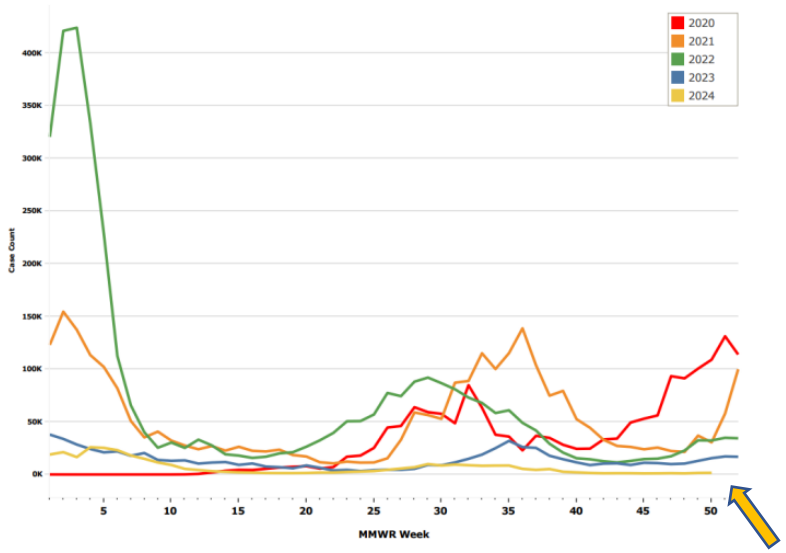
Public Health Regions (PHRs) PCC REPORT 21 OCT 2024

Texas Respiratory Virus Surveillance Report is available at:
[Texas Respiratory Virus Surveillance Report | Texas DSHS]

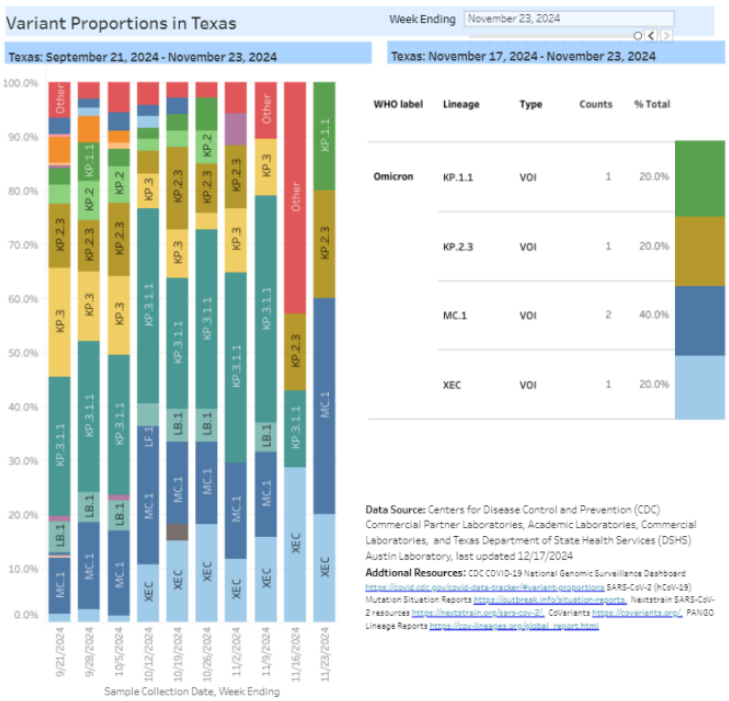
COVID-19 cases reported to DSHS remain low in TX with MC.1 the most common variant. Note, however, that COVID-19 cases are no longer reportable this year.

[Texas DSHS | Respiratory Virus Surveillance Report | 12.20.24 | Week 50]

Figure 9. Cases of COVID-19 by MMWR Week, Texas, 2020 to Current Report Week (N = 9,323,394)



Note: The COVID-19 pandemic reported the first locally acquired SARS-CoV-2 case in Texas during the MMWR Week 10 in 2020. Prior to MMWR Week 10 in 2020 there were no locally acquired cases of SARS-CoV-2 infection reported among Texas residents. Case counts are reported based on all MMWR weeks as they are provided.



WHO label	Lineage	Type	Counts	% Total
Omicron	KP.1.1	VOI	1	20.0%
	KP.2.3	VOI	1	20.0%
	MC.1	VOI	2	40.0%
	XEC	VOI	1	20.0%

