



**Task Force of Border Health Officials (TFBHO) Meeting**

Brown-Heatly Building, Public Hearing Room  
4900 N. Lamar St., Austin, TX 78751

**December 13, 2019**

Member Name	Yes	No	Professional Representatives (non-members)
Esmeralda Guajardo, MAHS	✓		
Hector Gonzalez, MD, MPH		✓	
Steven M. Kotsatos, RS	✓		
Josh Ramirez, MPA, CPM	✓		
Eduardo Olivarez	✓		
Arturo Rodriguez, DNP, MPA, CPM	✓		
Robert Resendes, MBA, MT (ASCP)	✓		
Emilie Prot, DO, MPH	✓		
Lillian Ringsdorf, MD, MPH	✓		(by phone)
Rachel E. Sonne, MD, MPH	✓		
State Representative Bobby Guerra		✓	
Senator Eddie Lucio Jr.	✓		Represented by Daniel Esparza and Elsa Garza; Senator Lucio called in to thank members for their hard work and dedication.

**Attendees Present**

Francesca Kupper, John Villarreal, Dr. RJ Dutton, Henry Presas, David Gruber (by phone), Imelda Garcia, Alberto Perez, Feliziana Torres, Claudia Bustos, Dr. Allison Banicki, Adriana Corona-Luevanos, Daniela Marquez, Evelyn Hahn, Elsa Garza, Daniel Esparza, Dr. Grace Kubin, Dr. Bethany Bolling, Mackenzie Spahn, Perry Cervantes and Dale Scott.

**Agenda Item I: Call to Order, Welcome, Chair Remarks, Meeting Logistics and Roll Call**

Chair Guajardo called the meeting to order at 9:28 a.m. and welcomed attendees to the Task Force of Border Health Officials (Task Force). She introduced Dr. Sonne as the newest member of the Task Force. Ms. Kupper read open meeting guidelines and completed the roll call to confirm a quorum. A quorum was established.

Chair Guajardo welcomed Mr. David Gruber (by phone). He announced that Dr. Hellerstedt confirmed that Chair Guajardo and Vice Chair Gonzalez would remain for a second term and thanked them for their leadership and members for their service and dedication to border public health.



**Agenda Item II: Approval of September 13, 2019 Meeting Minutes**  
(out of original order; handled after lunch)

Due to an unexpected late start, agenda item two was skipped and Chair Guajardo welcomed Dr. Grace Kubin to commence her presentation (agenda item 3).

**Agenda Item III: Survey Questions for laboratory capacity by Laboratory and Infectious Disease Surveillance (LIDS) Leadership staff**

Dr. Grace Kubin updated members on the revised questionnaire and provided a handout. She informed members of her interaction with border counties regarding laboratory capacity. She also provided optional questions regarding direct reporting to the CDC. She also noted collaborations with the Texas Commission on Environmental Quality. She provided a hand-out to members and asked for their input in order move forward collaboratively. After Dr. Kubin's presentation, members shared comments and discussed the survey question topics:

Mr. Eddie Olivarez

- Mosquito diseases and support care for pregnant mothers due to no local lab capacity
- Encouraged the continuation of Zika testing
- The survey will help border areas advance and break barriers
- TFBHO should prepare hard core facts to bridge the gap of common barriers in border communities
- Survey questions should be shared with LHD epidemiologists and reminded members and Dr. Kubin about the reality of having a 45% uninsured population
- Working with Mexican partners (concerned about measles); need to assess Rio Grande Valley private/public tests for measles. (Currently has to send tests to the Austin lab and the need to assess local lab capacity on the border, especially because measles testing is not common
- Need to involve survey questions to border epidemiological calls on Mondays and offer a 10-day deadline
- Set an agenda item for next meeting regarding registered sanitarians role (very import to promote the importance of the role of registered sanitarians with multiple agencies

Mr. Esparza

- Local testing capacity questions, as the real need in the survey
- Asked if questions were being shared with Local health departments (LHDs)
- Delay of local testing and the cost of the testing
- Quality testing issue is imperative, especially in cases that are sent on Friday afternoon (what happens locally while waiting to receive test results effects public health
- Local capacity is needed to help booming populations in border health districts
- Testing protocols to provide an insight to DSHS leadership and to the Legislature
- Questioned how tests are conducted? Do locals have the capacity to complete public health charge?



