TEXAS DEPARTMENT OF STATE HEALTH SERVICES

High Consequence Infectious Diseases: Texas Preparedness Strategy

Moderator: Bruce Clements

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10:00 am CT

Operator: Please stand by, we're about to begin. Good day and welcome to the Texas Department of State Health Services Ebola Highly Contagious Infectious Disease Webinar. Today's Webinar is being recorded. And at this time, I would like to turn the Webinar over to Mr. Bruce Clements. Please go ahead, sir.

Bruce Clements: Thank you, (Angela). Good morning everybody. It's good to have this many people on the call. Actually, we exceeded the number of allowable participants and it almost brought our system down here a little bit, so it took us a little bit to get things back on track because of the number of folks who registered, so not everyone who registered is going to be joining us unfortunately.

So what I'd like to cover today, we're going to do a summary of the 2015 – or actually 2014 types of Ebola incident report. That's a 2015 report on the 2014 Ebola incident. I'm going to have Jeff Hoogheem cover that in just a moment.

We're going to go through the Texas preparedness strategy for high consequence infectious disease. You'll see this acronym a lot, HCID. That's high consequence infectious disease.

We'll do an overview of a strategy document we put together which kind of outlines all of the actions that we're taking, projects that we're beginning, purchases that we're making, and kind of give you a quick summary of that. And then will open up to questions at the end. So at this point, I'd like to go ahead and turn it over to my deputy director, Jeff Hoogheem.

Jeff Hoogheem: Good morning everyone. Again, this is Jeff Hoogheem, deputy director for Health Emergency Preparedness and Response section. And what I'm going to do this morning is going to give you a high level overview and a summary of the response, Ebola response report that will be forthcoming in the coming week or so.

So with that, I wanted to talk first about the after action process that we went through here at DSHS in Austin, at the State Medical Operations Center, at the SOC and also in our health service region.

So first, on January 7, 2015, we conducted an AAR within our agency that included are DSHS leadership regional staff, the State Medical Operations Center staff and all of our programs. And

so that was one after action meeting that captured a lot of the comments and a lot of the (sustained and approved) from the staff here at the Department of State Health Services in Austin.

Subsequent to that, at the State Operations Center, we conducted another after action meeting with all of the emergency management's counsel agency representatives, representatives from the State Operations Center, DSHS and (TDEM) leadership. Again, that was to capture all of their comments from state agencies primarily based here in Austin.

And so that means that a lot of the states still had comments to provide. And so to answer that question, we conducted eight additional regional after action meetings, one in each of our eight health service regions between December 2014 and December 2015.

Leadership from the DSHS region was there. Our central office leadership attended some of those meetings. DSHS programs were represented, and most importantly, the regional partners and stakeholders from across that health service region were there and able to provide input.

And so we had a fairly comprehensive process to capture after action comments and those are all consolidated and will be reflected in the forthcoming report.

What I will tell you now is just some of the major activities that are identified in the report, and I'll just summarize these as they go through the bullets. They are, of course, was a large contact tracing effort connected to the epidemiologic investigation.

Medical and waste management, as you can imagine, was a major activity during the response, fatality management, significant decontamination issues, public and healthcare provider information dissemination was an activity.

Infection control, movement of patients, isolation and quarantine, and the legal orders, control orders associated with that activity was a major activity. So in addition to those activities, there were some broad and high-level challenges that we face with this Ebola response.

And these are the challenges that were necessarily identified during the after action review. These are challenges that I think any community, any state, any jurisdiction would face if they had Ebola.

As you can imagine, there were a lot of non-health issues that we had to address. Public perception was a major one, what people saw in the news and what people heard and what people thought were not always the same thing.

Waste disposal was a challenge. There was a significant amount of Category A waste and not a lot of the capability to transport or dispose of that waste. Decontamination of sites that were

nonmedical – the apartment in living locations for Ebola patients, a lot of decontamination had to take place in those locations that was not traditional.

There were significant political implications at all levels connected to the Ebola response, and the coordination of the multitude of agencies including nonprofits, public and private.

You probably are aware that this was the first case to occur in the US and also the first case that was treated outside of a federally designated facility. That's a significant challenge.

Personal protective equipment, which I'll mention later in the presentation, that also presented a challenge. And again, fatality management. Significant contact tracing associated with this Ebola response, complicated laboratory testing was involved, control orders, significant behavioral health interventions that you are all probably aware of the issues associated with the (PED) and treatment and quarantine of (PEDs) associated to Ebola patients.

A large number of you in public inquiries, extensive coordination across all levels of government, local state and federal. Information sharing with those involved in those interested in the response is a challenge. Then lastly, there was a lot of global interest and attention in all facets of this response and all levels.

And so those are challenges that I think everyone probably understand it was aware of but they're consolidated in the beginning of the report and I wanted to at least that to (life) here today.

So with that, talk about – briefly about some of the things that went well. Next couple of slides we'll discuss what worked well. And so, first off, the best news is we stopped Ebola where it started in the United States.

