By gender, males represented 88.0% of all cases reported. By ethnicity, Hispanics accounted for 62.0% of all reported cases. The age group with the highest proportion of reported cases was the 25-34 year age category with 30.0% and the 45-54 year age category was a close second with 26.0% of all reported cases.

The other two reportable sexually transmitted diseases in Texas are chlamydia and gonorrhea. Chlamydia is the most common reportable STD in Texas with over 118,000 cases reported in 2011. Within Region 8, there were 3292 cases reported in 2012 with an incidence rate of 369.9 chlamydia infections per 100,000 people. Nearly 80% of cases were reported in females and 65.5% of cases reported in Hispanics in 2012. The 15-24 age category accounted for 70% of all cases reported within the region. The counties with the highest incidence rates were Uvalde with 761.2, Dimmit with 670.3, Zavala with 668.0, Gonzalez with 641.2, and Victoria with 593.4 chlamydia infections per 100,000 people.



For gonorrhea, there were 558 cases reported in 2012 with an incidence rate of 62.7 gonorrhea infections per 100,000 people. Of the gonorrhea cases reported in the region, 55.4% of cases reported were in females. More gonorrhea infections were found among Hispanics than non-Hispanics in 2012 with 60.4% of cases reported. The 15-24 age category accounted for 67.6% of all reported gonorrhea cases. The highest incidence rates were found in Frio County with 162.6, Gonzalez County with 146.4, Medina County with 145.6, Victoria County with 142.9, and Uvalde County with 117.4 infections per 100,000 people.

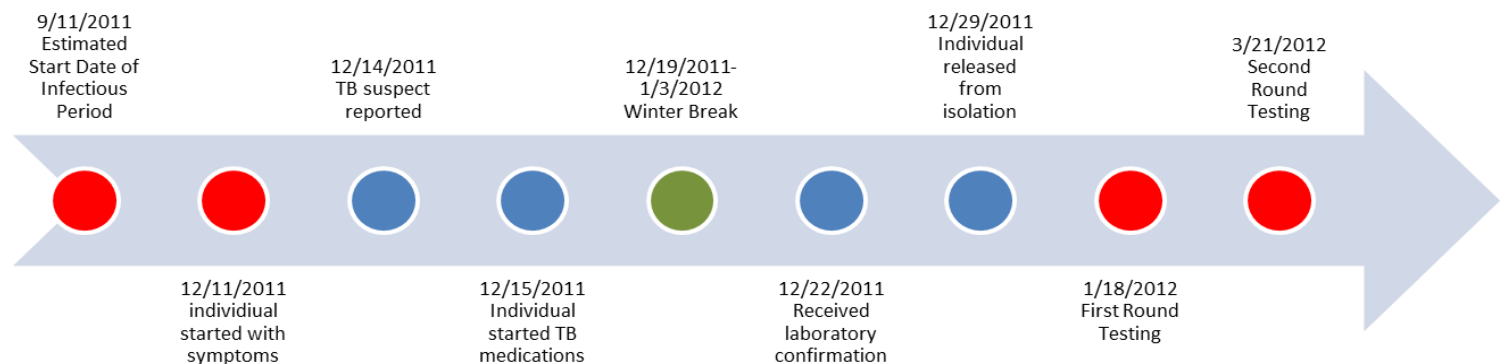
Investigating TB in a School

In December 2011, Region 8 learned of a possible case of tuberculosis at the high school in Del Rio. We immediately began an investigation to see who might have been exposed. By the time we received laboratory confirmation of tuberculosis disease we already knew that 283 students, faculty and staff needed testing. One of the early steps in a TB investigation is to meet with community leaders, in this case elected officials and school officials, so they are aware of the problem and can respond to community concerns in an informed manner. The Regional Medical Director and senior public health managers in the Region also met with parents, faculty and staff to inform them of the exposure, educate them about TB, and plan for testing all who were exposed.

Region 8 uses the Incident Command System (ICS) to organize for a significant event like TB in a school. We modify the ICS organization slightly to meet the needs of an infectious disease investigation. Since an investigation of this size requires a lot of people, we recruited staff from other programs in Region 8. This investigation required 50 people to conduct the investigation.

When we know about a TB exposure, we calculate the time that the person with TB became infectious. Knowing that helps us determine who needs to be tested. Once we know who has been exposed, we make arrangements to conduct two rounds of tests: the first occurs as soon as possible and the second round is scheduled eight to ten weeks after the exposure has ended. At the Del Rio High School, the first round of testing occurred on January 18, 2012. We set up the gym with testing stations and privacy screens and successfully tested 244 individuals during the first round. We also made arrangements to test people who were not present on the day of testing. Fortunately, we only found two people with latent tuberculosis infection (LTBI). Someone with LTBI has been infected with the bacteria that causes TB but the bacteria is dormant, does not cause illness and cannot be spread to others. Treatment of LTBI with prescribed medication prevents the infection from becoming active disease.

