COVID-19 Pandemic Response and Vaccine Update

March 3, 2021

John W. Hellerstedt, MD, Commissioner
Imelda M. Garcia, Associate Commissioner
Texas Department of State Health Services
Overview

• Agency Overview
• COVID-19 Timeline & Statistics
• Pandemic Response
  • Overview
  • Capacity and Reporting
  • Public Health Follow Up
  • Addressing Hospitalizations
• Vaccine Rollout
• Vaccine Communication
Agency Overview
Agency Overview

DSHS Mission: To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

DSHS Vision: A Healthy Texas

DSHS Goals:

• Improve health outcomes through public and population health strategies, including prevention and intervention.

• Optimize public health response to disasters, disease threats, and outbreaks.

• Improve and optimize business functions and processes to support delivery of public health services in communities.

• Enhance operational structures to support public health functions of the state.

• Improve recognition and support for a highly skilled and dedicated workforce.

• Foster effective partnership and collaboration to achieve public health goals.

• Promote the use of science and data to drive decision-making and best practices.
Agency Overview: Divisions & Functions

**Chief State Epidemiologist**
- Health statistics
- State epidemiologist

**Laboratory and Infectious Disease**
- State public health laboratory
- Infectious disease

**Consumer Protection**
- Emergency Medical Services & trauma care system
- Environmental health
- Food and drug safety
- Radiation control

**Community Health Improvement**
- Environmental epidemiology & disease registries
- Maternal and Child Health
- Health promotion & chronic disease prevention
- Vital statistics

**Regional and Local Health Operations**
- Healthcare emergency preparedness and response
- Regional public health clinics
- Texas Center for Infectious Disease
- Border health
COVID-19 Timeline & Statistics
**COVID-19 Timeline**

- **December 31, 2019**: Municipal Health Commission reported cases of pneumonia with an unknown cause in Wuhan City, Hubei Province, China
- **January 7, 2020**: Chinese authorities identified a new (novel) type of coronavirus
- **January 21**: Centers for Disease Control and Prevention (CDC) confirmed first case of novel coronavirus in the U.S. in Washington state
- **January 23**: DSHS launched the [dshs.texas.gov/coronavirus/](http://dshs.texas.gov/coronavirus/) website and prepared #TexasDSHS social media campaigns
- **January 31**: DSHS activated the State Medical Operations Center (SMOC)
COVID-19 Timeline

- **March 4**: DSHS announced the first positive test result for COVID-19
- **March 17**: DSHS announced the first lab-confirmed COVID-19 death
- **March 19**: DSHS Commissioner Hellerstedt declared a Public Health Disaster for Texas
- **October**: DSHS assembled the Expert Vaccine Allocation Panel (EVAP)
- **November 10**: DSHS launched a COVID-19 Vaccine Information Website
- **December 14**: DSHS distributed the first COVID-19 vaccine doses
- **February 12, 2021**: 1 million people fully vaccinated in Texas
- **March 2, 2021**: 2,292,097 confirmed COVID-19 cases reported in all 254 Texas counties with 42,995 fatalities
New Confirmed Texas Cases by Day

- New State Confirmed Cases
- Three-Day Running Average

*See notes for week of 2/14/21-2/21/21

New Texas Fatalities by Day

These preliminary data are current as of 2:00pm on 2/22/2021.

Note: As of July 27, DSHS is reporting COVID-19 fatality data based on death certificates. The metric used in these charts reports total newly reported fatalities (as opposed to the date of death).

Note: During the week of Feb. 14-Feb. 21, 2021, case and fatality reporting was significantly impacted across the majority of Texas counties due to weather-related issues.
Hospitalizations Over Time
Total Texas Proportion of Lab-Confirmed COVID-19 Occupancy of General and ICU Beds out of Total Hospital Beds as of:

Sunday, February 21, 2021, Totals

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lab Confirmed COVID-19 in General</td>
<td>4,762</td>
</tr>
<tr>
<td>Lab Confirmed COVID-19 in ICU</td>
<td>2,114</td>
</tr>
<tr>
<td>Total Lab Confirmed COVID-19 Gen + ICU</td>
<td>6,876</td>
</tr>
</tbody>
</table>

Notes:
- The most recent hospital data is reported for the day prior.
- As of 2/21/2021, TDHCD reported incomplete hospitalization numbers due to a transition in reporting to comply with new federal requirements.

