



Epidemiology & Surveillance Quarterly Newsletter



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Influenza Editions

In addition to our usual quarterly edition of this newsletter, Region 7 has started releasing special influenza editions every other week. The purpose of the influenza editions of the newsletter is to share information on the current situation. We anticipate continuing these influenza editions throughout the flu season. Past editions of the newsletter, including the flu editions, can be found on our website at <http://www.dshs.state.tx.us/region7/Epidemiology.shtm>

2009 H1N1 Vaccine Update

As of October 20, Texas has been allocated 960,400 doses of 2009 H1N1 vaccine. The initial shipment of vaccine for the week of October 2 was entirely nasal mist. Subsequent shipments for the weeks of October 9 and 16 included both nasal mist and injectable vaccine. Since the initial shipments were small, allocations were targeted to providers who serve the priority groups. As we have received additional vaccine, the priority groups have been expanded. The following are the current categories of the priority groups (as of October 21): pregnant women, children 2 to 4 years old, children 5 to 18 at high risk of severe disease and direct patient care health workers. So far vaccine has been allocated to 5,053 out of 12,000+ registered providers and to health departments. As Texas receives more vaccine, additional providers and additional groups will be targeted.

Region 7 Welcomes a New Deputy Regional Director

In September, Health Services Region (HSR) 7 welcomed our new Deputy Regional Director, Jon Huss. Jon brings with him an extensive and impressive background of public health experiences. He has over 20 years experience as manager/supervisor/director of programs and facilities having staffing levels ranging from 5 to 143 staff members. He has served on administrative teams in various capacities for three hospitals and has served as the administrator of a large health clinic. His public health experience includes work as a Deputy Regional Director for HSR 1 and as a Deputy Director in the HHSC/Medicaid-CHIP program. He also served as the DSHS Community Preparedness Section Director. As the Community Preparedness Section Director, he oversaw the successful DSHS Strategic National Stockpile (SNS) preparedness exercise leading to a green rating for Texas. His most recent position with DSHS was Emergency Preparedness Coordinator for DSHS Regulatory Services and prior to that he was the DSHS Intra-Governmental Liaison for public health preparedness with DSHS partners. In 2003, he received the RAC-DSHS Employee of the Year Award for the skills and compassion with which he navigated HSR 1 through the organizational consolidation and restructuring process.

In addition to his public health and managerial background, Jon has a wealth of training and experience leading the public health response to emergency events. He has completed all DSHS National Incident Management System (NIMS) compliant ICS training courses. He has extensive real world experience as Incident Commander (IC) and Deputy Incident Commander at the DSHS Multi-Agency Coordination Center (MACC) during hurricanes starting with Katrina and Rita in 2005 up through Ike in 2008. He also served as IC in the DSHS MACC during the 2009 H1N1 response in April.

Please join us in welcoming Jon to Region 7!

Town Hall Meetings

Region 7 has been conducting Town Hall meetings throughout our region. As of October 22, we have held 43 meetings in 19 counties. Additional meetings are scheduled throughout October. During these town hall meetings, we provide information on influenza and influenza vaccination. The primary goal of these town hall meetings is to answer the questions from the community. Here are some of the frequently asked questions from our town hall meetings:

How severe is the 2009 H1N1 flu?

- So far, most people who get the 2009 H1N1 flu have mild to moderate illness. They have flu like symptoms (cough, fever, body aches, sore throat, etc) but can take care of themselves at home with plenty of rest and fluids. However, some people have gotten severe life threatening disease and some people have died from the 2009 H1N1 flu. As of October 10, 82 people in Texas have died following 2009 H1N1 infection.

How many people in my county have the 2009 H1N1 flu?

- The health department is no longer tracking every single case of 2009 H1N1 flu. Instead we are tracking increases and decreases in flu activity in each county. We track flu activity through reports from health care providers, laboratories and from schools. We have seen influenza activity in every county in Region 7 since April. The flu activity has steadily increased since schools started back up in mid August. The weekly flu report for Texas can be found at <http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/2010/>

Should a school close when a student gets the 2009 H1N1 flu?

- Since most people only get mild to moderate illness, we are not recommending for schools to close when they get a case of 2009 H1N1. Schools should follow all of their policies for seasonal influenza. Schools may choose to close for administrative reasons if the absentee rate among students or staffs creates a burden for the school.

Can I get both seasonal and 2009 H1N1 flu vaccines at the same time?

- You can get both flu vaccines at the same time unless both are the intranasal (mist) form. You can not get two intranasal flu vaccines at the same time. However, you can get both injectable flu vaccines at the same time. You can get an intranasal and an injectable flu vaccine at the same time. See page 5 for more information on vaccine spacing.

I had the flu this summer, do I need to get the 2009 H1N1 vaccine?

- Probably. If you had laboratory confirmation of infection from the 2009 H1N1 flu then you may not need the vaccine. However, most doctors diagnosed flu based on clinical symptoms or on a rapid flu test and did not get the confirmatory testing done. The confirmatory testing took anywhere from 2 days to 4 weeks to get results back. There are several different respiratory diseases that can mimic the flu. We also had some seasonal strains of influenza circulating through out this summer and fall.

Do I need 2 doses of the 2009 H1N1 vaccine?

- Only children younger than 10 years old need to get 2 doses of the 2009 H1N1 vaccine. The 2 doses should be separated by 28 days. Anyone 10 years or older only need to get 1 dose.