You know, so hard work and great efforts on all parts of all parties involved, contained Ebola to the immediate vicinity of the index patient treatment facility. And so we stopped Ebola there.

Have a system in place, number two, for our state and regional epidemiology staff can augment the local response, and in this case, that system worked perfectly. That contributed to the overall success of the response.

And also, the Dallas County Health and Human Services, chief epidemiologist, Dr. Wendy Chung, was the lead for this response, and remained the lead throughout, and that was a significant sustain, and that was something that worked well for this response.

Continuing with what worked well, the laboratory, our DSHS laboratory here in Austin had sought certification to do – perform Ebola testing prior to this incident. That, when they did the first – tested the first sample from the index case that was the first test performed at our lab after certification.

That's certainly something that worked well. During this response, the Texas Division of Emergency Management deployed a DDC in a box system which was a technological build out that allowed the DDC, the disaster district there, to communicate in a way that they may not otherwise be able to, and so that was a significant success.

And lastly, the Dallas EMS successfully transported the index patient and two subsequent patients without any secondary transmission of the disease, significant success there. Again something that they had not done, then no one here in this country had done before and that went well.

So moving on to some of the things that are concerns and that maybe need to be worked on and things that we should address. Number one, the consolidation of the DSHS executive leadership on-site of the event was a variation that challenged communication flow to all stakeholders including the emergency operations center.

And were going to look at that and decide how we can address that if we were to have another case of Ebola or high consequence of infectious disease in Texas.

Number two, posting of DSHS Ebola related information to our Web site took some time. Sometimes it was cumbersome and it did not necessarily match the pace of the response or the needs of our partners and stakeholders.

And lastly, as I mentioned earlier, there is a significant effort around the movement and the destruction of hazardous waste category – Category A infectious and hazardous waste.

This is due to federal requirements, the requirement for a DOT permit. And additionally, there was also a significant challenge with disposal and destruction of that waste.

Moving on to number four, some of the courier services that were used traditionally transport lab samples were unwilling or unable to transport EVD, or Ebola Virus Disease, samples from the hospital with the point of origin to the testing facility. This was a particular challenge prior to the Dallas lab becoming certified to Ebola testing.

Number five, you have all heard, I'm sure, about challenges associated with personal protective equipment. The healthcare facilities that were test- that were treating Ebola patients were using 40 to 50 of their Tyvek suits every day.

This is a significant burn rates and it was a challenge for them to keep up with but he created a desire to stockpile on the part of other facilities that they may have an Ebola patients emerge in their emergency room. And so that led to PPE shortages and suppliers were unable to keep up with demand.

Number six, there was a lack of official guidance or testing around the transition of Ebola virus between humans and animals, and also a lack of guidance around how pets should be handled when patients were people are being monitored for Ebola.

And lastly, funeral directors were not necessarily willing to handle the remains associated with a highly infectious decedent, and that was a challenge that we had to solve during Ebola.

So with that, where the next steps? First and foremost, the intent to finalize and distribute the report very soon. I can tell you there are just a few small changes that need to be made and we can distribute the report for you all to see.

But more importantly what comes out of the report and what comes out of this process are the actions that can address some of the concerns. And so, what you're going to hear for the rest of this presentation from (Bruce) is a lot of the activities we're going to take – undertake over the coming months related to high consequence of infectious disease.

And they include the development and publication of the Texas Preparedness Strategy for High Consequence of Infectious Disease, regional public health and healthcare system driven activities. We'll allocate funding to fill preparedness gaps.

The regional HCID workshops, which I'm sure many of you have heard a lot about, there will be the development and publication of a collaborative Web site around high consequence infectious disease.

The development and rollout of infectious disease response units, IDRUs, and then will continue to work with a HHS and the Region 6 space to coordinate high consequence of infectious disease preparedness across our region.

So with that, that concludes my discussion and presentation on the after action process that will turn it back over to Bruce to talk about the Texas Preparedness Strategy.

Bruce Clements: Thanks, Jeff. And just did a quick summary of some of the things I'm going to cover in a little more detail. But before I get into that, I wanted to share with you the overall strategy.

You know, we received funding – Ebola supplemental funding for the Public Health Emergency Preparedness Program, for the Hospital Preparedness Program and we also had the fast legislative session of exceptional item pass providing additional funding.

And then we also have funding from the (EPI) and Lab Capacity grant, the ELC grant. So we have multiple funding streams with a variety of projects and purchases underway.

And so, in order to kind of chase this down and keep it organized, and where we could monitor what's going on effectively, we really needed to put it in the context of some sort of a strategy document.

So what I did is I – we looked at the different formats and different, you know, possible ways to organize it. And then National Health Security Strategy, the 2012 version, has ten objectives.

And when it was reading through those, it looks like they sat very well with our overall approach to high consequence infectious disease preparedness. And so what I'll do is through each of those quickly and then I'll get into them in a little bit more detail.