Timeline of TB Investigation



We held the second round of testing on March 21, 2012. We interviewed the two individuals identified with LTBI from first round to see if they had developed signs and symptoms of active disease. Of the people tested during round two, seven individuals were identified with LTBI and offered treatment. We did not find anyone else who had active tuberculosis (capable of spreading TB disease to others).

Finding TB in a school creates a lot of concern among parents, students, school employees and elected officials. In educating the community, we emphasize that we will identify all those who are exposed, find out if anyone has become infected and treat those with LTBI. Meanwhile, we provide comprehensive treatment and case management to the person with active tuberculosis so that they cannot infect anyone else and so they are treated to cure. It is also our responsibility to protect the identity and privacy of the individual with active TB.

SIGNS AND SYMPTOMS OF TB

- Feeling sick or weak
- Weight loss
- Fever
- Night sweats
- Coughing
- Chest pain
- Coughing up blood

Capability and Risk

2012 was another busy year for the Public Health Emergency Preparedness team in Region 8. Our largest task was working with our local partners to conduct both a Capabilities Assessment and a Jurisdictional Risk Assessment for each county. Although the local Emergency Managers have previously completed similar documents, these were focused on determining capabilities and risks for dealing with public health and medical concerns in an all-hazards response environment. By reviewing both the Capabilities Assessment and the Jurisdictional Risk Assessments, we were able to determine areas that we have made great strides in as well as gaps that needed to be addressed. Public Health Emergency Preparedness funding addresses these specific capabilities and provides us with a road map to public health and medical preparedness in our communities.

Based on these assessments we determined that one of our greatest needs involved the lack of planning, training and response capability to deal with a mass fatality event. In late 2012 Region 8 applied for a grant to develop a Regional Mass Fatality Plan. Notification was made in late December that our grant had been approved for funding. This will allow for us to engage a contractor to work with our jurisdictions to develop this plan during 2013.



Partnering to Immunize

The Immunization Program continued to partner with the 232 Texas Vaccines for Children (TVFC) providers in HSR 8 to provide immunization services to both children and adults in 2012. HSR 8 immunization staff worked to provide education and training to the TVFC providers and the general public on policy changes that affected the delivery of vaccines to insured children and the Adult Safety Net vaccine program. HSR 8 staff also worked with our immunization partners to assist students seeking the meningococcal vaccine to meet the requirement for college entrance.

2012 also brought the implementation of the Electronic Vaccine Inventory (EVI) system to all TVFC providers. HSR 8 immunization staff provided education and training to TVFC providers to ensure their vaccine inventory was maintained and providers could continue to vaccinate.

Preventing Rabies

Zoonotic diseases are those that can be transmitted from animals to humans. Rabies is one of these diseases. Region 8 has a Zoonosis Control program that plays an important role in preventing rabies in our area. The program

- Conducts surveillance to identify rabies in animals,
- Assesses rabies risk for humans and domestic animals potentially exposed to rabies,
- Coordinates rabies treatment for people who are exposed to rabies,
- Facilitates laboratory testing of potentially rabid animals,
- Participates in the Oral Rabies Vaccination Program (ORVP),
- Trains animal control officers, and
- Inspects animal impoundment and rabies quarantine facilities.

The Oral Rabies Vaccination Program is a cooperative program of many local, state and federal agencies. The goal of the program is to contain terrestrial animal strains of rabies in South Texas (coyotes, fox and skunks). These strains of the rabies virus are particularly important to public health because they commonly infect domestic animals. This means that they can infect and be propagated in domestic animals, which can result in large numbers of human exposures.

An oral rabies vaccine (contained in a bait) is distributed from a special airplane. The flight miles each year result in a distance equaling approximately four times around the world and the bait drop covers almost 540,000 square miles of Texas. Extensive research has shown the vaccine to be very safe, so neither humans nor animals are at risk of developing rabies if they are exposed to the bait.

In addition to the work done by the Region 8 Zoonosis Control staff, it is also important for everyone to help prevent rabies too. Here's what you can do:

- Vaccinate your dogs and cats. This protects them and you.
- Restrain your pets. Do not allow them to roam.
- Avoid contact with wild animals, and dogs and cats you do not know.
- Do not touch sick or injured animals. Report them to an animal control officer.

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