Does the vaccine contain adjuvant or mercury?

- Influenza vaccine in the United States currently does not contain adjuvant. Thimerosal is a preservative agent that is found in multi-dose vials of vaccine. Thimerosal is not found in single dose flu vaccine and is not found in the intranasal flu vaccine. http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm

Is the vaccine safe?

- The 2009 H1N1 vaccine is being made by the same manufacturers as the seasonal flu vaccines. The same processes and procedures were used. The 2009 H1N1 vaccine is expected to have the same safety record as our seasonal flu vaccine. We would not recommend this vaccine if we did not believe it was safe.

What is the difference between intranasal vaccine and injectable vaccine?

- The injectable vaccine is a shot containing an inactivated virus. The injectable vaccine can be given to people 6 months old and older. The intranasal vaccine is a mist that contains a weakened live virus. The intranasal vaccine is for healthy people 2 years to 49 years of age who are not pregnant. You should not take the intranasal vaccine if you have certain health conditions. Information on the two forms of vaccine can be found at http://www.cdc.gov/h1n1flu/vaccination/vaccine_keyfacts.htm

If you are interested in having someone from Region 7 come talk to your community or organization, please call Region 7 at 254-778-6744 and ask to speak with someone in Public Health Preparedness.

Influenza Reporting Overview

Influenza reporting is done on a weekly basis. Influenza reporting is voluntary. We rely on these reports to help us gauge the level of influenza activity in our Region. Reports are due every Monday at 3pm for the previous Sunday through Saturday. For example, patients seen with influenza from Sunday, October 11 through Saturday, October 17 should be reported to Region 7 on Monday, October 19. Reports can be faxed to Region 7 at 254-899-0405. Reporters in counties with a local health department (Bell, Brazos, Hays, Milam, McLennan, Travis and Williamson Counties) should send their reports directly to the local health department.

Clinics and Health Care Providers should report the following to Region 7 every Monday:

- Total number of patients seen at the clinic/office during the week
- Aggregate counts by county of all patients seen with ILI (fever over 100 with a cough and/or with a sore throat) or with influenza (rapid test + / lab confirmed +).
- Individual reports on any unusual presentation of influenza

Hospitals should report the following to Region 7 every Monday:

- Aggregate counts by county of all patients seen with ILI (fever over 100 with a cough and/or with a sore throat) or with influenza (rapid test + / lab confirmed +).
- Aggregate counts by county and age group of patients with confirmed 2009 H1N1 who are hospitalized
- Individual reports on confirmed 2009 H1N1 cases that are in ICU or who die
- Individual reports on any unusual presentation of influenza such as patients with frothy/bloody sputum or suspected cases of anti-viral resistant influenza

Schools should report the following to Region 7 every Monday:

- Aggregate counts by county of students who are absent due to ILI or parental report of influenza
- School closures due to ILI activity

Everyone should immediately report any suspected outbreaks of ILI and/or influenza at nursing homes, schools, day care centers or other facilities to Region 7 at 254-778-6744.

Submitting Specimens to the DSHS Lab

Please note that the criteria for submitting specimens to the DSHS lab for testing is different from the criteria for reporting cases. It is expected that most testing for 2009 H1N1 will be done by commercial labs. Check <http://www.dshs.state.tx.us/txflu/flu-labs.shtm> regularly for updates to lab submission criteria. Diagnostic specimens should be sent to commercial labs for testing.

The DSHS lab is a public health laboratory and will only accept specimens meeting the criteria below:

- Patients hospitalized for at least 48 hours with influenza symptoms (symptoms are fever greater than 37.8°C (100°F) and cough and/or sore throat) plus **one or both** of the following conditions:
 - Severe illness such as lower respiratory tract infections or pneumonia
 - Unusual presentation in children, pregnant women, adults > 64 years of age, and immunocompromised individuals
- Patients who have died with influenza-like illness and have no other known cause of death (specimens must be collected before death to be tested by DSHS; postmortem specimens require a different approach)
- Individuals with influenza-like illness who are part of a critical public health investigation as identified by the DSHS Health Service Region (HSR). DSHS Infectious Disease Control Unit (IDCU) or local health department and communicated by the HSR or IDCU to the state laboratory.
- Providers who are participants in the DSHS Influenza Laboratory Surveillance Program as designated by the DSHS Infectious Disease Control Unit (IDCU). Enrolled providers will receive instructions from their influenza surveillance coordinator regarding the specimen submission process.

It should clearly indicate the reason for submitting the specimen on the DSHS lab submission form. Specimens that do not meet the criteria may not be processed by the DSHS lab.