These preliminary data are current as of 1:00 pm on 2/22/2021.
Total Lab Confirmed Patients in Hospital

*as of March 1, 2021*
Texas COVID-19 Trends: A Full Picture
### Demographics

#### Cases & Mortality by Age

- **Cases**
  - <1 yr
  - 1-9 yrs
  - 10-19 yrs
  - 20-29 yrs
  - 30-39 yrs
  - 40-49 yrs
  - 50-59 yrs
  - 60-64 yrs
  - 65-74 yrs
  - 75-79 yrs
  - 80+

- **Mortality**
  - <1 yr
  - 1-9 yrs
  - 10-19 yrs
  - 20-29 yrs
  - 30-39 yrs
  - 40-49 yrs
  - 50-59 yrs
  - 60-64 yrs
  - 65-74 yrs
  - 75-79 yrs
  - 80+

#### Cases & Mortality by Race/Ethnicity

- **Unknown**
- **White**
- **Other**
- **Hispanic**
- **Black**
- **Asian**

*as of March 1, 2021*
Pandemic Response
DSHS Roles during the Pandemic

• Coordination of local and state public health efforts
• Statewide management and provision of lab testing and capacity
• Data collection, analysis, and reporting
• Health care system support and deployment of medical staffing to hospitals and nursing facilities
• Statewide public education and awareness
• Public health guidance for individuals and businesses, and consultation with local elected leaders
• Sourcing and allocating therapeutics and medications, medical supplies, and personal protective equipment
• Utilizing the established infrastructure and expanding it further to safely and appropriately disseminate vaccine
COVID Response by the Numbers

<table>
<thead>
<tr>
<th>Count</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>394</td>
<td>Days of emergency response activation</td>
</tr>
<tr>
<td>1,567</td>
<td>DSHS staff working on COVID response</td>
</tr>
<tr>
<td>193,000</td>
<td>COVID data points collected and processed daily</td>
</tr>
<tr>
<td>7,172</td>
<td>Vaccinators fully registered to administer COVID vaccine</td>
</tr>
<tr>
<td>13,787</td>
<td>Medical surge staff deployed to ensure hospital ability to care for patients</td>
</tr>
<tr>
<td>229</td>
<td>Hospitals supported with medical surge staff</td>
</tr>
<tr>
<td>79,407</td>
<td>Calls or emails to DSHS Call Center staff</td>
</tr>
<tr>
<td>3,493,411</td>
<td>Doses administered</td>
</tr>
<tr>
<td>3,518</td>
<td>Public health follow up staff supporting local health departments</td>
</tr>
<tr>
<td>75,385</td>
<td>COVID tests performed by the state public health laboratory</td>
</tr>
<tr>
<td>81,701</td>
<td>Patient courses of monoclonal antibodies allocated to treat COVID patients</td>
</tr>
<tr>
<td>1,984,199</td>
<td>Persons fully vaccinated</td>
</tr>
<tr>
<td>1,340</td>
<td>Alternate Care Beds</td>
</tr>
<tr>
<td>140</td>
<td>Isolation and Quarantine Sites</td>
</tr>
<tr>
<td>2,855</td>
<td>State of Texas Assistance Request related to the pandemic</td>
</tr>
</tbody>
</table>

*as of March 2, 2021*
Pandemic Hurdles Addressed

- Expanding initial testing capacity & managing PPE scarcity
- Expanding and standardizing testing, hospital, and mortality reporting
- Scaling public health follow up
- Addressing COVID-19 hospitalizations
- Adapting prevention messaging as new scientific data emerges
- Scaling vaccine effort to meet statewide need and demand
Pandemic Response Overview

• Rapidly modernized the lab result reporting system - National Electronic Disease Surveillance System (NEDSS)
  • Increasing daily lab result ingestion by 9,990% (from 2,000 to 200,000 per day)

• Processed 89,040 hospitalizations data points from Texas healthcare facilities on daily basis
  • Over 20 million COVID-19 data points collected from hospitals to date

• Developed a functioning statewide public health follow up system in less than three weeks
  • Mature system within five months with significant participation by local health jurisdictions
  • Grew DSHS-supported public health follow up staff from 115 to 2,400

• Supported responses to more than 600 facility outbreaks

• DSHS given “A” grade from The COVID Tracking Project for data transparency
  • Based on consistent, reliable, and complete reporting including patient outcomes and demographics
## COVID-19 Pandemic Expenditures (Estimated)

<table>
<thead>
<tr>
<th>Category</th>
<th>How much we spent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Surge Staffing</td>
<td>$4.0 Billion</td>
</tr>
<tr>
<td>Local Response</td>
<td>$255.8 Million</td>
</tr>
<tr>
<td>Disease Surveillance</td>
<td>$160.1 Million</td>
</tr>
<tr>
<td>Local Contracts</td>
<td>$68.0 Million</td>
</tr>
<tr>
<td>Lab Costs</td>
<td>$27.7 Million</td>
</tr>
<tr>
<td>Repatriation</td>
<td>$5.5 Million</td>
</tr>
<tr>
<td>Other Costs</td>
<td>$0.5 Million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4.5 Billion</strong></td>
</tr>
</tbody>
</table>