So first of all, the purpose – to provide a Texas strategy for preparing for and responding to high consequence infectious diseases posing a threat to people and communities. So that's the purpose of the overall strategy document.

We collaborated only in DSHS regional local health services, both our central office, our section and also our regional offices around the state. In addition, we worked with the disease control and prevention services including infectious disease prevention section, laboratory service section, and also mental health and substance abuse services, including our disaster behavioral health section.

All of these folks have been involved in discussions about a variety of projects which all have now been put in the context of the strategy. And also the strategy has been informed by a lot of stakeholder input.

We've been asking for months for feedback on different initiatives and so, you know, we looked at the (strength) in and gaps identified and the Ebola incidence, which Jeff just outlined, so that became part of it.

So we looked at, you know, we can learn from after action reports and included that in consideration for what projects and purchases we would put in the context of the strategy.

We also got feedback from our regional offices, from local health departments, from the Texas Disaster Medical System, TDMS, Preparedness Coordinating Council and also public health and healthcare system providers.

So we got a lot of input from HPP and (SEP) stakeholders and a lot of other advisors as well. Some going to go through these objectives really quickly I'm going to dive a little deeper into each one.

So first of all, objective one – foster informed empowered individuals and communities by promoting awareness of high consequence infectious diseases. Number two, develop and maintain the workforce needed for a high consequence infectious disease incidence.

And number three, ensure situational awareness within a high consequence infectious disease incident, and foster integrated scalable public health and healthcare delivery systems and a high consequence infectious disease incident.

Ensure timely and effective communications in a high consequence infectious disease incident. Promote an effective countermeasure enterprise in an incident.

Ensure prevention or mitigation of environmental and other emerging threats to health occurring in one of these incidents. Incorporate host incident post recovery into high consequence incidents.

Work with other states to enhance national health response and recovery activities in one of these incidents. And then finally, this is really cross cutting to ensure everything that we do, with all the systems, all the processes, everything that we do are really based on solid science and on quality improvement evaluation.

So I'll go into a little more detail now on each of these objectives and some of the projects that fall within each. So the objective number one is foster informed empowered individuals and communities by promoting awareness of high consequence infectious diseases. We're doing that through – several ways.

We put out a lot of funding, several million dollars to local health departments, several million dollars to HPP contractors and we also have established – we've been working on regional workshops and other things.

So we've funds out. We're working on developing systems at the local land regional level. And at the state, we're working to try to get everything connected and consistent across the state and also having the regional workshops.

Objective two, develop and maintain the work force needed for a high consequence infectious disease incident. And we're doing this through planning training exercise. Again, a lot of these funds that have gone out to the local and regional level are being used to – in fact, most of these funds are being used for planning training exercise in the purchase of PPE.

We're also working on a concept that infectious disease response units, IDRUs, and a collaborative Web site with the University of Texas, and I'll share a little bit more with that – on that with you and just a moment.

And then regional workshops, which I'd like to go into a little more detail on now. So the purpose of the regional workshops is to provide some high consequence infectious disease training and education, to provide a venue for information sharing, identify preparedness gaps in the conversations and through a tabletop exercise/guided discussion that will be at the end, and also just enhancing regional planning efforts and the concepts of operation.

So the target audience – this isn't just for public health and medical professionals. It's for public health and healthcare leaders, obviously, but we're also inviting emergency management, first responders, elected officials, disaster behavioral health professionals and other stakeholders that would be involved in this kind of a response.

And it may include, you know, hazardous waste folks and a variety of others that we have – well, go ahead. Hit the next one. We're going to have these around the states, one each of the regions, and you can see the dots. That's where each of these workshops is going to be.

And here's the breakdown by dates. So our first one is going to be down in McAllen December 8th, 9th and 10th and the first and last they are half days, but all three days, we're going to be serving lunch as well.

Then we're going to have one in January in New Braunfels, Houston and Austin, two in March, Lubbock and Tyler, and then one in May because actually April is really busy with our emergency management conference and other things. So the last one will be in Dallas in May.

And we'll follow all that than with the statewide symposium next summer. So first of all, the first day is a half a day and all this is going to be general sessions. We aren't going to have breakout sessions on the first day.

And it's really in four parts. We're going to have a threat briefing. This is going to be by (Jerry Parker), who runs the new vaccine research center over at Texas A&M. He was the commander of (Usambrid), the infectious disease research Institute for the US Army.

He's going to provide an overview, kind of a threat briefing, of high consequence infectious disease. And then were going to have Dr. Wendy Chung share lessons learned and challenges from the Ebola response and actions taken.

Then regional preparedness and response strategies – this is going to be a panel discussion with regional partners. And then states, interstate and federal strategies – we're going to talk a little bit more about what we're doing at the regional – and this is regional with a big R – federal Region 6, including the other surrounding states.

So day two, the general sessions, including other threat brief. This is going to be by (Randy Larson) was an advisor to the Bush White House during 9- post 9/11 in response to anthrax. He's been an instrumental person in developing a lot of policies since.