Region 7 Influenza Activity Week 41: October 11 to October 17, 2009

Counties	Bastrop	Bell	Blanco	Bosque	Brazos	Burleson	Burnet	Caldwell
H1N1	0	113	0	0	18	0	4	0
Flu A	20	144	2	5	245	15	27	18
Flu B	0	1	0	1	2	0	0	0
Not Diff.	0	0	0	0	1	0	0	0
ILI	115	177	14	55	19	16	213	67

Counties	Coryell	Falls	Fayette	Freestone	Grimes	Hamilton	Hays	Hill
H1N1	24	1	0	0	1	0	1	0
Flu A	16	0	1	11	11	44	188	17
Flu B	0	0	0	0	0	1	4	0
Not Diff.	0	0	0	0	0	0	2	0
ILI	190	18	4	36	67	143	118	38

Counties	Lampasas	Lee	Leon	Limestone	Llano	McLennan	Madison	Milam
H1N1	7	0	0	0	0	7	0	4
Flu A	10	1	12	21	7	73	4	27
Flu B	0	0	0	0	0	2	0	0
Not Diff.	0	0	0	0	0	125	0	7
ILI	12	11	5	125	54	295	3	60

Counties	Mills	Robertson	San Saba	Travis	Washington	Williamson	Totals
H1N1	0	0	0	26	0	189	395
Flu A	3	0	15	250	15	449	1651
Flu B	0	0	0	1	0	5	17
Not Diff.	0	0	0	1	0	240	376
ILI	7	45	63	3074	136	1313	6493

H1N1: Indicates a laboratory confirmed result, usually PCR, for the 2009 H1N1 strain. **Flu A:** May include both seasonal strains and the 2009 H1N1 strain. **Flu B:** Influenza B. **Not Diff:** Indicates a positive influenza test that does not differentiate between Influenza A or B. **ILI:** Influenza like illness is defined as a fever over 100 plus a cough and/or a sore throat.

Influenza is not a reportable event, however we request reports from counties in our region to help gauge the current level of activity as well as to provide a report to Central Office. So this information is based on information provided and therefore may not represent a complete picture of what is occurring in that county.

Influenza Vaccine Spacing

Here is a summary of spacing requirements for the influenza vaccines:

- Two LIVE virus influenza vaccines (nasal mist) cannot be given on the same day. They need to be separated by a minimum of 28 days.
- A LIVE influenza vaccine (nasal mist) and an influenza SHOT can be given on the same day.
- The two influenza SHOTS can be given on the same day.
- People who receive a seasonal influenza SHOT can then receive a 2009 H1N1 LIVE vaccine or SHOT with NO MINIMUM spacing (next day or next week or two weeks - whenever).
- Those who receive a LIVE seasonal influenza vaccine can then receive an 2009 H1N1 SHOT with NO MINIMUM spacing (next day or next week or two weeks-whatever).
- People who have received a LIVE virus vaccine (such as MMR or Varicella) must wait 28 days before receiving another LIVE vaccine (2009 H1N1 or seasonal influenza) unless it is given on the same day.
- People who receive an LIVE MMR and/or Varicella vaccine can also receive a LIVE 2009 H1N1 or seasonal influenza vaccine ON THE SAME DAY.
- People who have received a LIVE virus vaccine (such as MMR or Varicella) can receive a seasonal influenza or 2009 H1N1 SHOT with no minimum spacing (next day or next week or two weeks - whenever).

Influenza Vaccine Terms

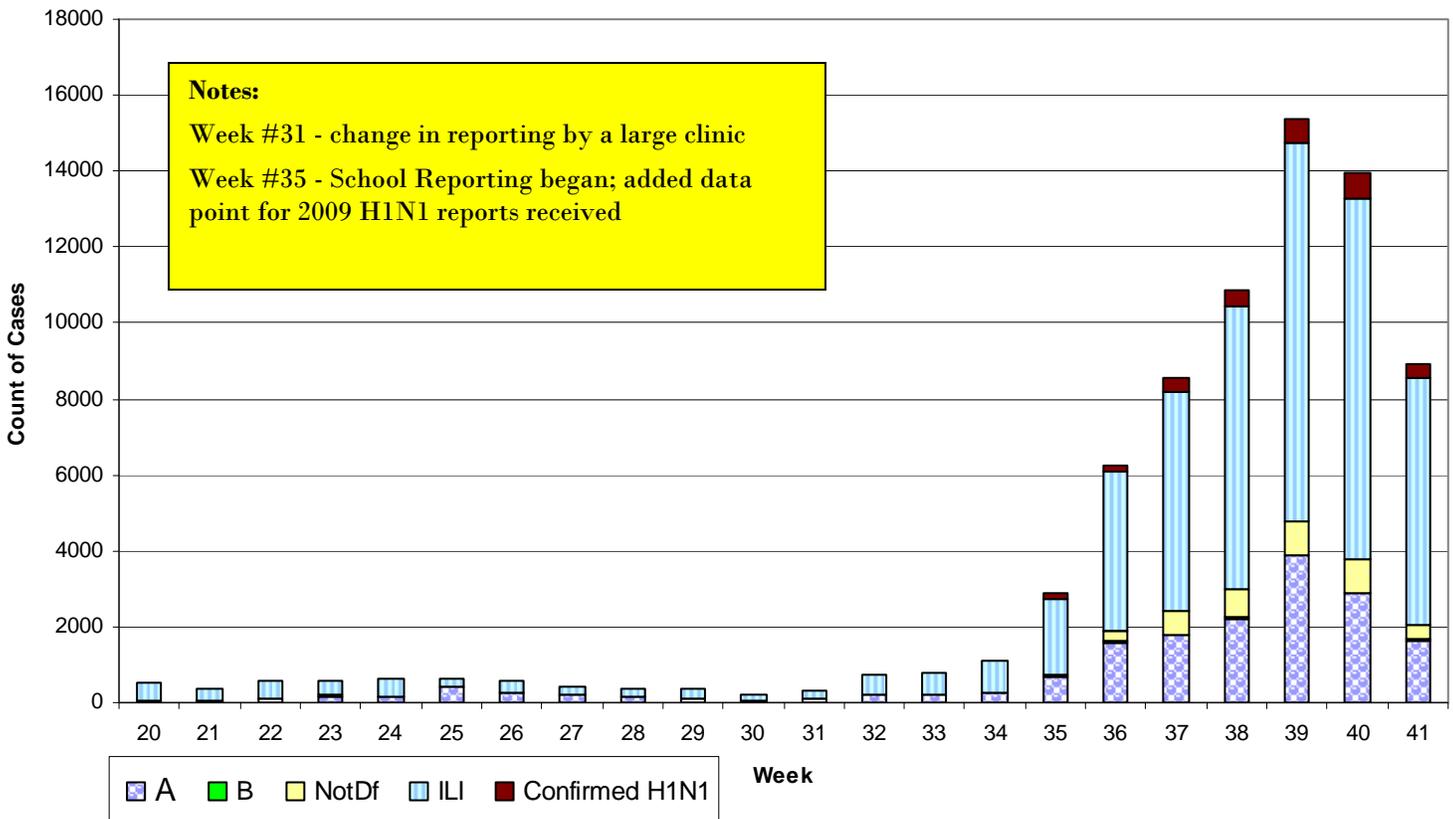
LIVE influenza vaccine (seasonal or 2009 H1N1) = LAIV = live, attenuated influenza vaccine = nasal mist/spray = intranasal mist/spray