*as of March 1, 2021*
# Federal Grants to Support COVID-19 Expenses

<table>
<thead>
<tr>
<th>Grantor</th>
<th>Description</th>
<th>Total in Millions</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEMA</td>
<td>Public Assistance - FEMA Category B</td>
<td>$2,399.6</td>
<td>General disaster public assistance. The funds require a 25% state match. Additional funds can be requested.</td>
</tr>
<tr>
<td>Dept of Treasury</td>
<td>Coronavirus Relief Fund (CRF)- CARES Act</td>
<td>$2,009.5</td>
<td>Various uses, funds allocated to DSHS for direct care medical staffing needs.</td>
</tr>
<tr>
<td>CDC</td>
<td>Coronavirus Response and Relief Supplemental Appropriations Act/Epi &amp; Lab Capacity (ELC) Enhancing Detection Expansion</td>
<td>$1,535.4</td>
<td>Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.</td>
</tr>
<tr>
<td>CDC</td>
<td>Paycheck Protection Program and Health Care Enhancement Act/Epi &amp; Lab Capacity for Testing (PPPHEA-ELC)</td>
<td>$473.6</td>
<td>Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.</td>
</tr>
<tr>
<td>CDC</td>
<td>Coronavirus Response and Relief Supplemental Appropriations Act/Implementation and Expansion of the Vaccine Program</td>
<td>$227.1</td>
<td>Vaccine distribution and administration</td>
</tr>
<tr>
<td>CDC</td>
<td>Coronavirus Preparedness and Response Supplemental Appropriations (Crisis CoAg)</td>
<td>$55.1</td>
<td>Crisis response and recovery, information and surge management, surveillance</td>
</tr>
<tr>
<td>CDC</td>
<td>CARES Act/Epi &amp; Lab Capacity to Reopen America. (ELC)</td>
<td>$39.1</td>
<td>Surveillance, epidemiology, lab capacity, data surveillance and analytics infrastructure, disseminating information about testing, and workforce support necessary to expand and improve COVID–19 testing.</td>
</tr>
<tr>
<td>CDC</td>
<td>COVID-19 Supplemental via 2020 CARES ACT Round 1</td>
<td>$14.4</td>
<td>Plan and implement COVID-19 vaccination services</td>
</tr>
<tr>
<td>CDC</td>
<td>PPPHEA National Center for Immunization and Respiratory Diseases</td>
<td>$10.1</td>
<td>Enhanced Influenza-COVID19 response for staffing, communication, preparedness and vaccination, with emphasis on enrolling new vaccinators. Funds may not be used to purchase vaccines.</td>
</tr>
<tr>
<td>CDC</td>
<td>COVID-19 Supplemental via 2020 CARES ACT Round 2</td>
<td>$10.1</td>
<td>Plan and implement COVID-19 vaccination services</td>
</tr>
</tbody>
</table>
## Federal Grants to Support COVID-19 Expenses