- Lawmakers need to justify state health; survey questions/results should provide a true-life depiction of what happens in real scenarios to justify additional assistance to LHDs.
- Reminded members that SB 1122 included some of the current issues and was part of the original recommendations and mentioned the need to look at bills that didn't make it past the floor.

Dr. Prot

- Questioned issue of different pathogens relating to mosquito-borne diseases
- Questioned local labs being able to sustain testing for 100 flu cases, as an example
- Current issues of possibilities of false negatives due to the condition of current shipment process

Mr. Resendes

- Seasonality of mosquito testing and the potential for year- round testing

Dr. Rodriguez

- Explained how Mexican partners conduct testing (shipments to Mexico City and then back to LHD) and its relativity to a 1M population, many of which cross the border daily. Cognizant of legal migration among border communities and its effect on American populations on the border.

Dr. Ringsdorf

- Important to build capacity on the border; need to test closer to where the patients are (Eagle Pass/Del Rio ships samples via FedEx (not always in good enough to test due to shipping process)
- Dr. Kubin suggested adding vector-borne virus testing to the survey questions. She mentioned that the new lab in Harlingen will include human testing. Mr. Olivarez thanked Dr. Kubin.

Mr. Ramirez

- Most urgent concern in south Texas is local lab capacity

Dr. Sonne

- Curiosity regarding results from counties without LHDs
- Region 9/10 has changed in the last four years; need for data-informed decision-making
- Prioritize questions by relativity and importance
- Lab shipping issues along the Texas frontier is limited (we can't ship samples after Wednesday; some employees to drive samples to closest FedEx location)

Mr. Kotsatos

- Requested to expand questions 33 and 34 regarding food safety
- Questioned what types of tests are conducted E. coli, listeria, etc.



Chair Guajardo thanked members for their input and expressed the need to build our case for a closer proximity to the border. She expressed the need to paint a realistic picture of what the border situation is and the importance of not overlooking emerging threats, such as Zika and H1N1 that effected the border and being ready for the next emergency.

Dr. Kubin thanked members for such a collaborative work effort. She stated that starting with what was used four years ago was helpful. The questions were about the type of work and lacked how the work was being accomplished. We need to give LHDs and epidemiologists this part of the survey questions to complete the topic. She also stated that it was important to note that different parts of Texas have different needs. She asked what was most important to the border and the need to add relevant questions. She thanked the members for their input about including epidemiologists, since they're on the front lines. She embraced the recommendation to work with RLHO to improve not only what labs are doing but what LHDs are doing and defining what's most important.

Chair Guajardo thanked Dr. Kubin and members for their discussion on such an important subject matter in its relation to border public health.

**Agenda Item IV: Mosquito Surveillance Update/Presentation by Laboratory and Infectious Disease Surveillance (LIDS) Leadership staff**

Dr. Bolling presented on mosquito surveillance throughout Texas, laboratory services and the surveillance project with UTRGV and insecticide resistance testing. She spoke of the importance of mosquito surveillance and testing, especially when emerging viruses are proliferated by mosquitoes and the possibility of mutations, and mosquitoes control efforts. After the presentation, members shared comments and discussed the survey question topics:

Dr. Rodriguez

- There is a lot of private pesticide spraying not reported to LHDs (communities hire their own pest control) and asked how best to monitor that type of activity. Dr. Bolling stated they should ask what products they're using and send samples for us to get involved.
- There is a need to bring the Mexican component to the mixture (taking two separate issues and turning into one arboviral event)

Mr. Olivares

- There is a lot of resistance-related products that many cities and counties use. He asked about educating groups on effective vector control. Entities tend not to use more expensive options that are more effective (using hundreds of thousands of dollars on products that only have 20% effectiveness)
- We should conduct targeted testing during the winter months, since highest risk incidents occur in November and December
- There is a need to find funding for sustainable surveillance, year-round testing



- A main focus should be on the 29 ports of entry of food products brought up in this country; there is a need for a clear mandate for joined federal, state and local entities to collaborate.