Seasonal Influenza SHOT = TIV = trivalent inactivated influenza vaccine = injectable vaccine

2009 H1N1 SHOT = inactivated influenza A H1N1 2009 monovalent vaccine = injectable vaccine

Region 7 Influenza Activity by Week

**Surveillance of Influenza Activity
Texas Department of State Health Services Region 7**



New School Exclusion Rule Adopted

A new rule for school exclusions due to communicable diseases has been adopted for inclusion in the Texas Administrative Code Title 25 Section 97.7. The new rule will take effect 20 days after posting by the Texas Registrar. The new rule states when a student should be excluded from school due to a skin infection/wound.

Here is the new wording:

(12) infections (wounds, skin, and soft tissue)--exclude until drainage from wounds or skin and soft tissue infections is contained and maintained in a clean dry bandage; restrict from situations that could result in the infected area becoming exposed, wet, soiled, or otherwise compromised;

Pertussis in Region 7

Pertussis, also known as Whooping Cough, has increased dramatically in Region 7 this year. The graph below shows the number of confirmed and probable cases of Pertussis by month in Region 7 from 2005 to early August in 2009. The table to the right shows the 5 counties with the highest rates of Pertussis in 2009.

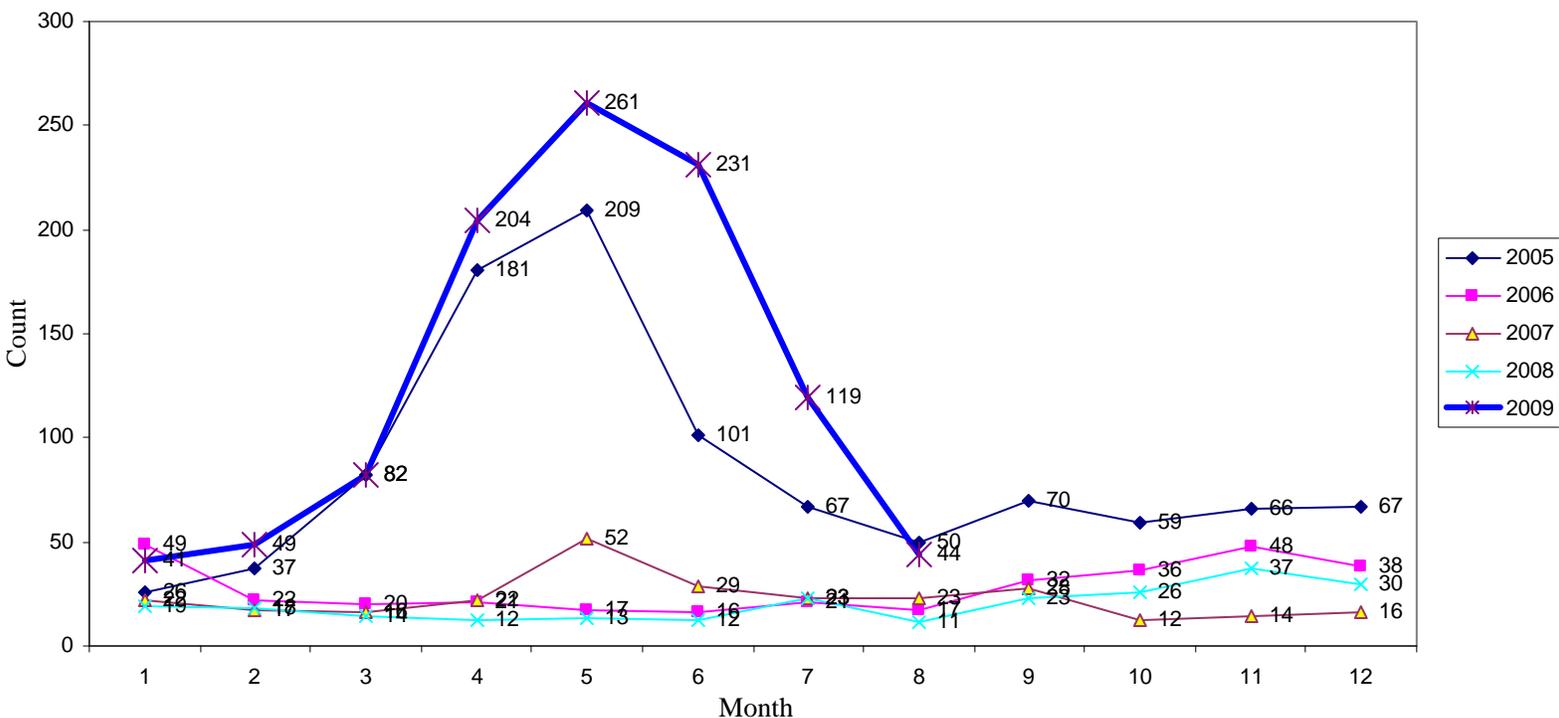
Pertussis is caused by a bacteria that infects infants, children, adolescents and adults. While most diseases are passed from children to adults, Pertussis is often transmitted in the opposite direction, from adults to children. In adolescents and adults, Pertussis is often misdiagnosed as asthma or bronchitis. Young infants are at high risk of severe life threatening disease from Pertussis.