<table>
<thead>
<tr>
<th>Grantor</th>
<th>Description</th>
<th>Total in Millions</th>
<th>Uses</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASPR</td>
<td>CARES Act - Hospital Preparedness Program Supplemental Award for COVID-19</td>
<td>$8.7</td>
<td>Urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines.</td>
</tr>
<tr>
<td></td>
<td>(CARES HPP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDC</td>
<td>Paycheck Protection Program and Health Care Enhancement Act Epi &amp; Lab Capacity</td>
<td>$5.4</td>
<td>focus on genetic testing lab preparedness; and ensuring safe travel through optimized data sharing and communication with international travelers</td>
</tr>
<tr>
<td>CDC</td>
<td>ELC /Healthcare-associated Infections/ Antimicrobial Resistance Program</td>
<td>$3.7</td>
<td>Funds support Project Firstline, a CDC training collaborative for health care infection prevention and control.</td>
</tr>
<tr>
<td></td>
<td>(ELC-HAI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HRSA</td>
<td>CARES Act - Ryan White HIV/AIDS</td>
<td>$1.5</td>
<td>Infrastructure and practice improvement needed to prevent, prepare, and respond to COVID-19 for Texans living with HIV.</td>
</tr>
<tr>
<td>HUD</td>
<td>CARES Act - Housing Opportunities for Persons With AIDS COVID-19 Supplemental</td>
<td>$0.7</td>
<td>Allowable activities authorized by the AIDS Housing Opportunity Act to maintain housing for low-income persons living with HIV (PLWH) and their households.</td>
</tr>
<tr>
<td></td>
<td>(CARES HOPWA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPR</td>
<td>Paycheck Protection Program and Health Care Enhancement Act (PPPHEA)</td>
<td>$0.4</td>
<td>Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.</td>
</tr>
<tr>
<td></td>
<td>(PPP HPP Ebola)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASPR</td>
<td>CARES Act - Hospital Preparedness Program Ebola (CARES HPP Ebola)</td>
<td>$0.3</td>
<td>Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.</td>
</tr>
<tr>
<td>CDC</td>
<td>Rape Prevention &amp; Education: Using the Best Available Evidence for Sexual</td>
<td>$0.3</td>
<td>The OAG will interagency cooperation contracts with Texas Association Against Sexual Violence and Texas A&amp;M University Health Science Center to enhance existing activities that address the most pressing COVID-19 related violence issues including Intimate Partner Violence</td>
</tr>
<tr>
<td></td>
<td>Violence Prevention - COVID-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HHS</td>
<td>ATSDR’s Partnership to Promote Local Efforts to Reduce Environmental Exposure</td>
<td>$0.2</td>
<td>Development of a training and educational module on safe ways to disinfect for COVID-19 at home-based child care facilities.</td>
</tr>
<tr>
<td></td>
<td>– COVID-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USDA</td>
<td>Cooperative State Meat and Poultry Inspection – COVID-19</td>
<td>$0.01</td>
<td>COVID-19 specific prevention and safety activities.</td>
</tr>
</tbody>
</table>
Capacity and Reporting
Lab Testing Capacity: Public Health

- DSHS State Laboratory – Austin
- CDC Laboratory Response Network (LRN) in Texas
  - Includes DSHS State Laboratory - Austin
  - DSHS South Texas Laboratory
  - Corpus Christi-Nueces County Public Health District
  - Dallas County Health and Human Services
  - City of El Paso Department of Public Health
  - Houston Health and Human Services Department
  - Texas Institute of Environmental and Human Health – Texas Tech - Bioterrorism Response Laboratory
  - Public Health Laboratory of East Texas – Tyler
  - San Antonio Metropolitan Health District LRN Laboratory
  - Tarrant County Public Health, North Texas Regional Laboratory
## Lab Test Reporting

<table>
<thead>
<tr>
<th></th>
<th>Before COVID-19</th>
<th>During COVID-19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Testing Result Focus for Public Health Purposes</strong></td>
<td>Positive Results</td>
<td>Positive, Negative, and Indeterminate Results</td>
</tr>
<tr>
<td><strong>Reporting System Daily Capacity (all conditions)</strong></td>
<td>2,000 reports</td>
<td>200,000 reports (+9,990%)</td>
</tr>
<tr>
<td><strong># of Labs Submitting Data to DSHS</strong></td>
<td>~70 labs</td>
<td>~3,400 labs (+4,702%)</td>
</tr>
</tbody>
</table>
Hospital Reporting: Overview

• **Prior to COVID-19:** DSHS historically collected hospital bed availability data during public health or medical disasters
  - Data points received by the 8 Hospital Preparedness Program (HPP) Providers
  - Prior to pandemic, facility level data had never been processed and analyzed to the extent it is currently being processed

• **COVID-19 Response:**

<table>
<thead>
<tr>
<th>Data Points From Hospitals for HHS</th>
<th>Licensed Hospitals in Texas</th>
<th>Healthcare Facilities Reporting</th>
<th>Time to clean and process data daily</th>
</tr>
</thead>
<tbody>
<tr>
<td>120</td>
<td>641</td>
<td>742</td>
<td>5 hours</td>
</tr>
</tbody>
</table>

• Daily number of data points processed from Texas facilities: **89,040**
• Total hospital reporting data points collected – from March 13, 2020 through March 3, 2021: **20,523,690**
Mortality Reporting
Mortality Data: Overview

• Pre- and Early COVID-19 Process:
  • Method 1: Case Investigation (March-July 2020)
    • Public Health Regions (PHRs) and LHDs investigate possible COVID-19-associated deaths reported by healthcare facilities or those identified through death certificate review
    • PHRs and LHDs use the person under investigation (PUI)/case investigation form to guide COVID-19-associated death investigation
      • PUI/case investigation form includes some death-related questions
    • PHRs and LHDs report confirmed COVID-19-associated deaths into NEDSS.
    • DSHS review COVID-19-associated death information submitted in NEDSS.
Mortality Data: Overview

