Task Force on Infectious Disease Preparedness and Response

Tuesday, October 2, 2024
1:00 p.m.
Meeting Minutes
Virtual: Teams Meeting Platform
In Person Meeting Site: Robert D. Moreton Bldg., Room M-100
1100 W. 49th Street
Austin, Texas 78756
TEAMS Virtual Meeting

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order by Department of State Health Services (DSHS) Commissioner Dr. Jennifer Shuford, M.D., MPH at 1:00 p.m. CST. Dr. Shuford welcomed everyone to the eighteenth meeting of the Task Force on Infectious Disease Preparedness and Response. Dr. Shuford announced her role as the governor-appointed presiding officer, highlighted the changes to IDTF membership, and introduced the new membership structure, which includes members that have previously served on the task force and two new governor-appointed members.

Returning members of the task force include: The Honorable Nancy Tanner, The Honorable Ben Zeller, Dr. Ogechika Alozie, Dr. Sheila Haley, and Dr. Duke Appiah. The two new governor-appointed members are: Dr. Jack Franklin, Jr., and Andrew Cortez. Dr. Franklin serves as a family medicine physician from Llano County and Mr. Andrew Cortez serves as the battalion chief in the Corpus Christi Fire Department in Nueces County.

Dr. Shuford noted that the members will not be voting on the meeting minutes from October 2023 meeting due to the changes in the IDTF membership.

Ms. Jessica Arevalo, Advisory Committee Coordination, Health and Human Services Commission (HHSC) conducted roll call and asked each task force member to briefly introduce themselves after they confirmed attendance. Ms. Arevalo announced that the meeting was being conducted in accordance with the Texas Open Meetings Act and noted that a quorum was present for the meeting.

Table 1: IDTF member attendance at the Monday, October 2, 2024 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D. (joined late)	X		Sheila Haley, Ph.D.	X (P)	
Duke Appiah, Ph.D.	X (P)		Jennifer Shuford, M.D.	X	
Andrew Cortez	X		The Honorable Nancy Tanner	X (P)	
Jack Franklin Jr., M.D.	X		The Honorable Ben Zeller		X

Yes: Indicates attended the meeting
No: Indicates did not attend the meeting
P: Indicates attended the meeting via a phone conference call
*: Designee in attendance on behalf of Task Force Member.

Dr. Shuford also welcomes DSHS staff presenters and a subject matter expert. Dr Varun Shetty, DSHS Chief State Epidemiologist, introduces himself. Dr. Susan Rollo, DSHS State Public Health Veterinarian, introduces herself. Dr. Saroj Rai, DSHS Senior Scientific Advisor, introduces herself. Dr. Shuford moves to Agenda Item 2.

Agenda Item 2: Consideration of October 30, 2023, meeting minutes
Due to the changes in the membership of the task force, the task force will not be reviewing and voting on the meeting minutes from last year.

Agenda Item 3: Opening Remarks
DSHS Commissioner Dr. Jennifer Shuford provided updates on the agency restructure that occurred in August 2023 and commented on the busy legislative session. Dr. Shuford also discussed previous meeting of the taskforce. Dr. Shuford discussed the goal of collaboration both within and outside of DSHS to strengthen partnerships as the purpose of the agency restructure.

Highlights of the update and task force member discussion included:

- Launch of multiple interactive dashboards for stakeholder use.
    - Interactive dashboards about seasonal respiratory viruses.
        - Data pulled from emergency departments, hospitals and death certificates to show real-time trends per public health region for COVID-19, Influenza, and Respiratory Syncytial Virus (RSV).
    - Maternal health and infant health dashboards.
        - Dashboards include data on infant and maternal mortality, health risk factors, and outcomes.
    - Congenital syphilis dashboard.
- New DSHS dashboards include an initiative to show collected data in user-friendly manner. This allows stakeholders the ability to use the data to improve the health of Texans.

    - Data can now be downloaded into usable formats to allow for improved context for better understanding.
- DSHS published a 5-year Strategic Plan (2025-2029) onto the DSHS public website.
- Multiple infectious diseases are being followed by DSHS.
    - H5N1
        - The first case of H5N1, also known as avian or bird flu, was reported in April 2024.
        - 14 avian influenza cases in humans in the United States in 2024.
        - DSHS is working with CDC and state/federal partners on a One Health approach to monitor H5N1.
    - Mpox
        - Democratic Republic of Congo reported 2 outbreaks spilling into surrounding countries.
            - All cases were part of Clade I Mpox.
            - No cases associated to this outbreak have been observed in the United States.
    - Oropouche Virus
        - Increased numbers observed in South America.
        - DSHS is working with federal and local partners to monitor the situation.
- Working on action items for upcoming Texas Legislative Session.