And disaster behavioral health – related have a great presentation on public health law and ethics. I do want to point out, as well, we're going to be finishing a project with the University of Texas Houston, and there's an attorney there who's been working on and updating what they call the Bench Book.

And we're going to make enough copies of that. As soon as it becomes available, we want to have copies of that for everyone that attends. And what the Bench Book is, it summarizes and interprets all the public health emergency laws for the state of Texas, so it's a very handy resource.

And we're going to try to get a copy of that into the hands of everyone that comes. It won't be available, really, until the end of the year so those who attend earlier meetings, we'll get them out to you. But as soon as they become available, we're going to offer them at all the subsequent meetings.

And then we're also going to have -- I'm sorry, back up one -- we're also would have a session for emergency management at the end of the day where we're going to allow them to kind of have a discussion about high consequence infectious disease response coordination.

And then we're going to have a series of breakout sessions, and again, these breakout sessions are based on just the feedback that we got from stakeholders and from reviewing the after action findings, so were going to have an infection control, EMS ground and air transport, fatality management, waste management, hospital preparedness.

That's kind of broadly speaking, kind of meeting the standards of – meeting the capabilities of assessment facilities and what that means. So we'll review all of that. Non-medical first responders, kind of a 101 for those who are, you know, non-EMS but first responders.

We're going to have a session for them and infectious disease (EPI) and surveillance for those who would like to learn little bit more about (EPI) which is an instrumental part of the response obviously.

Disaster behavioral health, behavioral ethical challenges and also region specific presentations in some regions where we're blocking out some time in some regions as requested for the region to do their own specific presentation which will be repeated twice that afternoon.

These are some, but not all of the speakers. And so – and I won't go through each one, but will be sending bios out and descriptions of their presentations shortly, probably within the next week or two.

But we got the all-star team. This is a really great group of people that I think the conference is going to be an excellent, really national level, conference in terms of just the caliber of speakers that we have.

On day three, again, this is another half-day – risk and crisis communications, we're going to kick off with (Vincent Covello). He's one of the leading – one of the thought leaders of risk communication and crisis communication.

It's a (Vincent) is going to kick off that last day with a general session training or discussion. And then were going to go into the exercise/guided discussion so we've got some books coming in were going to facilitate this.

And what we want to do is walk through a scenario with all the attendees and really get down to the details and so everyone can hear what would be the flow of information, where the key players and actually put eyes on them.

So once we get to the end of this, hopefully a lot of the key people will understand kind of the processes involved, the priorities involved, et cetera. So as soon as we get to the end of that, we're going to have a (hot lunch).

We're also serving want to get on the third day, so all three days were going to have a lunch prior to the kickoff at day one, serving lunch on day two and lunch at the end of the day, then, on day three.

So objective number two, develop and maintain the workforce needed for high consequence infectious disease incident. We're working on infectious disease response units, IDRUs, and also local, regional and state planning training and exercise, and then again, the collaborative Web site.

If you want to check this out, the Web site, as it stands now is Texas IDR, the Texas infectious disease readiness site, and that sites will be expanded with training modules and other materials. And I would like to ask (Angela), can we see we can get Joe Palfini on the line?

Operator: Mr. Palfini's line is open.

Joe Palfini: Hi Bruce.

Bruce Clements: Hey, Joe. Thank you for joining us. And I'm going to turn it over to Joe Palfini now. He's really taken points now on the development of our infectious disease response units and he's

going to give you just a really quick summary of where we stand, but the ideas are and where we're going next. So, Joe, go ahead.

Joe Palfini: All right, thank you, sir. This is really a very basic overview of the concept, and, as we get into a little bit more of it, I think it will be apparent, so why – we're kind of giving you a 50,000 foot view of the program itself because it is truly in its infancy and we're working on developing exactly what it will look like in the coming months.

But basically, the first slide talks about the core principles that we're building this around. For those that have limited understanding of the EMTF system as it stands right now, the Emergency Medical Task Force in Texas, is a program that DSHS has been working with the regional advisory councils to build response capacity and each of the regions for disaster, so whether it's hurricanes, tornadoes, anything like that.

Obviously the needs are different for each disaster, but it puts ambulances and – medical ambulances, buses and mobile medical units, which are essentially field hospitals, at the disposal of the state and local leaders that require that assistance.

So in doing so, we've built a partnership and solidified a lot of partnerships that are in place across the state at the regional advisory councils with the healthcare providers, whether it's hospitals or EMS providers.

And we have agreements in place to utilize personnel that are working today as nurses, physicians, paramedics, those sorts of things that these agencies and bring them to bear for a larger state disaster through these agreements.

The essential elements of the IDRU concept is utilizing that same agreement, utilizing those same relationships to bring people with a specialty in infectious disease or additional training and responding to infectious disease to bear for a case where we would need to either treat or transport a patient that has Ebola or any other high consequence infectious disease.

As I said, you know, how that looks, with those players are, with those stakeholders are, is still in development. We're bringing together a lot of those folks as we speak to try to better under- make sure we're being all-inclusive, whether it's healthcare, academia, the EMS providers, you know, so which would be local government, those sorts of things.