• Pre- and Early COVID-19 Process:
  • Method 2: Local Reporting of Deaths (March-July 2020)
    • DSHS utilized local reporting of mortality data as local jurisdictions updated public information
    • Some local reporting included information submitted via Method 1
    • But could also include other methods

• Caveats:
  • Method 1:
    • Time-intensive process
    • Commonly used for isolated, smaller and/or less time-sensitive events
  • Method 2:
    • Unclear when death actually occurred
    • Unclear whether death was for a resident of that jurisdiction or died within jurisdiction – (e.g. in hospital, hospice, or other facility that was not the person’s Texas residence).
    • Limited demographic information
Mortality Data: Overview

Current Process: Death Certificate-Driven Reporting Process

1. **Death Occurs**
   - Death Certificate Completed w/i 10 days – Submitted via TxEVER to DSHS
   - DSHS pulls TxEVER info to ID potential COVID-19 Deaths
   - DSHS only includes deaths where COVID-19 played a role (Part I of Death Cert.)

2. **Cull and send line list to appropriate Region, LHE**
   - Region/LHEs analyze data, start death investigations as appropriate
   - Region/LHE complete death investigation, upload to NEDSS or THT as appropriate
Public Health Follow Up
Public Health Follow Up: History

• **Public Health Follow-Up:** performed in Texas since inception of agency
  • Legislature created Texas Quarantine Department in 1879

• **Purpose:** to stop the spread (break the chain) of disease through case investigation and contact tracing

• **Previous & Ongoing Uses:** TB, HIV/STD, Ebola, Zika, Foodborne Illness, and other reportable conditions

• **Reportable Conditions:**
  • Require case investigation per CDC
  • Contact tracing flows from case investigations
Public Health Follow Up: History

• **Common Public Health Follow Up Activities:**
  • Disease management in people who are infected
  • Disease comprehension
  • Confidential notification of contacts
  • Testing
  • Medical treatment/prevention
  • Support for isolation/quarantine recommendations
  • Other social service needs
## Public Health Follow Up

<table>
<thead>
<tr>
<th>Case Investigation &amp; Contact Tracing Activities</th>
<th>Pre-COVID</th>
<th>During COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Staffing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Disease Intervention Specialists and Epidemiologists supported regional needs, local without epidemiological staff</td>
<td></td>
<td>• Initial use of central office epi staff and re-tasked regional staff from other public health programs</td>
</tr>
<tr>
<td>• Central office and other regions assisted regional/local surge response needs as needed</td>
<td></td>
<td>• Increased number of full-time and contracted epis and contact tracing staff focused on COVID-19</td>
</tr>
<tr>
<td><strong>Data Management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Limited ability to manage magnitude of case investigation management</td>
<td></td>
<td>• Continued data analysis of COVID-19 data via NEDSS and Texas Health Trace</td>
</tr>
<tr>
<td>• No system existed to support call center/workforce surge support</td>
<td></td>
<td>• Developed public health follow up unit to assist with data management</td>
</tr>
<tr>
<td>• Data management through program-specific areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Case Investigation &amp; Contact Tracing Process</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify cases through lab &amp; provider reports, epidemiological review of death cert. data</td>
<td></td>
<td>• Continued identification via lab/provider/death data</td>
</tr>
<tr>
<td>• Contact tracing activities in existence for TB, HIV, STD, foodborne illnesses</td>
<td></td>
<td>• Probable cases identified via contact tracing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Developed guided scripts for new workforce</td>
</tr>
</tbody>
</table>
Public Health Follow Up

<table>
<thead>
<tr>
<th>Case Investigation &amp; Contact Tracing Activities</th>
<th>Pre-COVID</th>
<th>During COVID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Definition/Form Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• CDC &amp; national process: case definition and treatment protocols updated every 5 yrs</td>
<td></td>
<td>• Constant adaptation needed due to changing case definitions occurring at national levels</td>
</tr>
<tr>
<td>• State process: updated notifiable disease case definitions/forms/data entry guidelines every year</td>
<td></td>
<td>• Updating of in-system scrips to follow changing guidelines and definitions and related communications to region/locals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthcare Acquired Infection Surveillance &amp; Response</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• HAI Epi provided infection prevention and control consultation to healthcare facilities as needed</td>
<td></td>
<td>• Continued and increased support for HAI prevention and control consultation facilities in Texas</td>
</tr>
</tbody>
</table>
Texas Health Trace Overview

• **Prior to COVID-19:**
  - Statewide and local public health Public Health Follow Up Unit transmitted to DSHS using case investigation reports
  - Organized tracking occurred using localized databases or other ad hoc methods