Mr. Kotsatos

- Recommend that Dr. Vitec be invited to a future meeting to provide details on the insecticide resistance
- Suggested that the Texas Department of Agriculture present on food testing procedures in relation to insecticides indirectly used or stored with food products/sanitation issues

Chair Guajardo

- It might be helpful to list areas where they collected specimens (county jurisdiction vs. local municipality; asked what parameters were used)
- Questioned the possibility of year-round testing (local Zika transmission was in November-December); Find opportunities for collaborative, cost-effective, joint efforts to fund ongoing surveillance

Dr. Bolling mentioned that it would be a good idea for jurisdictions needing year-round testing to ask how many mosquito tests are being sent in that timeframe and what types of mosquitoes are sent for testing.

Mr. Esparza

- An attempt was made to address this issue in SB 1121 (utilize federal funding in between funding cycles)
- Hidalgo and Cameron Counties have this priority for continued surveillance to acquire federal funding to fill that gap
- There is a need to get ahead of emerging issues as opposed to responding to different border public health issues as part of short and long-term goals
- Suggestion to pilot a program to build on year-round testing efforts
- Suggested that Task Force consider creating a document specifying diseases of high prevalence during winter months

Senator Lucio called in at 11:15am and thanked all Task Force members for their continued hard work and dedication. He expressed the important role in public health and well-being the play and appreciated all their efforts.

Chair Guajardo thanked Senator Lucio for taking time to call and for initiating the bill that created the Task Force. She also thanked Dr. Bolling for her presentation and the work LIDS does to assist with Task Force efforts.

**Agenda Item V:                      Presentation: Texas Department of Agriculture (TDA)  
Pesticide training and testing**



Chair Guajardo thanked Mr. Dale Scott and Mr. Perry Cervantes for coming to the meeting. Mr. Scott initiated his presentation and provided an overview and background prior to Mr. Cervantes continuing. They explained that Drs. Richie and Swiger (Texas Agrilife Extension) joined also joined the meeting by phone. They explained the following:

- TDA is the lead agency for pesticide testing and licensing, since 2007 when vector control transferred from DSHS to TDA
- Applicators must be licensed to spray in Texas; TDA must ensure that all applicators are competent to administer insecticides properly in both urban and rural areas
- Non-licensed applicators can work under the supervision of a licensed supervisor
- SB 1113 waives the previous requirement for the licensed applicator to work out of the same local office
- TDA has reduced or waived fees and other requirements for border counties (\$75 per year per applicator plus testing costs)
- A third-party vendor is now in charge of vector-license testing (General Standards Exam and a vector category exam covers Task Force needs)
- Trainings offered for non-commercial applicators
  - Two-day training to cover general standards and vector exam (free for government entities)
  - Tests available from 8:00am-noon (have done trainings along the border in Weslaco and El Paso; looking at Laredo as a future testing site)
  - Tests are difficult; study guides are provided

Mr. Esparza -

- Thanked TDA for going beyond the statute of services and for their time, understanding that the border encumbers a unique problem with vectors in binational communities.

Mr. Ramirez

- Asked for elaboration on the differences between the general standards and the vector tests
- Mentioned that while the training and support is appreciated, many needed hands on training

Mr. Olivares -

- Thanked Mr. Cervantes and Mr. Scott for their assistance during emergency response in Hidalgo County.
- Mentioned that there was a high no pass rate and mentioned the importance of accountability and the opportunity for leadership to attain the knowledge and skills to supervise non-licensed applicators.
- Addressed emerging issues, such as warehousing of chemicals
- Need to concentrate on leadership quality to oversee non-licensed applicators

Chair Guajardo -

- Thanked TDA and noted that their training system works but asked if there was another type of mid-level test, specifically for public health departments or other



municipalities that find it difficult for certain staff to get licensed, such as smaller precincts to acquire basic knowledge of insecticides, especially for emergency events

Dr. Rodriguez –

- Challenged himself to take both exams and noticed that the constructs seem to be for a “one-man show” and referenced gaps to meet community needs.

Dr. Richie –

- Mentioned how TDA is responsible for insecticide testing for all of Texas; instrumental in the response to Hurricane Harvey
- TDA and Texas Agrilife Extension offers support training and guides prior to testing
- Mentioned support training courses are offered on their web site; public health manuals are also available plus other on-line courses that are category-specific
- Respect that there are very capable people who are not licensed but still offer training courses at different levels so that all Texans are offered the opportunity to be trained at their level of capacity

Dr. Swiger –

- Mentioned that even though the test covers other vectors, most of it concentrates on mosquitoes.
- Training are offered throughout the state
- Need LHDs and other entities to take on supervisory roles to train others; once someone is licensed, they should go and train their staff to ensure there is enough of a workforce to handle community needs
- Mentioned that there were other training options and classes offered on-line

Mr. Scott mentioned that a federal statute mandates that written exams are administered and written in English due to all insecticide labels being in English.