The five primary focus areas that we're looking at, first of all, is being able to – planning obviously is number one, so as I said, we're bringing together a lot of those subject matter experts.

We're going to decide what the right stuff is, with the right team composition is, with the right people are two assist in the state (in) that response on the acute-care side, as well as helping with the other four components which are making sure that we have the ability to transport

patients that have these infectious diseases from a frontline facility to an assessment center or to the Ebola treatment centers.

The other piece is making sure that we have some personnel with expertise that we can share that expertise. Obviously, Dallas was pretty hard hit. They were the center of the Ebola disaster for the incident that we're aware of last year.

And being able to take someone that was intimately involved in the response and bring them into another jurisdiction that may be re- I have an issue in the future is going to be helpful to share some of their experiences and be able to help with some of the actual operational things that may be done in hospitals.

The other piece was PPE, understanding that a lot of the regional advisory councils and a lot of local governments and health service regions have been working hard to cache PPE so that we have the equipment and supplies we need to treat these patients is important.

However, I – we want to make sure that that is available statewide, whether that's – whether the first patient shows up in a rural area, whether it shows up in an urban area and whether there is a large number of patients that are potentially infected.

We want to make sure that we have the supplies on hand, so we're looking at building regional caches and having the ability to move those caches around. Now what equipment and supplies are in that cache, and how they get moved around is a little bit too deep in the weeds for, you know, current discussion, but that's why we're bringing that stakeholder group together to discuss what makes the most sense for that statewide coverage.

And the last piece is really that logistics capability. The EMTS is a very robust logistics capability in moving around medical equipment supplies and personnel and those sorts of things using these MOAs to bring people from their home agencies and be able to deploy them across the state.

And want to be able to utilize that without building a second system to do the same thing, so whether that's moving people, whether that's moving supplies through, you know, the use of some of the relationships we have with folks that have large prime movers, all those things would be helpful.

So that's really what we're looking at doing. We're looking at making sure that we can support hospitals with equipment and personal needs, looking at supporting local jurisdictions with coordination of some of that, if necessary.

All this is, of course, this is the menu plan, so if they need something they can ask for it. If not then, you know, it stays in our – back home and ready to respond to EMTF if needed.

And we want to be able to also provide additional PPE, especially as the situation progresses, PPE gets harder to get a hold of, so we want to make sure we have that capability.

And then, like I said, utilizing those agreements so that we're not trying to figure out how to do this in the heat of battle, that really have a system in place.

So the next slide really talks about where we are now. The executive leadership from the emergency medical task force program has worked on an initial budget and has submitted that to DSHS.

We're working with that same leadership and the leadership in the individual DMTF regions to start the planning process for the we're inviting to these meetings and how we're, you know, how we're going to get the work done to complete this planning process.

And starting to take a really superficial look at how each of the regions currently think they're – you know, where there gaps are and how this system can help.

We're not trying to build up secondary system on top of a system that's already working. You want to make sure this is going to fill the gaps and augment existing capability and provide that synergy that's so important in these pretty impressive situations.

So the next steps, on the next slide talk about where we're planning on going, so conducting these planning sessions to development – to develop the equipment and PPE requirements and building the supply caches once we figure out exactly what that looks like, as well as providing training to the responders that are going to be utilized in this response.

So if we're using a paramedic from a given agency, that the training that this group of subject matter experts thinks is important is – we need to make sure that they get that so that they're best prepared to do the job we're asking them to do.

And then, additionally, we want to make sure that we exercise that capability along with, you know, in concert with the regional exercises that are going to be occurring across the regional advisory councils and the health service regions.

So we want to make sure that we integrate into that process and then we help that exercise process along. And then finally, integrating this program in a more permanent sense into DMTF system so that we have this capability as well as, you know, as another component of the system that had some success across the state already and preparedness and response. So I think that's all I really had, Bruce, unless there are any specific questions or anything I can focus on for you.

Bruce Clements: Okay. No, that was a great summary, Joe, and will hold off on questions until we get to the very end. So if you could stand by, Joe, I'd appreciate it.

Joe Palfini: Sure thing.

Bruce Clements: So I'm going to run through the rest of the objectives. Now, the objectives three and five, we've combined them here. One is situational awareness and the other is effective communication. Those are really intertwined and we're trying to address those kind of simultaneously.

So besides really getting those systems that are currently out there, get people well trained and exercise on things like Web EOC and other existing systems, we're looking at the development of a new situational awareness platform.

And this isn't to replace anything that we currently have here Web EOC. This is going to be a platform that, in the end, we're hoping we can link to – syndromic surveillance and a lot of other variables, so that at any given time, folks will be able to go in and look at what's going on around the state and see, you know, where there might be outbreaks.

You know, one of the things that we've been dealing with quite a lot lately are TB outbreaks. And so people go on and just get the kind of summary information of here's where things are going on, what's going on, so just so folks have general situational awareness of situations that are or could become a public health emergency.