• **COVID-19 Response:**
  - Built Texas Health Trace to support volume of case investigations and contact notification at statewide, regional, and local jurisdiction level
  - Built Public Health Follow Up Unit to support Texas Health Trace and statewide response effort
  - Adjust Texas Health Trace call center staffing to match level of surge support needed

• **Post COVID-19:**
  - Turn off Texas Health Trace call center and self-service symptom checker
Texas Health Trace Overview

Needs addressed by Texas Health Trace

- Risk assessment
- Self-reporting
- Case management
- Lab ingestion
- Data exports
- Workload management
- Support telephony technology
- Jurisdictional assistance/support
- Data security measures
- Escalation notifications
- Staff training support
- Scripted flows for inexperienced case investigators/contact tracers
- Outbreak management (non-vulnerable populations)
- Data imports
Texas Health Trace Overview

• Texas Health Trace Components
  • Self-service portal – risk assessment and self-report for contact tracing
  • Case management system – use by DSHS, participating local health entities and authorities
  • Call center – build up temporary workforce to support case investigation and contact tracing efforts
  • Security – DSHS maintains ownership and control of data, housed in the state system and not with any vendor

• Texas Health Trace serves multiple stakeholders
  • Statewide – more complete view of cases, public health follow up responses, additional demographic and other data not captured in testing results
  • Regional – integrated into Texas Health Trace for full use of case and exposed contact investigations
  • Local – opened the system to local health departments in need of data systems and workforces support, and local health authorities interested in understanding their data and performing local contact tracing activities
Option Legend:

- **Option 1A** (*light blue*) – Local Health Departments (LHDs) use own system but work with DSHS on importing data into THT routinely
- **Option 1B** (*dark blue*) – LHDs use Texas Health Trace but work all case and exposed contact investigations
- **Option 2** (*light orange*) – LHDs use Texas Health Trace, work all case investigations but use the call center for exposed contacts
- **Dark orange** have multiple jurisdictions within it, with different options
- **Grey areas** are covered by DSHS Public Health Regions
Addressing Hospitalizations
Addressing Hospitalizations

**Hospital Surge Staffing**
- Assigned 2/28/21: 12,703
- Maximum Staff During Pandemic: 12,703
- Allocations based in part on STAR request and Hospitalization data

**Alternate Care Sites**
- Beds Available 2/28/21: 628
- Maximum Beds During Pandemic: 1,320 (8/20)
- Sites based in part on local capacity, STAR request, Hospitalization data

**Therapeutics**
- Remdesivir: 533,280 vials
- Monoclonal Antibodies: 81,701 patient courses
- Prior to direct ordering, allocations based in part on Hospitalization data

**Other Resources**
- PPE, Durable Medical Equipment, Fatality Management, Other Staff Assistance
- Allocations based in part on STAR request and Hospitalization data
Current Staff Deployed: 12,703
Maximum Staff Deployed: 13,787
Vaccine Rollout
Phased Approach

- **Phase 0 (Oct.-Nov. 2020)**: Planning and provider recruitment
- **Phase 1 (Dec. 2020-Present)**: Limited supply of COVID-19 vaccine doses available
- **Phase 2 (Mar.-July 2021)**: Increased number of vaccine doses available
- **Phase 3 (July - Oct. 2021)**: Sufficient supply of vaccine doses for entire population
- **Phase 4 (Oct. 2021 forward)**: Sufficient supply of vaccine with decreased need due to most of population being vaccinated previously
Vaccine Distribution Process

- CDC Recommendation & Vaccine Allocations
- DSHS – Monitors Allocations & Models Options
- DSHS Commissioner – Makes Final Allocation Decision
- EVAP Reviews Options and Issues Recommendations
- DSHS Loads Orders Into System – CDC Facilitates Direct Shipment
COVID-19 Expert Vaccination Allocation Panel (EVAP)

• Texas has convened a team of appointed external and internal subject-matter experts (SME) into the COVID-19 Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health.

• The panel has developed guiding principles and utilizes in their recommendations.

• The recommendations from the EVAP will be sent to the Texas Commissioner of Health for final approval.

