DSHS Pandemic Response

Senate Health and Human Services

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Commissioner, Texas Department of State Health Services

June 27, 2022
Outline

• Pandemic Response Functions
  • Typical Public Health Response
  • COVID-19 Response

• COVID-19 Trends & Response Timeline
  • Trends & Interventions Overview
  • Trends by COVID Wave
Pandemic Response Functions
Types of Emergency Response

• Texas takes an all-hazards approach to preparedness and response, which includes:
  • Natural events
  • Biological events
  • Hazardous material spills
  • Radiological accidents
  • Terrorist acts
  • Man-made disasters

• Texas Division of Emergency Management (TDEM) is the lead agency for state disaster response in Texas:
  • State of Texas Emergency Management Plan (State Plan)
  • State Operations Center (SOC)
DSHS Responsibilities in Emergency Response

• DSHS primary responsibility falls under the State Plan:
  • Emergency Support Function 8: coordinating public health and medical response during emergencies
  • Annex D: radiological emergencies
The statewide scope and scale of COVID-19 required different approaches to disaster response functions typically implemented at local or regional levels.

Resource scarcity felt nationwide and globally led to different approaches at the federal level, requiring states and public health to adapt to changing expectations for disaster response needs.

Evolving understanding of the disease at national and global levels resulted in ever-changing needs for communications to the public, providers, and public health partners at state and local levels.

DSHS had more direct interaction with healthcare settings (surge staffing support on a statewide scale) and patient care (therapeutics distribution).
Typical Disaster Response
• **Event Type:** Weather-based disasters are overwhelming majority, fires
• **Scope:** Local or regional
  • Redirect existing assets to affected areas
  • Use existing equipment/supplies to assist in operations limited to the needs of event responders
  • Regional partners (HPPs) directly handle healthcare setting and patient care-related coordination
• **Duration:** Limited time periods
  • State Medical Operations Center activations of 30 days or less
• **Communication:** information directed to specific communities about a specific issue
• **Response Approach:** Not novel in most cases
  • Events follow familiar scripts regarding preparedness, response

COVID-19 Disaster Response
• **Event Type:** Novel infectious disease
• **Scope:** Statewide
  • Existing assets could not be deployed for simultaneous needs occurring statewide
  • National/international resource scarcity meant all sectors in need of same equipment/supplies
  • More direct involvement with healthcare setting (hospital surge staff) and patient care (therapeutics) needs at statewide level
• **Duration:** Extended duration
  • Approaching 900 days of continuous State Medical Operations Center activation
• **Communication:** information directed statewide to address multiple issues
• **Response Approach:** Novel epidemiology, response
  • Impact of changing asset availability and federal requirements/guidelines/initiatives required constant adaptation
COVID-19 Pandemic: Emergency Response by DSHS

• **Coordination and Control**
  • SMOC activated for 868 days as of June 27, 2022
  • Over 2,700 DSHS employees supporting response
  • Over 1,400 reports and plans produced and over 900 maps and GIS products produced

• **State of Texas Assistance Requests (STARs)**
  • 16,431 STARs processed by DSHS:
    • 2,079 facilities/organizations receiving resources
    • 3,299 staffing requests filled by SMOC

• **Total Cost of Response as of June 16, 2022: $10.1 billion**
# COVID-19 Pandemic: DSHS Expenditures

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount Obligated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Surge Staffing</td>
<td>$8.4 Billion</td>
</tr>
<tr>
<td>Local Response</td>
<td>$906.8 Million</td>
</tr>
<tr>
<td>Local Contracts</td>
<td>$390.4 Million</td>
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<tr>
<td>COVID-19 Surveillance</td>
<td>$328.5 Million</td>
</tr>
<tr>
<td>Lab Costs</td>
<td>$56.9 Million</td>
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<tr>
<td>Repatriations</td>
<td>$5.6 Million</td>
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<tr>
<td>Other Cost</td>
<td>$0.3 Million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$10.1 Billion</strong></td>
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COVID-19 Pandemic: Emergency Response by the State

- **Missions Unique to COVID-19**
  - Over 13,600 infusions administered by mobile infusion teams
  - 379 Healthcare Acquired Infections-Epidemiology (HAI-EPI) nursing home missions completed
  - Over 5,500 homebound vaccinations completed
  - 108,000 calls/emails received by COVID Call Center
  - 1,700 EMTF nursing home testing/transfers

- **Vaccines**
  - 44,889,696 vaccine doses administered, 2,401,735 distributed by SMOC

- **Equipment/Supplies**
  - Over 400,000,000 pieces of PPE provided
  - Over 6,600,000 pieces of testing material provided
  - Over 54,000 DME deployments, 11,861 DME purchased
  - 54 fatality management trailers deployed

- **Patient Care**
  - 23 Alternate Care Sites and 16 Isolation and Quarantine sites opened; 2,211 individuals admitted
  - 16 Regional Infusion Centers opened with over 53,589 infusions given
  - 242 air medical transfers
COVID-19 Trends & Response Timeline
COVID-19 in Texas: Trends & Interventions Timeline