And so we're looking at developing that situational awareness platform. Right now, we're in the early stages of just exploring everything that's currently out there, what kind of features and functions are in those systems, and then decide whether there is an off-the-shelf solution or whether there's something that we're going to be doing to actually develop a new system. So we're continuing to work on that.

Objective four – foster integrated scalable public health and healthcare delivery systems in high consequence infectious disease incident. Again, we're doing this through statewide training and exercise, you know, making sure that what we train on this point to enable people to be – you know, be scalable in the response and the effective.

Federally recognized Ebola treatment centers like Texas Children's Hospital and University of Texas Medical Branch – we're funding them with HPP funding. That's the Ebola supplemental funding for the hospital preparedness program.

And actually UTMB in Galveston has been designated as one of, I think, nine federally designated treatment, Ebola treatment centers, and the country. But that means is this is where, if some things going on overseas and we're bringing people back to our ill, there are certain hospitals that they're going to go to.

And for our region, which includes Texas, Arkansas, Oklahoma, Louisiana and New Mexico, for that region, the patients will all be going to UTMB, so it's a backup for the feds, is the State Department wants to bring someone there, and it's a focal point for federal Region 6, so if any of our surrounding states have an Ebola patients, they'll be brought to Galveston.

And by the way, the transportation on that is, if it's been 200 miles, and we have access to the State Department's plane. It's a plane that's been equipped to transport infectious patients and it's the same plane that was used to bring back physicians from Africa, same one that transported the two nurses from Dallas to other facilities for treatment.

So we have access to – now, there are two of those planes. We have access to those through the process that we're working on right now with federal Region 6 and with her HPPE project officer.

And then US Department of Health and Human Services Region 6 Ebola treatment center – okay, I just mentioned that, in collaboration with epidemiology and laboratory capacity grant, the ELC grant, and the National Ebola Training and Education Center, so (EPI) and laboratory, they received a separate grant, separate from our Ebola supplemental for HPP and (FEP).

And then also there's a national group, the National Ebola Training and Education Center. This is a group comprised of, you know, folks that are from Emory University as well as, I believe, Bellevue Hospital in New York City with have successfully treated a physician who was ill there.

There's a collaboration between practice and academia, and they're sending teams around the country to help to training and also to kind of help walk through what (right) looks like as further well-prepared hospital for a high consequence infectious disease.

And as Joe mentioned, we're going to be buying a lot of PPE. I know some of the locals have already begun purchasing PD caches. We're also going to have them at the regional level and at the state level.

So we're going to be having a lot of PPE caches available throughout the state. We're trying to standardize that as much as possible and buy materials that are as sustainable as possible and as easy to store as possible. So it's a tall order but we're going to be purchasing several million dollars' worth of PPE.

Objective seven – ensure prevention or mitigation of environmental and other emerging threats to help occurring and I consequence infectious disease incidence. There's funding going to the laboratory response network. There's some funding that's been set aside already to do some capital improvements to the lab including the security systems.

There's a lot of new equipment that's going to be purchased. And there's still discussions going on about which makes and models are going to be purchased. And so there's a lot of moving

parts on that. But millions of dollars are going to be spent on laboratory equipment to enhance laboratory response network across the state.

There's also kind of an expansion of the epidemiological surveillance and response capacity around the state through some of these grants – actually, the exceptional item funding additional item (EPI) positions across the state.

And then there's also the epidemiology and laboratory capacity ELC evaluations of Ebola assessment hospitals. And really, what they're doing is taking the federal guidance that lays out the capacity or capability of an Ebola assessment hospital, and they're going out to – not to do any kind of inspection. There's nothing regulatory about it.

They're just going out to assist hospitals in reviewing their capability and pointing out anything that may be able to do to increase or enhance the capability.

And objective eight, incorporate post incident health recovery into high consequence infectious disease planning and response – again, you know, the recovery part is being planned, trained and exercised the funds that we put out there through the regional and local level as well as projects that we're doing at the state level.

And a big component of this, and this really came out, as Jeff mentioned earlier in the AR process, the disaster behavioral health part of this is pretty significant. You know, these illnesses are really frightening and really have a major impact on mental health.

And so we have some additional funds going to our disaster behavioral health staff who are going to have their own section, their own track at the workshops. They're also going to be hosting regional disaster behavioral health coalition meetings where they're going to meet with other behavioral health specialists around the state.

Number nine, work with other states to enhance national health response and recovery activities and a high consequence infectious disease incident – and this is again, one that I referred – to some already, the (talon) states, that's federal Region 6, the states that are listed there in the first bullet.

We're all working together already, the ASPR, the Assistant Secretary for Preparedness and Response in DC, at and Health and Human Services, they've worked with the regions and came up with a template for federal region planning.

And so they're fairly consistent across the country and our project officer has been working with all of our states. And Dr. Rosanne Prats, in Louisiana, is taking the lead on some of this but we're taking the template that the feds provided, working with all the other states, and we're developing that.