• EVAP voting members
  [Link](https://www.dshs.texas.gov/coronavirus/immunize/evap.aspx)
Texas will allocate COVID-19 vaccines that are in limited supply based on:

• **Protecting healthcare workers** who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the healthcare infrastructure for all who need it.
• **Protecting front-line workers** who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
• **Protecting vulnerable populations** who are at greater risk of severe disease and death if they contract COVID-19.
• **Mitigating health inequities** due to factors such as demographics, poverty, insurance status, and geography.
• **Data-driven allocations** using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
• **Geographic diversity** through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
• **Transparency** through sharing allocations with the public and seeking public feedback.
## Texas Phase 1A and 1B Definitions

<table>
<thead>
<tr>
<th>Phase 1A, Tier 1</th>
<th>Phase 1A, Tier 2</th>
<th>Phase 1B</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Paid &amp; unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19</td>
<td>• Staff in outpatient care settings who interact with symptomatic patients</td>
<td>• People 65 years of age and older</td>
</tr>
<tr>
<td>• Long-term care staff working directly with vulnerable residents</td>
<td>• Direct care staff in freestanding emergency medical care facilities and urgent care clinics</td>
<td>• People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19</td>
</tr>
<tr>
<td>• EMS providers who engage in 911 emergency services like pre-hospital care and transport</td>
<td>• Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individual who may have COVID-19</td>
<td></td>
</tr>
<tr>
<td>• Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients</td>
<td>• Public health and emergency response staff directly involved in administration of COVID-19 testing and vaccinations</td>
<td></td>
</tr>
<tr>
<td>• Residents of long-term care facilities</td>
<td>• Last responders who provide mortuary or death services to decedents with COVID-19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• School nurses who provide health care to students and teachers</td>
<td></td>
</tr>
</tbody>
</table>

~ 13.5 million Texans in Phase 1A and 1B
• December 14, 2020: First doses of COVID-19 Vaccine arrive in Texas

• December 21, 2020: DSHS announces Phase 1B population definition

• December 23, 2020: DSHS announced vaccinating Phase 1A & 1B population.

• January 14, 2021: 1 Million doses of COVID-19 vaccine administered in Texas
  • 1M Dose administered reported in ImmTrac2 retrospectively by January 9, 2021

• January 28, 2021: 2 Million doses of COVID-19 vaccine administered in Texas
  • 2M Dose administered reported in ImmTrac2 retrospectively by January 24, 2021

• February 6, 2021: 3 Million doses of COVID-19 vaccine administered in Texas
  • 3M Dose administered reported in ImmTrac2 retrospectively by February 5, 2021

• February 12, 2021: 1 Million Texans fully vaccinated
  • 1M fully vaccinated reported in ImmTrac2 retrospectively by February 11, 2021

• February 13, 2021: 4 Million doses of COVID-19 vaccine administered in Texas
  • 4M Dose administered reported in ImmTrac2 retrospectively by February 11, 2021

• February 26, 2021: 5 Million doses of COVID-19 vaccine administered in Texas
  • 5M Dose administered reported in ImmTrac2 retrospectively by February 25, 2021
Vaccine Distribution – Provider Enrollment

• All interested providers required to register with DSHS
• Must meet ordering, handling, administration, and reporting requirements
• Common registered COVID-19 provider types:
  • Hospitals
  • Health departments
  • Federally qualified health centers (FQHCs)
  • Rural health clinics
  • Long term care facilities
  • Fire departments
  • Medical practices
• Fully-enrolled providers: 7,106
## Vaccine Distribution Strategies - State

### Community Based Providers
- Ensure that rural communities and underserved areas have access to vaccine
- Register with individual provider

### Vaccine Hubs
- Mass efforts to quickly vaccinate 1,000s of Phase 1A and 1B individuals each week
- Must use all doses and report doses administered to DSHS and TDEM
- Register online or by phone

### Other State Programs
- Mobile Vaccine Pilot Program: Vaccination Texas National Guard deployed to certain rural counties
- Save Our Seniors: Texas National Guard deployed to vaccinate homebound seniors

### DSHS Regions
- DSHS Region offices hold local clinics
- Facilitate open enrollment for providers to serve in hard-to-reach areas

### Other State Initiatives
- Federal Qualified Health Centers to reach medically underserved
- Long Term Care/IDD - partnering with pharmacies not served by Federal Long Term Care program

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### Getting Vaccines to all Texans
<table>
<thead>
<tr>
<th>Pharmacy Program for Long-Term Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Federal program to vaccinate staff and residents of nursing homes and long-term care</td>
</tr>
<tr>
<td>• Partnership with DSHS, HHSC, Walgreens and CVS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federal Retail Pharmacy Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Vaccines sent to pharmacies nationwide</td>
</tr>
<tr>
<td>• Doses shipped directly to Texas pharmacies will not be deducted from Texas allocations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FEMA</th>
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<tbody>
<tr>
<td>• Administering doses in Harris, Dallas, and Tarrant Counties</td>
</tr>
<tr>
<td>• Doses are on top of state's normal allotment</td>
</tr>
<tr>
<td>• EVAP redistributing allocations with excess doses to address needs in other counties to maintain geographic equity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Federally Qualified Health Centers (FQHC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Receiving direct allocations from the Federal Government</td>
</tr>
<tr>
<td>• 38 Texas facilities have been announced to receive allotments</td>
</tr>
</tbody>
</table>