Mr. Cervantes explained that test competencies for a basic applicator are to ensure they understand equipment, laws, etc. He clarified that the exam is not specific to mosquitoes due to the possibility of other vectors, such as rats and mice that can cause public health issues. TDA also provides study guides for the tests because they are difficult. He understood that some people just don't test very well. However, those people can administer as a non-licensed applicator under someone else that has the license. Exams are not region-specific, since we're responsible for licensing the entire state.

Chair Guajardo thanked Mr. Scott and Mr. Cervantes for presenting and for their partnership and collaboration.

**Agenda Item VI: Break**

The break was skipped due to meeting start time at 9:30 a.m.



**Agenda Item VIII:**      **Lunch** commenced at 12:30 p.m. and reconvened at 1:42p.m.  
(out of original order)

**Agenda Item II:**      **Approval of September 13, 2019 Meeting Minutes**  
(out of original order)

Chair Guajardo asked Task Force members to review and approve the September meeting minutes. Mr. Villarreal commented about his correction of Dr. Ringsdorf being counted as present. Dr. Prot made a motion to approve the minutes with the stated correction and Dr. Rodriguez seconded the motion. The meeting minutes were approved.

**Agenda Item VII:**      **Work Group Action Plan Updates Part I**  
• **Communicable Diseases**

Dr. Prot initiated the work group plan as a participatory-type discussion to produce data-driven data regarding communicable diseases recommendations. She led a discussion on population growth, long-term nursing, immunization program in relation to recent flu deaths. She expressed interest in:

- increasing immunizations to at-risk populations who traditionally lack vaccines, as opposed to increasing general vaccination rates
- multi-drug resistance issues to reduce, transmission of all resistant organisms
- education on when to take anti-biotics
- use of educational components and resources

Chair Guajardo –

- Commented about incorporating education into related goals and border-wide key message consistency
- Workgroup discussions should include TB/TCID-related matters as a formal recommendation to address this and other related topics

Dr. Rodriguez –

- Mentioned the issue of communicable diseases on the other side of the border; obtaining such data or BIDS data; observation from recent binational health council/COBINA meetings.
- Expressed having many conversations on the issue of case definitions; taking foundational steps to engage in dialogue with Mexican partners
- There is a need to have an ICS-type of response on how to handle emerging diseases
- At our last binational health council/COBINA meeting, our Mexican partners shared that there were up to 19 different countries involved in Mexican immigration including Russia, Togo, Chile, Brazil, parts of Africa, etc. with potential for emerging threats without us being aware of the current public health status of those countries.

Mr. Olivares –

- Expressed the need for quicker exchange of date between local and state government



- Suggested that the TB/TCID should be on the next agenda to work with DSHS and other partners addressing issues with that facility and other related matters, which should be a recommendation to the Commissioner of Health
- Referenced the issue of consistency of operation case definitions; Agree with Dr. Rodriguez – the best venue for such discussions is at the local binational health council/COBINA level as the best way to communicate with our Mexican partners

Dr. Sonne –

- Mentioned a great opportunity for improved messaging to targeted populations to improve communication and understanding to transcend social, cultural and income barriers as a single, unified border-wide effort
- Asked about operational case definitions and the potential for consistency in terms of agreeing to accept case definitions as probable cases.
- Expressed she understood the challenge with consistency of probable case definitions and is interested in understanding how Mexican partners evaluate and confirm case definitions so that we can evaluate cases, ourselves in terms of accepting their definition as potential for probable cases

Dr. Ringsdorf –

- Noted that the highest rates of multi-drug resistant issues are in Region 11
- Supported the use message consistency and the appropriate translation of such messaging that will reach targeted audiences (formal translations don't capture the interest of locals so that the message is well-received in an approachable way with lasting results)
- Regarding operation case definitions, we have quarterly Border Epidemiological Surveillance Team (BEST) group meetings whereby we discuss probable case definitions with our Mexican partners, as they mostly rely on signs and symptoms); we discuss the cases they have on either side of the border so that we understand the public health issues binationally – it's been very productive.