And then at the same time, as plans and processes and procedures developed at the regional and state level, we're going to look for ways to really connect the dots on all of this so it's a seamless plan in a seamless approach. And we do plan on sharing, by the way, the planning that's going on for the federal region and the (talon) states.

We're going to be sharing that on day one of each of the workshops as well. But a time we get to the workshops, we're going to be pretty mature in that process and will be able to share at least a draft plan with you.

Objective ten, and again, this is crosscutting, to just make sure all systems and processes and a high consequence infectious disease incident are based on the best available science and evaluation and quality improvement methods. So in everything we do, we're going to try to hold true to that principle.

Okay, and with that, (Angela), if you could please open it up for questions and give the instructions for that, I would appreciate it.

Operator: Thank you. If you would like to ask a question, please signal by pressing star 1 on your telephone keypad. If you're using a speakerphone, please make sure your mute function is turned off to allow your signal to reach our equipment.

A voice prompt on the phone line will indicate when your line is open. Again, please press star 1 to ask a question, and we'll pause for just a moment. And will take your first question.

(Charlie Gayler): Yes, hey, this is (Charlie Gayler) in Corpus. Will this – we were unable to get onto you the slide presentation. Will this be available online soon?

Bruce Clements: Yes it will. It was all recorded and the entire presentation is going to be available online shortly after we finish up.

(Crosstalk)

(Charlie Gayler): Okay, that's what I – go on.

Bruce Clements: And actually that was – we've seen – we've gotten quite a few pings on this and there were a number of people who could not get on because we exceeded the capacity of the Webinar which we haven't done before, and it's a good thing, I guess, that we had that much interest. But unfortunately, a lot of people couldn't get on. So we're going to make sure that all of the materials, as well as the recording of this session are available.

(Charlie Gayler): Yes, we got an early enough to hear that but I just wanted to be double sure. Appreciate it.

Bruce Clements: All right, thank you.

Operator: And we'll go to our next question.

(Donnie Booth): Yes, this is (Donnie Booth) in Andrews, Texas. About the workshops, the only workshop for our region is scheduled in El Paso and for us to get from this area the appropriate people at that workshop, that's going to be extremely difficult because that is in the far west of our region, about three hours away from us.

Bruce Clements: Yes, I understand. That is a problem. And first of all, the planning that you do as far as region, with a little R, not the health service region, but your regional planning, I guess, are you crossing over into the other surrounding health service regions in some of that planning?

(Donnie Booth): Correct. So our region is pretty big geographically which is always an extreme challenge for us out here. But yes, we coordinate with – I mean, El Paso as part of our DMTF region as well as part of our HPP region. So, I mean, we do coordinate and work with those individuals. It's just for us to get the key players; it would seem like we would need a workshop or centrally located for this region.

Bruce Clements: Okay, I understand. And what we can do – there've been quite a few funds that have been put out there for Ebola including travel funds. We can look at providing some additional support to get some key people to that meeting if that would help.

(Donnie Booth): Yes, and that would be one issue, I'm sure, are the financial resources. But another issue is time because some of the key players we want to get there would be, like, county judges and some of these people that have a big role in our emergency preparedness and management. So, I mean, the timing this is issue out here is also a problem.

Bruce Clements: Would be better for those individuals to maybe go to Lubbock?

(Donnie Booth): Yes, I mean, in our area, Lubbock or Midland Odessa area would be easier because you're talking about – I mean, if you look geographically at that region, you know, it's been – the workshops have been placed in the furthest west area in the region instead of looking at something that was a little more centrally located.

Bruce Clements: Okay, I understand. And so – and we can – actually we can pick this up off-line, then, for additional details but I understand the problem and we'll continue to try to work with you to provide whatever support we can to get the right people either to Lubbock or to El Paso.

(Donnie Booth): Perfect. I do appreciate that.

Bruce Clements: Thank you.

Operator: And again, as a reminder, ladies and gentlemen, it is star 1 to ask a question. We'll take our next question.

Female: I wanted to ask, will you be posting the Webi- the seminar information so we can register soon?

Bruce Clements: Yes, probably within the next week or two we'll be releasing a more detailed brochure and that will be registration button associated with that and folks will be able to start registering for all of the workshops. Or – I believe, are we doing one at a time, just opening registration? For, example, McAllen first, and then...

Female: No, they'll be all available.

Bruce Clements: Okay.

Female: They'll all be available.

Bruce Clements: Okay. So, yes, probably within the next couple of weeks we'll have registration available for everyone for all eight of those meetings.

(Crosstalk)

Female: Thank you so much.

Bruce Clements: Okay, thank you.

Operator: And we'll take our next question. Caller, your line is open. Please check your mute button.

Dr. Gonzales: Bruce, this Dr. ((Inaudible)) (Gonzales). How are you doing?

Bruce Clements: Fine, sir. How are you?