Agenda Item 4: Congenital Syphilis Update

DSHS Commissioner Dr. Jennifer Shuford provided an update on the Congenital Syphilis referenced in the PowerPoint presentation entitled "Congenital Syphilis Updates".

Highlights of the update and task force member discussion included:

- Over the last decade, increased rates in congenital syphilis in the US and Texas have been observed.
    - The congenital syphilis rates in Texas have been higher with a steeper trajectory of cases in comparison with the national rates.
    - Texas accounts for 10% of births in the US, but also accounts for 25% of congenital syphilis cases in the US.
    - Texas has been severely impacted by congenital syphilis.
- From 2014 to 2023, congenital syphilis case counts and total syphilis cases in women of childbearing age (14 to 44 years old) in Texas.
    - Texas data shows an increase in congenital syphilis cases in infants.
        - Congenital syphilis occurs when syphilis is transmitted in utero from mother to baby.
        - Cases in both women and infants are expected to increase over time since they are reflective of each other.

    - From 2014 to 2023, Texas observed a 5x increase in cases of congenital syphilis among childbearing women.
        - A 12x increase of congenital syphilis cases was observed in 2023 in comparison to 2014.
- Congenital syphilis cases by county in Texas:
    - Higher rates of congenital syphilis have been observed in large urban centers. Additionally, rates have increased in non-urban counties and may be reflective of limited resources to deal with a heavy burden of congenital syphilis cases.
- Congenital syphilis cases by race and ethnicity in Texas from 2014 to 2023.
    - Texas data shows rates of congenital syphilis born to mothers of Hispanic ethnicity or non-Hispanic Black women are higher than in white women.
        - In 2022-2023, a slight decrease in congenital syphilis cases among non-Hispanic white women and non-Hispanic Black women was observed.
- Prenatal care implications in mothers who delivered an infant with congenital syphilis in Texas during 2023.
    - Adequate prenatal care can prevent transmission of congenital syphilis, but opportunities are missed with skipped prenatal care appointments.
        - 50% of women accessed prenatal care in the first and second trimester (missed opportunities for possible diagnosis and treatment).
        - 31% of women did not have any prenatal care (presented to the healthcare system at time of delivery only).
    - Only 53% of women received any sort of syphilis testing prior to delivery.
        - Opportunity for provider education about infant evaluation and appropriate treatment.
    - In 2022, 922 cases of congenital syphilis were reported.
        - 466 received prenatal care during their 1st or 2nd trimester
            - Of the 466 who received prenatal care during the 1st or 2nd trimester, 172 did not receive adequate treatment by the time of delivery.
    - Texas law requires pregnant women get tested for syphilis at first prenatal visit in third trimester and during delivery.
- Missed opportunities for treatment of congenital syphilis:
    - Analysis from 2018-2022 hospital and emergency room data showed at least 1200 missed opportunities for treatment of congenital syphilis of pregnant women.
    - Most missed opportunities were in large urban centers but were also observed in regions throughout the state with larger burden of congenital syphilis.

- DSHS prevention efforts and plan:
    - DSHS will begin implementing prevention strategies for congenital syphilis to include increased training for local and regional staff to disperse education into vulnerable communities, education for medical providers, increased pregnancy ascertainment, and implementation of a new follow-up initiative.
    - DSHS sent out a Healthcare Provider letter regarding diagnosis and prevention of congenital syphilis in September with video accompaniment.
    - DSHS Public Health Case Management Strategy to include a quality improvement toolkit for congenital syphilis prevention.
    - DSHS conducted community health work trainings and healthcare provider online trainings on congenital syphilis with CME credit.
    - DSHS presented several grand round presentations to healthcare workers for diagnosing and treating congenital syphilis during pregnancy.
- DSHS Congenital Syphilis Dashboard:
    - DSHS launched a congenital syphilis dashboard as part of the Texas Health Data webpage on the DSHS website.
    - Dashboard shows risk factors of women delivering an infant with congenital syphilis.
    - Data is publicly available and downloadable on the Texas Health Data webpage.
    - Dashboard shows an overview of congenital syphilis cases throughout Texas.
        - Data shows trends of rates by year in Texas and the United States.
        - Dashboard shows congenital syphilis data by county and geography.
- DSHS Exceptional Item – Congenital Syphilis:
    - DSHS is asking the legislature for additional resources to address syphilis in pregnancy and congenital syphilis in Texas.
    - An exceptional item requested has been submitted to the Legislative Budget Board for a $13.3 million budget to increase provider education, initiative rapid responses by nursing teams for public health, develop a congenital syphilis hotline for provider support, follow-up for pregnant women and babies, and launch of a public awareness media campaign.

Q&A and Comments:

Dr. Jennifer Shuford opened the floor for questions and comments. No questions or comments were observed.