Dr. Prot –

- Discussed the issue regarding the definition of cases and how case definitions may be different in Mexico or binationally. Due to these differences, discrepancies in travel, migration, residency/non-residency leads to data that can't be used. Binational efforts should be improved regarding case definition consistency.
- Proposed that Central Office work on having a complete list of binational probable case definitions as a guide for related issues, whether or not binational consensus was established; we should determine whether it's to our advantage or disadvantage to count them or not (relying on history, context, migration issues)

Chair Guajardo agreed with Dr. Prot because LHDs on the border deal with this issue on almost a daily basis. It is a good issue to address to ensure case definitions are consistent, as most are may not be considered actual cases due to differences or discrepancies.



Dr. Banicki –

- Response to Dr. Sonne, Mexico’s case definitions are uniformed across the country, as opposed to state-to-state. While they are not likely to change case definitions, we are communicatively engaged so that we can improve the understanding of case definitions in either country. If there is an outbreak, there may be an operational case definition that may have differences, especially for unique cases.
- Operational case definitions may change depending on the circumstances; we can look at historical data on how Mexico and Texas has treated cases in an effort to pursue some level of consistency
- Mentioned that even though she attends bi-monthly binational technical workgroup calls, they’re not as in-depth of any particular topics and less situational awareness than before
- Expressed willingness to address a status report periodically or as needed

Dr. Dutton –

- Our goal is to work with Mexico binationally in a systematic way. We work to address disease reporting on both sides. We have a long-standing information epidemiological exchange with different binational health councils (i.e. Eagle Pass/Piedras Negras, Brownsville/Matamoros, etc.) but sometimes there is a lack of rigorous reportable disease-sharing; situational awareness is decently constant but having a formal system in place is difficult but is still an ongoing effort.
- There historical examples of dengue cases and the reporting of hundreds of thousands of probable cases, even though few may result in laboratory confirmation.

Mr. Alberto Perez –

- Mentioned the realistic political implications probable binational cases have with our partners; understanding the delay in receiving communication or confirmations on potential cases based on historical experience.

Chair Guajardo thanked members and attendees for their input and asked Dr. Banicki to consider periodic status reports on upcoming public health trends. She acknowledged the suggestion for TDA to return to discuss the progress of recent legislation and on sanitarian topics.

**Agenda Item VII**  
(continued)

**Workgroup Action Plan Update Part II**  
**Environmental Health Discussion**

- Department of Agriculture’s role on SB1312
- Sanitarian Topics (training, sampling, partnerships and performance standards)

Chair Guajardo expressed that since Dr. Gonzales was not in attendance, the Environmental Health Discuss will be tabled until the next meeting.

**Agenda Item IX: Review of recommendation for November 1, 2020 Report**



Chair Guajardo asked Mrs. Kupper to discuss best options on moving forward with recommendations. She suggested that presentations can be coordinated for the first day with work on recommendations being handled on the second day. The first step would be to review the recommendations from 2018 and initiate a start-stop-continue method to tackle each recommendation and discuss possible new ones. She reminded members that there will only be four meetings before a draft is due. After discussing best options for homework assignments, members agreed that homework should be handled via previously established workgroup/sub-committees. Discussions also covered the possibility of members coordinating conference calls to discuss recommendations with five members or less to avoid quorum issues. Chair Guajardo asked Mr. Villarreal to send a list of workgroup/sub-committee members in January.

**Agenda Item X: Public Comment**

There was no public comment.

**Agenda Item XI: Timelines, Next Steps, Announcements**

Mr. Villarreal confirmed dates for 2020 meetings:

February 20-21, 2020

May 7-8, 2020

June 18-19, 2020

August 27-28

October 15-16, 2020

December 3-4, 2020 (possibly only December 3, since reports would have already been submitted).

Members agreed that meetings will start at 11:30 am on the first day and second day meetings will start at 9:00am. Mr. Villarreal reminded members that all 2020 meetings will take place in the Moreton Building.

**Agenda Item XII: Adjourn and Thank you**

Chair Guajardo thanked members for their attendance and adjourned the meeting at 2:43 p.m.



**TEXAS**  
Health and Human  
Services

**Texas Department of State  
Health Services**