Vaccination can prevent Pertussis. For information on who should get vaccinated, see the CDC website at: <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>

County	Rate	Count
Burnet	182.70	58
Williamson	172.50	491
Blanco	80.03	6
Llano	63.65	8
Travis	33.82	261
All of Region 7	39.68	915

Rate is age adjusted and per 100,000

Pertussis in Region 7



Rabies in Region 7 - 2009

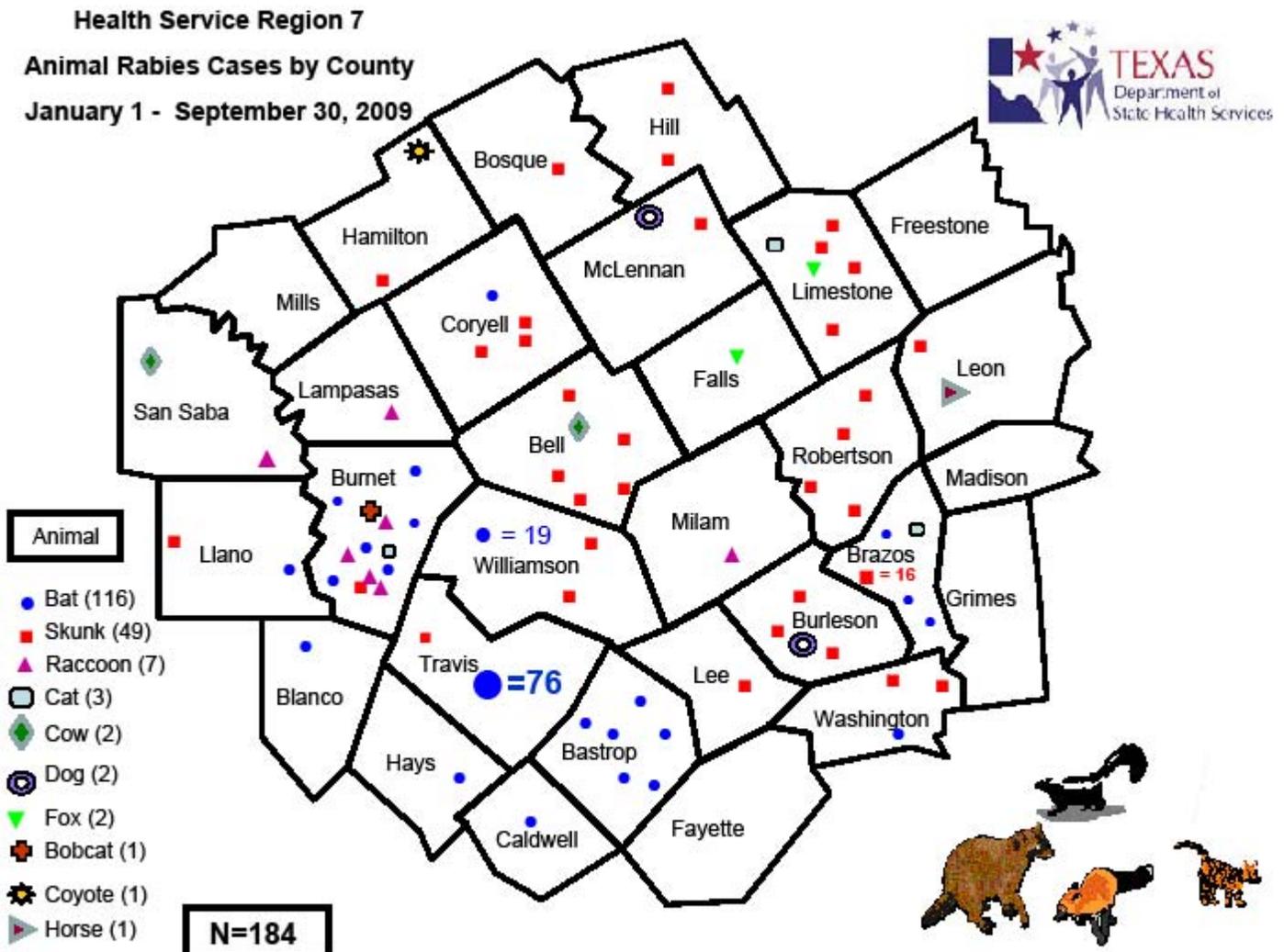
There were **184 laboratory-confirmed animal rabies cases** reported from the 30-county area of Health Service Region 7 (Central Texas) during 2009. Region 7 staff investigated an additional **106 non-negative (decomposed, destroyed, and unsatisfactory) rabies test results**. The 184 rabid animals confirmed thus far in 2009 are much fewer than this quarter last year. During all of 2008, HSR7 confirmed 405 rabid animals. Please see the article on page 8 for more information on the 2008 rabies investigations. HSR7's 2009 cases may still approach the total animal rabies cases for 2007 (N = 297) and 2006 (N = 255) before year's end.