Agenda Item 5: Respiratory Viruses Update

DSHS Commissioner Dr. Jennifer Shuford introduced Dr. Varun Shetty, DSHS Chief State Epidemiologist, to provide an update on respiratory viruses and referenced a PowerPoint presentation entitled "Respiratory Viruses Update".

Highlights of the update and task force member discussion included:

- 2024-2025 respiratory diseases season outlook and forecast:
    - CDC's respiratory outbreak tool looks ahead to the coming season and makes an informed assessment of what the season will be in comparison to previous years based on expert opinion, historical data, and scenario modeling.
    - Experts expect the peak hospitalization burden will be similar to or lower than the last season for all three respiratory viruses (COVID-19, RSV, and Influenza).
        - Activity when compared to pre-pandemic levels will be higher due to an overall higher baseline for this season and seasons moving forwards.
    - Two scenarios presented for the current season's predictions:
        - Scenario A: the summer activity will continue to increase and will result in a higher peak during respiratory virus season.
        - Scenario B: the summer activity peaks earlier and results in a lower and delayed peak during respiratory virus season.
    - Factors that drive respiratory virus peaks:
        - Emergence of a new COVID-19 variant with the ability to evade prior immunity or is associated with higher clinical severity.
        - New influenza subtypes.
        - Lower vaccine uptakes or effectiveness for the season.

- Respiratory disease surveillance tools and data sources:
    - Texas Respiratory Illness Interactive Dashboard:
        - Dashboard that is updated on a weekly basis throughout the year.
        - Data is combined from TXS2, NHSN and Texas Vital Statistics.
    - Texas Respiratory Surveillance Report:
        - Updated using data from ILINet, NREVSS, and voluntary provider reporting.
    - Respiratory Disease Wastewater Surveillance:
        - Updated using data from DSHS, CDC, and academic partners.

- Texas Respiratory Illness Interactive Dashboard:
    - Texas DSHS has developed a respiratory illness dashboard that is available to the public at Texas Health Data webpage.
        - Landing page provides information on the data sources for the dashboard; provides links to important information.
        - The dashboard allows data to be aggregated and presented in an easily accessible way for a broad audience/stakeholder.
    - Dashboard utilizes emergency department data from syndromic surveillance to include emergency department visits, diagnosis from emergency room physicians, and other additional reportable information.
        - 80% of Texas hospitals participate in the syndromic surveillance program.
    - Dashboard allows for enhanced data visualizations:
        - Filtering/aggregating is available on the dashboard by geography, age group, date range, type of visit (i.e., emergency department).
    - Dashboard allows for visualization of vital statistics, such as age group and cause of death.
    - Effective November 2024, CMS will require weekly hospitalization and bed occupancy reports for patients with confirmed COVID-19, influenza, and RSV infections.

- 2023-2024 Respiratory Virus season highlights:
    - H1N1 was the predominant strain of the season.
        - 72 reported outbreaks; 9 influenza-associated pediatric deaths; and 1 confirmed novel influenza report.
    - Influenza-associated pediatric deaths:
        - Influenza-associated pediatric deaths are reportable to the state.
        - January is the month with the most reported influenza-associated pediatric deaths from 2013-2024.
        - Over a ten-year period, 64% of influenza-associated pediatric deaths occurred in children with underlying medical conditions; 60.3% occurred in children without a history of influenza vaccination.
- H5N1 updates:
    - DSHS is continually monitoring the situation and providing updates as available.
    - Since April 2024, 14 human cases of avian influenza have been reported in the United States.
        - 4 cases were associated with exposure to sick dairy cows, 9 were associated with exposure to poultry.
        - Per CDC communication, risk to general population remains low.

    - Texas DSHS made multiple press releases and released a health alert when Texas case was identified.
- Respiratory disease wastewater surveillance:
    - Influenza A signal recently observed in wastewater and DSHS has been working with local public health partners to communicate results.
        - Investigations have been conducted to better understand the sources of signals such as environmental runoff.
        - Wastewater data cannot be used to determine the source of viruses.

Q&A and Comments:

Dr. Varun Shetty opened the floor for questions and comments.

Dr. Jack Franklin Jr.: I have a question for both of you. With regard to data suppression for small numbers, for instance in small counties, those numbers, are they then put in areas that are close to that? For instance, if you have a small area in the hill country that has several cases of congenital syphilis, would those then go to the local area in Austin?

Dr. Shetty: We do present data at different aggregation levels. One of the things that I mentioned in the "filter for geography", we can present data at the public health region level. That would include all the counties, including the small counties and large counties that exist within that region. It may not get you exactly what's happening in your county, but it will tell you much more locally than the statewide trend. We're constantly thinking about what balance between providing the most local information while trying to make sure we're protecting individual information.

Dr. Jack Franklin Jr.: As we were going into congenital syphilis and respiratory diseases, I think one area where we're struggling in rural Texas is OB care and people frequently traveling one to two hours to the next hospital to deliver babies. So, the length of time before you get prenatal care tends to be quite a bit. So that may be people into that second and third trimester. Just putting that as a thought.