**Getting Vaccines to all Texans**
WEEK 1 - 12 VACCINE ALLOCATIONS

- **First Doses**
- **Second Doses**
Vaccine Use Breakdown

- First Dose Administered, 3,265,754
- Second Dose Administered, 1,599,222
- Vaccine Pending Administration, 790,680
- Vaccine Waste, 2,029

*as of February 25, 2021

Vaccine Administered Data: 18+ Population
Vaccine Administered Fully Vaccinated Data: 18+ Population
Vaccine Administered Fully Vaccinated Data: 16-64
Vaccine Administration Data: 65+
Vaccine Administration Data: 75+
Improved Race/Ethnicity Reporting

Proportion of first doses reported administered with unknown race/ethnicity

12/14 - 2/3 First Doses Reported Administered by Race/Ethnicity

2/4 - 2/28 First Doses Reported Administered by Race/Ethnicity
Vaccine Communication
Accessing Vaccines

How to Sign Up for a COVID-19 Vaccine in Texas

People can sign up with a vaccination hub or a community vaccine provider.

★ Sign up with a vaccination hub. Hubs are available across the state
  - Find a hub near you by checking dshs.texas.gov/coronavirus. Sign up on the hub's website or by calling if a website isn't available.
  - Hubs may have long waiting lists. Do not sign up on multiple waiting lists or vaccine could be wasted.
  - You can get a vaccine at any hub, regardless of where you live.

★ Sign up with a community vaccine provider
  - Local vaccine providers, like pharmacies, may have vaccine available.
  - Use the Texas COVID-19 vaccine provider map to find a provider near you with vaccine available.
  - Check the provider’s website for how to best sign up for a vaccine. Call only if the provider’s website doesn’t answer your question.

Who can get a vaccine:

- Front-line healthcare workers
- People 65 and older
- People 16+ with a health condition that increases risk of severe COVID-19 illness

Reminders:

DON'T JUST SHOW UP
Do not show up at a vaccine provider without first signing up or checking the provider's instructions for vaccination.

BE PATIENT - SUPPLY IS LIMITED
Vaccine supply is limited. Do not expect every provider to have vaccine available. Texas gets more vaccines each week.

VISIT DSHS WEBSITE
Find vaccination hubs and the Texas COVID-19 vaccine provider map at dshs.texas.gov/coronavirus.

For updates and more information, visit dshs.texas.gov/coronavirus

- COVID-19 Vaccine Information (texas.gov)
- People without internet access can call 2-1-1 and select option 6
Messaging to Overcome Hesitancy

- Vaccine is a return to normal, leaving the house safely, visiting family and friends
- Scientific data best proof of efficacy
- Word of mouth best proof for safety
- Acknowledge mistrust
  - Acknowledge some communities are more skeptical about government, healthcare, and medical research
- Show diverse involvement in vaccine development, trials
  - Show the crucial role Black, Latino, and other historically excluded races had in leading the development of the vaccine

Top Concerns About Vaccine

- COVID-19 vaccines aren’t safe because they haven't been tested enough
- Government might give me a vaccine that either doesn’t work or is harmful to my specific community
- Don’t believe the vaccine will work
- Almost ¼ surveyed said they will not get the vaccine: women, African Americans, people aged 18-34
Vaccine Outreach

• Plans for building a community-based, equity-focused approach to vaccine planning and rollout
  • Fund local partnerships - identify trusted voices representing diversity of affected communities
  • Reach those disproportionately impacted by pandemic including communities of color, rural Texans, those experiencing homelessness, low-income, those with limited English proficiency
  • Potential partners include faith-based organizations, local nonprofits, community health workers (promotoras), social service agencies, informal neighborhood groups and many more
Current Communication Efforts

• Boosted digital buy in 70 counties with higher prevalence of vulnerable populations

• Promotion of statewide, toll-free telephone number for those without internet – referral to vaccine providers

• Showing at-risk populations getting vaccine—people need to see and hear from those who look like themselves to build trust
COVID-19 Prevention Messaging

- Get a vaccine as soon as you can
- Continue prevention steps even after vaccination
- Wear a face covering
- Limit contact with others, maintain a physical distance, and avoid crowds
- Fight pandemic fatigue
Thank you

Presentation to the House Committee on Public Health

Dr. John Hellerstedt, Commissioner
Imelda Garcia, Associate Commissioner