For the first 9 months in 2009, rabies was confirmed in HSR7 in 116 bats, 49 skunks, 7 raccoons, 3 cats, 2 foxes, 2 dogs, 2 cows, 1 horse, 1 bobcat and 1 coyote. Throughout Central Texas, all rabid animals, except the bats, died of the South Central skunk rabies strain.

Counties with laboratory-confirmed rabies cases include: Bastrop (6), Bell (6), Blanco (1), Bosque (1), Brazos (20), Burleson (4), Burnet (13), Caldwell (1), Coryell (4), Falls (1), Hamilton (2), Hays (1), Hill (2), Lampasas (1), Lee (1), Leon (2), Limestone (6), Llano (2), McLennan (2), Milam (1), Robertson (4), San Saba (2), Travis (77), Washington (3), and Williamson (21). The South Central skunk rabies strain remains notably active in Bell, Brazos, Burnet, Limestone and Robertson counties.

The human rabies vaccine supply disruption has been resolved. RabAvert and Imovax rabies vaccines are now equally available for pre- and postexposure use. Preexposure rabies vaccine is limited to high-risk individuals. Sanofi Pasteur's Imovax rabies vaccine remains out of production and the supply is limited.

It remains very important for veterinarians, animal control officers, Local Rabies Control Authorities, educators, health care providers, community leaders and the media to promote animal bite avoidance, animal bite reporting, domestic animal rabies vaccinations, and rabies quarantine and testing of potentially rabid animals.



Rabies Investigations in 2008

Last year was a busy year for the Region 7 Zoonosis Control team. For the second year in a row, Travis County led all Texas counties with the highest number of laboratory-confirmed animal rabies cases, and Region 7 had the most rabies cases of all other Health Services Regions in Texas.

There were **405 laboratory-confirmed animal rabies cases** reported from the 30-county area of Health Service Region 7 (Central Texas) during 2008. Region 7 staff investigated an additional 181 non-negative (decomposed, destroyed, and unsatisfactory) rabies test results. The cumulative animal rabies cases during 2008 surpass each of the past two years' total rabies cases (2007 - N = 297; 2006 - N = 255).

In 2008, rabies was confirmed in 271 bats, 111 skunks, 7 raccoons, 6 foxes, 4 cats, 2 dogs, 1 coyote, and 1 goat). Throughout Central Texas, the documented domestic animal and wildlife rabies cases, except for bats, died of the South Central skunk rabies strain.

The South Central skunk rabies strain remains notably active in Brazos, Burleson, Burnet, Caldwell, Lee, and Williamson counties. Caldwell County, near Luling, had an outbreak of skunk rabies in the second quarter. During the third