Dr. Shuford: I appreciate that input, thank you.

Agenda Item 6: Rabies Surveillance Update

DSHS Commissioner Dr. Jennifer Shuford introduced Dr. Susan Rollo, DVM, State Public Health Veterinarian, to provide an update on rabies surveillance and referenced a PowerPoint presentation entitled "Rabies Surveillance".

Highlights of the update and task force member discussion included:

- Rabies background:
  - Rabies is a viral disease that is deadly in people. Rabies is spread to humans and pets primarily from bites of an infected animal. Each year, 60,000 Americans received preventive medical care following a potential rabies exposure.
  - Suspect cases of human rabies are immediately reportable in Texas.
- Rabies surveillance in Texas:
  - Most rabies exposures in Texas are due to bat bites.
    - In response to increased exposure to bats, educational initiatives to educate children about rabies has been implemented in schools.
  - In 2023, most animal rabies cases involved skunks and a variety of bat species.
    - Spillover of the south-central skunk (SCS) variant into other wildlife and domestic animal species occurs throughout the year.
    - DSHS rabies maps are maintained throughout the year and updated as new cases occur.
    - In 2023, 350 rabies positive animals were identified with ~10,000 animals tested.
- DHS Rabies Biologicals Program:
  - DSHS public health region (PHR) staff conduct investigations of animal rabies cases and rabies exposure risk assessments greater than 50% of the time.
    - Persons exposed or likely exposed may obtain rabies post-exposure prophylaxis (PEP) from providers and emergency rooms, but access is not equal across the state.
    - DSHS provides PEP for individuals who cannot obtain it otherwise.
    - A full PEP series includes Human Rabies Immune Globulin plus 4-5 doses of vaccine over a 2–4-week period.
    - In 2022, DSHS treated 147 people for a suspected rabies exposure.
      - The average cost of rabies PEP alone in the United States is $1,700-$15,000 depending on an individual's weight.

- Oral Rabies Vaccine Program (ORVP)
    - In 1988 an outbreak of domestic dog-coyote variant rabies was identified in coyotes in South Texas and quickly spread to 21 counties.
        - Between 1989 and 1994, an outbreak of gray fox variant rabies was observed in West Central Texas and spread to 53 counties.
    - In 1995, DSHS in collaboration with USDA-Wildlife Services (WS) and the National Rabies Management Program (NRMP) initiated the Oral Rabies Vaccination Program to immunize coyote and gray fox populations in at-risk sections of Texas using a specialized oral rabies vaccine contained inside of edible baits to be distributed by airplane and helicopter into wildlife habitats.
- ORVP – Risk of Arizona Fox Variant/Bats
    - In 2024, 4 bobcats infected with Arizona fox rabies variants were identified in New Mexico within 100 miles of the Texas border.
        - El Paso has not had a terrestrial reservoir in the area in 100 years and the number of dogs that are vaccinated is unknown.
        - Rabies surveillance is not being done in some neighboring states with reports of domestic dog/coyote variants in 2011 only 33 miles from Texas border.
    - Increase in vampire bat activity on border with Mexico has been observed.
        - In 2022 in southern Mexico, 3 of the 4 human rabies cases were due to a vampire bat bite and the singular human case from a cat bite but likely the vampire bat strain.
            - 3 cases resulted in death; 4th (cat bite patient) is in a vegetative state.
        - Bats cannot be vaccinated because there is no method that currently exists.
    - Terrestrial skunks do not ingest the oral rabies vaccine.
- 2025 ORVP Zone Increase Plan
    - DSHS plans to expand the bait zone all the way up the border to El Paso staring on January 7, 2025, through January 24, 2025.
        - Main target will be domestic dog/coyotes, gray fox, and Arizona fox rabies variants that may be entering Texas from Mexico and New Mexico. The baited zone will involve 21 counties.
- DSHS Exceptional Item – Rabies
    - DSHS is requesting $7.1 million during the legislative session to support rabies surveillance and testing as well as the border Oral Rabies Vaccine Program's border maintenance zone.
        - Budget will address the increased cost of rabies vaccines, immunoglobulin and laboratory testing costs.

Q&A and Comments:

Dr. Jennifer Shuford opened the floor for questions and comments. No questions or comments were observed.

Agenda Item 7: Public Comment

Ms. Jessica Arevalo, Advisory Committee Coordination Office, Facilitator, stated that there were no registrations for public comment and no requests for public comment were received during the meeting.

Agenda Item 8: Closing Remarks and Adjourn

Dr. Jennifer Shuford thanked members for their participation in the meeting.

Meeting adjourned at 2:32 pm.

Video Link: Task Force on Infectious Disease Preparedness and Response