- **COVID Arrives:** Summer 2020 Surge
- **1st Fall/Winter Surge:** Late 2020 - Early 2021
- **Delta Surge:** July 2021 - Nov 2021
- **Omicron Surge:** Dec 2021 - Mar 2022
- **Current Status:** April 2022 - Present

<table>
<thead>
<tr>
<th>Peak or Cumulative Tally per Wave</th>
<th>Peak Confirmed Cases during Wave</th>
<th>Peak Hospitalizations during Wave</th>
<th>Cumulative Fatalities during Wave</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID Arrives: Summer 2020 Surge</td>
<td>14,783</td>
<td>11,813</td>
<td>10,893</td>
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<tr>
<td>1st Fall/Winter Surge: Late 2020 - Early 2021</td>
<td>19,145</td>
<td>14,218</td>
<td>15,357</td>
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<tr>
<td>Delta Surge: July 2021 - Nov 2021</td>
<td>36,940</td>
<td>22,000</td>
<td>13,932</td>
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<tr>
<td>Omicron Surge: Dec 2021 - Mar 2022</td>
<td>52,709</td>
<td>13,371</td>
<td>12,596</td>
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<tr>
<td>Current Status: April 2022 - Present</td>
<td>5,045</td>
<td>1,504</td>
<td>403</td>
</tr>
</tbody>
</table>

- Oral Therapeutics Availability – begins late December 2021
- Vaccine Availability – begins late December 2020
- Monoclonal Antibody Availability – begins mid-November 2020
- Remdesivir and other In-Hospital Treatment Availability – begins May 2020
- Vaccine Availability – begins late December 2020
- Oral Therapeutics Availability – begins late December 2021
COVID-19 in Texas: Trends & Response
COVID Arrives-Summer 2020 Surge

Data Peaks

- **Cases**: 11,813 (7-day rolling average - 8/10/20)
- **Positivity**: 20.54% (7/7/20)
- **Hospitalizations**: 10,893 (7/21/20)
- **Fatalities**: 256 (7-day rolling average – 7/28/20)

Major response activities:

- Securing supplies for PPE, testing
- Allocating remdesivir (~57,000 doses) – states required to allocate limited supply to hospitals
- Addressing IT needs to collect needed data to assess disease spread
- Beginning of medical surge staff support
- Messaging regarding hygiene and non-pharmaceutical interventions
- Starting testing efforts to support local communities and long-term care facilities
COVID-19 in Texas: Trends & Response
1st Fall/Winter Surge

Data Peaks

- **Cases**: 19,145 (7-day rolling average – 1/17/21)
- **Positivity**: 20.80% (1/3/21)
- **Hospitalizations**: 14,218 (1/11/21)
- **Fatalities**: 352 (7-day rolling average) (1/14/21)

Major response activities:

- Vaccine rollout preparations and targeted solutions for specific populations (IT and logistics)
- Formation of the Expert Vaccine Allocation Panel
- Allocation of monoclonal antibodies
- Allocation and distribution of Pfizer/Moderna/J&J COVID-19 Vaccines authorized
- Medical surge staff support
- Messaging regarding vaccines
- Continuing testing efforts
- Establish large vaccination sites (Hubs) to administer high volume of vaccines
- Vaccine effort to target long-term care residents and elderly Texans
COVID-19 in Texas: Trends & Response

Delta Surge

Data Peaks

- **Cases**: 15,357 (7-day rolling average – 9/14/21)
- **Positivity**: 18.73% (8/9/21)
- **Hospitalizations**: 13,932 (8/29/21)
- **Fatalities**: 317 (7-day rolling average – 9/31/21)

Major response activities:

- Vaccine rollout adapts as additional populations qualify for vaccine/need for additional doses/boosters
- Monoclonal antibody distribution continues
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences
COVID-19 in Texas: Trends & Response

Omicron Surge

Data Peaks
- **Cases**: 52,709 (7-day rolling average - 1/17/22)
- **Positivity**: 35.98% (1/14/22)
- **Hospitalizations**: 13,371 (1/20/22)
- **Fatalities**: 244 (7-day rolling average - 1/28/22)

Major response activities:
- Vaccine efforts continue, including boosters
- Monoclonal antibody distribution adapts due to some therapeutics having less effectiveness against variant
- Allocations of new therapeutics (oral medications and pre-exposure monoclonal antibody)
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences
- Messaging regarding the changing virus
COVID-19 in Texas: Trends & Response
Current Status

Point in Time Data – June 20th
- **Cases:** 4,548 (7-day rolling average)
- **Positivity:** 22.60%
- **Hospitalizations:** 1,765
- **Fatalities:** 0.86 (7-day rolling average)

Major response activities:
- Rollout of pediatric vaccines
- Monoclonal antibody distribution – only one monoclonal therapy currently effective
- Oral therapeutics distribution – widely available through pharmacies
- Federal government establishes test to treat sites for oral medications