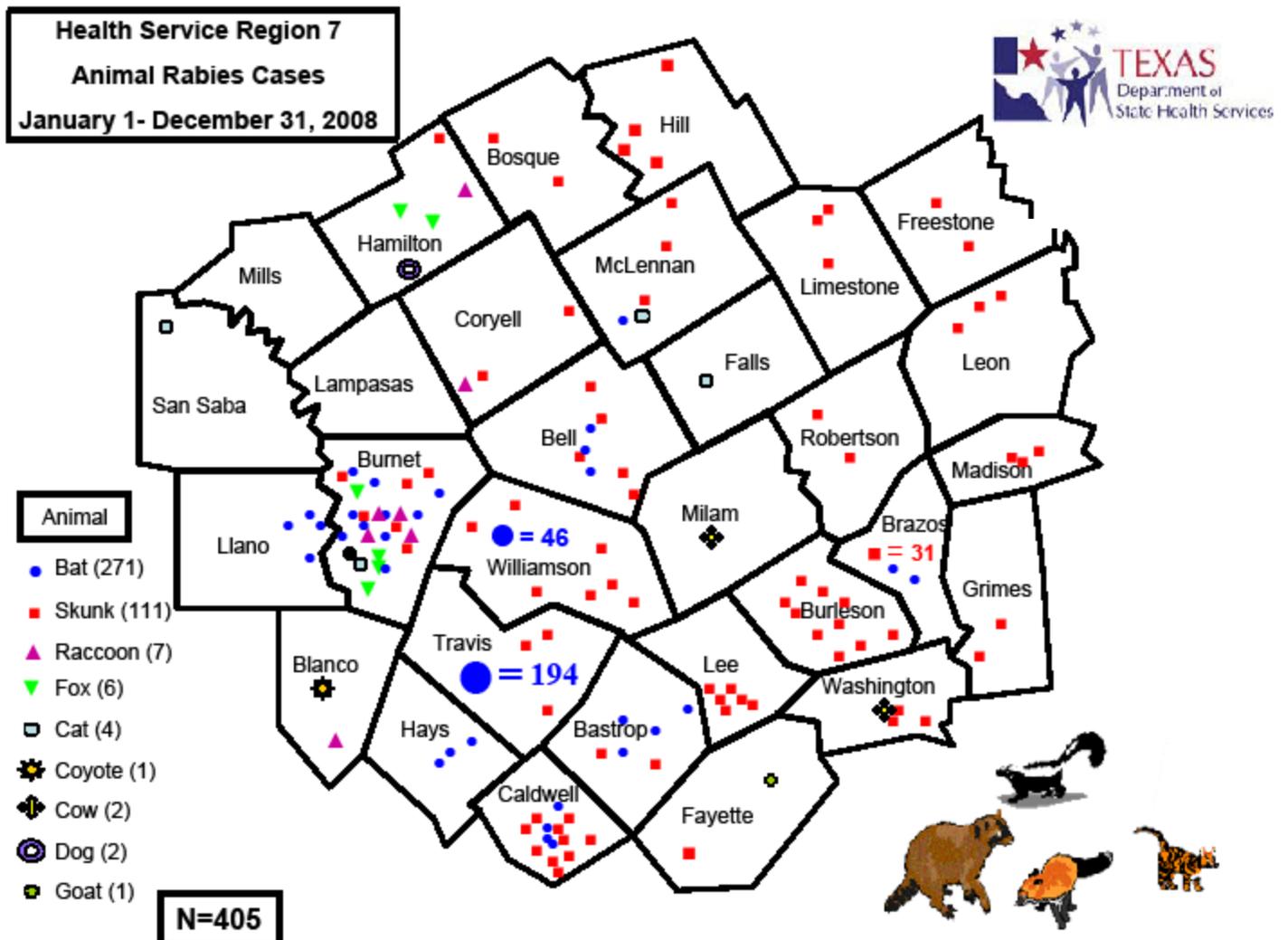
Zoonosis Control Rabies Investigations – 2008, Texas

Region	Positive	Non-negative	Total
1	25	13	38
2/3	196	48	244
4/5N	87	25	112
6/5S	184	373	457
7	405	180	585
8	55	+/- 21	76
9/10	53	32	85
11	17	24	41

quarter, skunk rabies moved north into the Lockhart area.

Rabies prevention stakeholders in Hays County should be aware that skunk rabies may migrate into the county from the east (Travis and Caldwell counties) and from the west (Blanco County). Additionally, skunk rabies is also present in Comal County, south of Hays County.

To learn more about animal rabies cases statewide, visit the web site <http://www.dshs.state.tx.us/idcu/disease/rabies>.



Select Notifiable Conditions Reported in 2006, 2007, 2008 and 2009

Notifiable Condition	2006 Count	2007 Count	2008 Count*	2009 YTD Count*
Amebiasis	30	61	107	59
Aseptic meningitis	270	278	280	181
Bacterial meningitis, other	18	24	31	4
Brucellosis	2	5	1	0
Campylobacteriosis	146	275	193	165
Cruetzfeldt-Jakob Disease	2	0	0	1
Cryptosporidiosis	109	37	367	15
Cyclosporiasis	1	0	0	0
Ehrlichiosis, Human monocytic	1	0	0	0
Enterohemorrhagic <i>E.coli</i> , shiga +	19	11	23	15
Group A Streptococcus, invasive	57	44	59	34
Group B Streptococcus, invasive	76	52	86	66
<i>Haemophilus influenzae</i> , invasive	1	0	0	1
Hepatitis, unspecified	75	2	0	2
Hepatitis A, acute	23	28	23	16
Hepatitis B virus infection, Chronic^	241	231	412	221
Hepatitis B, acute	55	67	52	37
Hepatitis C Virus Infection, chronic or resolved^	2025	1284	1712	223
Hepatitis C, acute	3	6	6	6
Hepatitis E, acute	0	2	1	0
Legionellosis	8	6	10	6
Leishmaniasis~	~	2	0	0
Listeriosis	1	3	7	3
Lyme disease	5	11	12	15
Malaria	9	20	15	9
Mumps	15	2	3	2
<i>Neisseria meningitidis</i> , invasive (Meningococcal disease)	7	9	10	5
Pertussis	337	274	237	1171
Plague	1	0	0	0
Q fever	3	8	4	1
Rocky Mountain spotted fever	2	2	6	5
Salmonellosis	366	400	649	329
Shigellosis	388	252	245	116
<i>Streptococcus pneumoniae</i> , invasive	129	224	283	251
Streptococcus, other, invasive, beta-hem (non-A nonB)^	15	12	7	5
Typhoid fever (<i>Salmonella typhi</i>)	0	2	4	6
Typhus fever	0	2	34	31
Vancomycin-Resistant Enterococcus	5	5	1	0
Varicella (Chickenpox)	1728	1224	1090	535
Vibriosis	12	3	6	8
Yersiniosis	3	5	3	0
Grand Total	6190	4873	5979	3544

Includes confirmed and probable notifiable conditions reported to the Texas Department of State Health Services Region 7 that are tracked in the NEDSS database. Year to Date (YTD) for 2009 includes cases reported and entered from January 2009 through September 2009. Additional cases may be entered/updated.