Dr. Gonzales: Fine. Listen, and I sent it in writing as well – while we totally agree with continuing our preparedness and our training, I just want to make sure that we put into perspective because, you know, already a lot of our first responders address – we have systems locally for infectious disease.

We transport patients with TB, with HIV, hepatitis all the time. And so, I just want us to put it into perspective and not overly burden our local systems as we approached us in a common sense sort of way because this can also add to anxiety and misconceptions of what we're dealing with.

Bruce Clements: I understand, Dr. (Gonzales). It's a good point. And what we're trying to do with this is really build on everything that currently exists and not – you know, and there is a delicate balance there and I completely agree.

If we're trying to get people to come, we need to let them know how serious this is and when they're there, we need to really convey the seriousness of it, but that cannot be shared without some level of anxiety.

And finding that balance of crying wolf or overstating the risk versus having people calmly and coolly approach this and take away the message they need is a challenging issue.

So – and everything we're doing, we're not trying to really scare folks but to your point, we're trying to build on top of those systems that you already use every day and just provide enhancements, enhancements for PPE, for drop-in teams, if you need additional support and things like that. But it's a good point, sir.

Operator: And we'll go to our next question.

(Mark): This is (Mark) (away at) Metro Health in San Antonio. We identified that waste management was going to be a major, major headache in any event and we saw that in Dallas. And I saw that you had addressed those issues as one of the major problems to respond to in your presentation.

I didn't hear any of the environmental folks being mentioned, the TCEQs, the EPAs or – nor the DOT in any of the discussion around the waste management issue. And I just wondered if those folks were also being consulted and included in what it is that we're going to be presenting in our workshops.

Bruce Clements: Yes, thanks, (Mark). That's a good question and yes, they are. Actually we have a presentation from TCEQ that's going to be in each of the workshops and repeated twice on the second day. So we have that being addressed. I believe in your region specifically, we're also looking at inviting some local representation to join in that presentation.

But we have addressed that, at the state level, I know we're going to be working with TCEQ with the plans that we're working – the interstate plans and others. So that is incorporated into – and I didn't highlight it a lot, but they are involved.

(Mark): Thank you.

Bruce Clements: Thank you.

Operator: And it appears that we have no other questions at this time.

Bruce Clements: Thank you, (Angela), and I would like to turn over to (Dave Gruber) for closing comments.

(Dave Gruber): Great, Bruce. Thank you very much and good morning to all. Thank you for joining. The first thing I'd like to do is think the system as a whole, both for your input and for your efforts during our Dallas event back last year, just about this time, but also in what you've done since then.

It's truly been a statewide effort and all who have been involved have contributed to moving our state forward. I do want to acknowledge the work that Bruce and his group have done in leading

the statewide initiative. It is a humongous effort and it is something that I think we've laid the basis for moving forward as a whole in a very, very organized fashion.

Obviously, we're totally dependent on all of our partners for success, but laying the groundwork and the outline for how we're going to move forward is a significant step forward.

Another thanks to the public health and the health care practitioners for their dialogue, for their diligence, both in monitor of travelers. We've monitored approximately 1400 travelers from overseas, or public health departments, our health service regions, and there's been a significant effort.

At any time something has come to the forefront as far as a possible medical condition, the healthcare community has stepped up to that. Investigation of suspect cases has gone on behind the scenes very quietly and has been very successful.

Our laboratories have tested when necessary and, as Bruce mentioned, although we started out singularly with the state laboratory, we've had expansion to other laboratories and that has significantly increased our capability throughout the state.

And finally, I want to thank our clinical practitioners for vigilance and for their treatment. We have used awareness as a tool and a capability. And one of the efforts of this particular HCID initiative is not only to look at Ebola, and we have to focus on Ebola because, quite frankly, that's what is in our grant language from the Feds.

You know, up until this morning I would have said, you know, we're in good shape because there's vaccine development, there's good control, but if those of you who've read the morning papers have seen, a nurse in London who had contracted Ebola just presented back to the medical facility this morning where she now has Ebola in her eye and is being treated for that.

So those who have had Ebola in the past were considered treated for it and cured are not necessarily over the hump. It hasn't left us. However, just this week, with also had a – not a suspect case, I'll call it the possibility of a MERS case in whatever regions, and I think awareness to the practitioners is critical to ensuring that we have a first line of defense.

This is a system-based multidisciplinary integrated effort that will improve Texas's ability to identify and protect against and respond to HCID threats in the future. The basic tenant, though, is not to waste money or use it for short-term gain, but instead, build or augment long-term sustainable HCID capabilities.

We look forward to working with all of you in the future. We look forward to your input and we look forward to keeping Texas safe. So thank you very much, and Bruce, thank you for the opportunity.

Bruce Clements: Thank you. With that, we will conclude our call. Thanks again everyone for participating and, again, these materials will be available online shortly and we'll get that information out to – of how you can access all this shortly after we wrap up here. So thank you all very much for your participation.

Operator: Ladies and gentlemen, this does conclude today's conference. We thank you for your participation and you may now disconnect.

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