* Data is provisional and may change as investigations are completed or updated.

^ Disease is not reportable. Note: Newly reported chronic Hepatitis C was taken off of the notifiable conditions list as of June 5, 2007.

~ Disease was added to the notifiable conditions list in 2007.

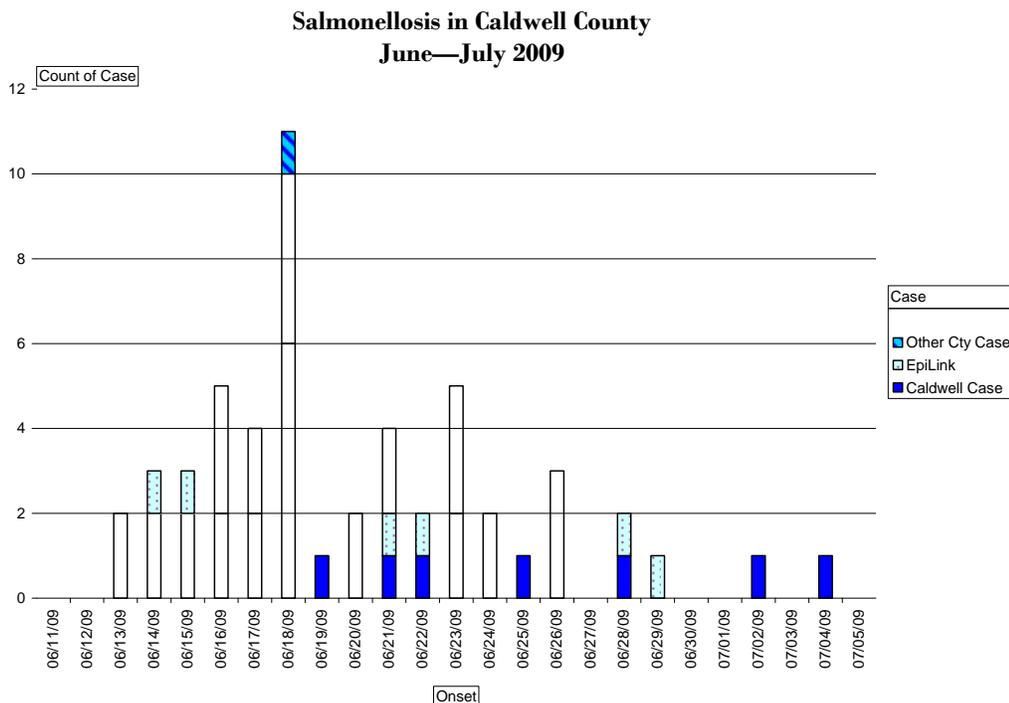
Region 7 Outbreaks, Clusters and Other Large Investigations; Jan — Sept 2009

Norovirus— At the beginning of the year Region 7 and some of our local health departments investigated reports of norovirus like illness in nursing homes. Norovirus is highly contagious and can quickly spread through facilities like nursing homes. In one outbreak, 43 out of 92 residents had become ill. In another outbreak, 36 out of 67 residents became ill. It is important to report outbreaks to the health department quickly.

Novel Influenza - In April of this year, Epidemiology staff from Region 7 were deployed to the San Antonio area to assist with an investigation of novel influenza among some students at a local school. What started as a routine response to a report of novel influenza quickly became an agency wide response to a pandemic. The first cases were reported in California and Texas. Soon after, cases were reported from Mexico. By June, the World Health Organization declared 2009 H1N1 a global influenza pandemic.

Pertussis—Region 7 saw a large increase in cases of Pertussis this year. Williamson County and Burnet County had the highest rates of illness. Travis County also saw a large increase in cases reported this year. Please see the article on page 6 of this newsletter for more details.

Salmonellosis—This summer, Region 7 investigated a cluster of Salmonellosis cases in Caldwell County. Since 2005, only 7 to 9 cases have been reported from the county each year. During the investigation, 38 confirmed cases of Salmonellosis were identified in residents of the county with an additional 8 cases identified in out of county residents. Interviews were done to identify possible sources of exposure. The interviews revealed that 24 out of 33 cases reported eating at the same food establishment. All of the 8 out of county cases reported traveling to the county and eating at that same food establishment. A single food item was not implicated. Region 7 worked with the city to inspect the restaurant and to make recommendations to prevent future outbreaks.



**Department of State Health Services
Health Services Region 7**

Epidemiology
2408 South 37th Street
Temple, TX 76504
Phone: 254-778-6744
Fax: 254-899-0405



TEXAS
Department of
State Health Services

Newsletter Editor: Carol M. Davis, MSPH, CPH

Contributors: Sandi Henley, RN, CIC (Influenza Activity Reports), Diane Romnes (Vaccine Spacing), Tom Betz, MD, MPH (Welcome Jon Huss), Beverlee Nix, DVM, MPH (Rabies articles)

Assistant Editors: Russ Jones, MPH, Sandi Henley, RN, CIC

Questions about, comments on or ideas for this quarterly newsletter should be submitted to the Epidemiology program by email to hsr7.epi@dshs.state.tx.us or by phone at 254-778-6744.

Past editions can be found at <http://www.dshs.state.tx.us/region7/Epidemiology.shtm>