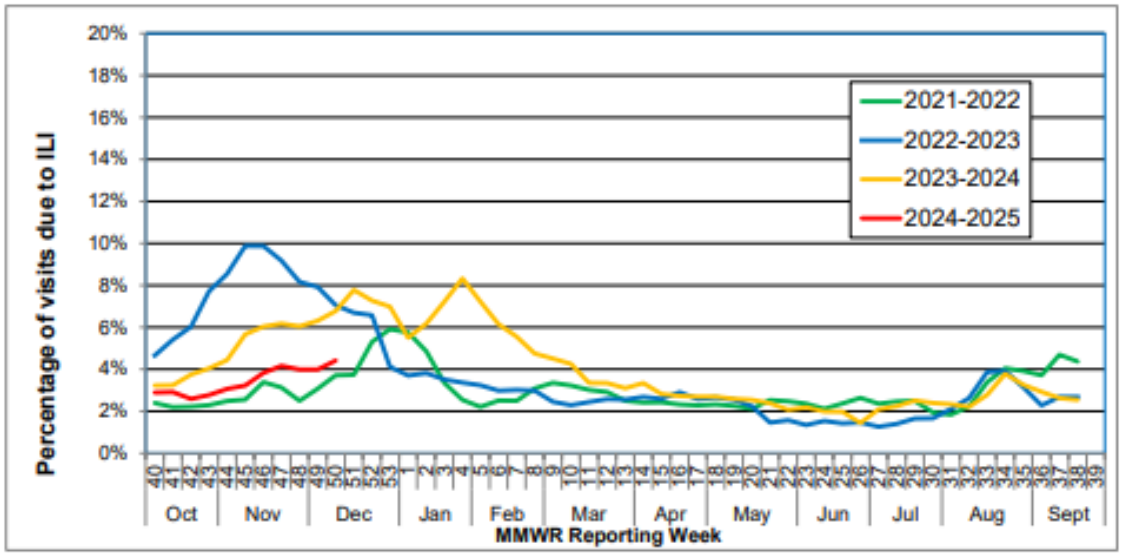
Data Source: Centers for Disease Control and Prevention (CDC) Commercial Partner Laboratories, Academic Laboratories, Commercial Laboratories, and Texas Department of State Health Services (DSHS) Austin Laboratory, last updated 12/17/2024

Addtional Resources: CDC COVID-19 National Genomic Surveillance Dashboard https://covid.cdc.gov/covid-data-tracker/#variant-proportions SARS-CoV-2 (hCoV-19) Mutation Situation Reports https://outbreak.info/situation-reports, Nextstrain SARS-CoV-2 resources https://nextstrain.org/sars-cov-2/, CoVariants https://covariants.org/, PANGO Lineage Reports https://cov-lineages.org/global_report.html

Influenza-Like Illnesses (ILI's) reported by Texas ILINet Participants may provide a better and timelier glimpse into the burden of respiratory diseases in Texas. Note that the reporting year starts in October.

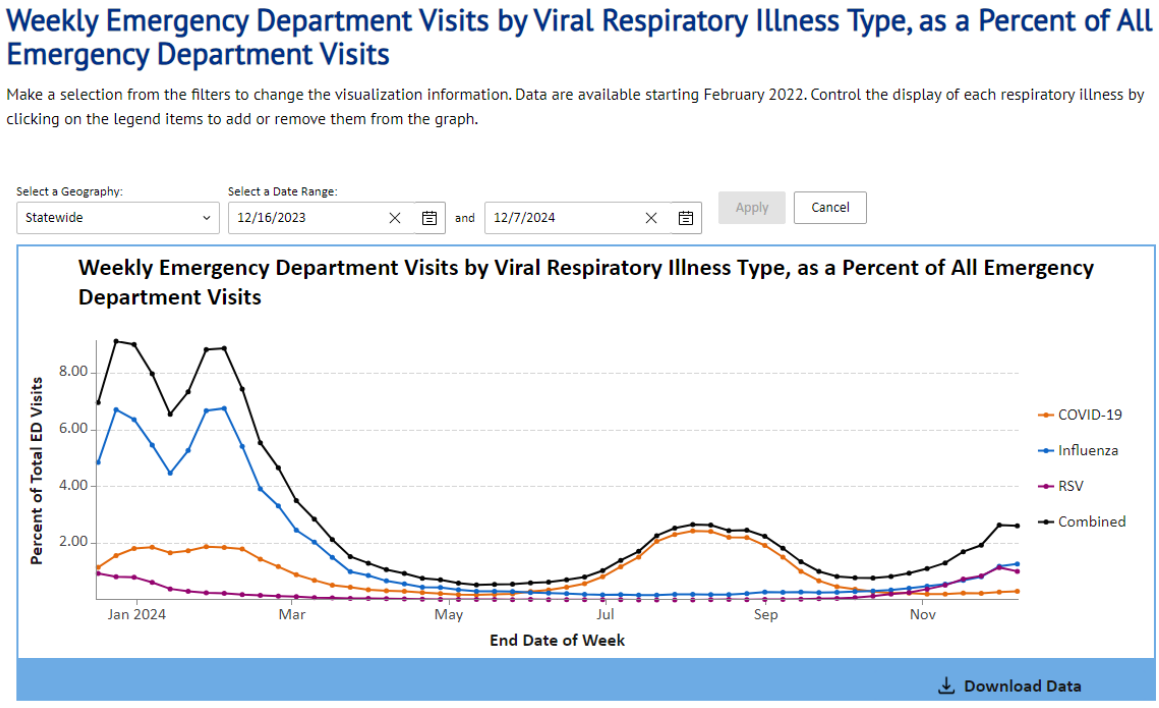
Figure 4: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2021–2025 Seasons

Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using

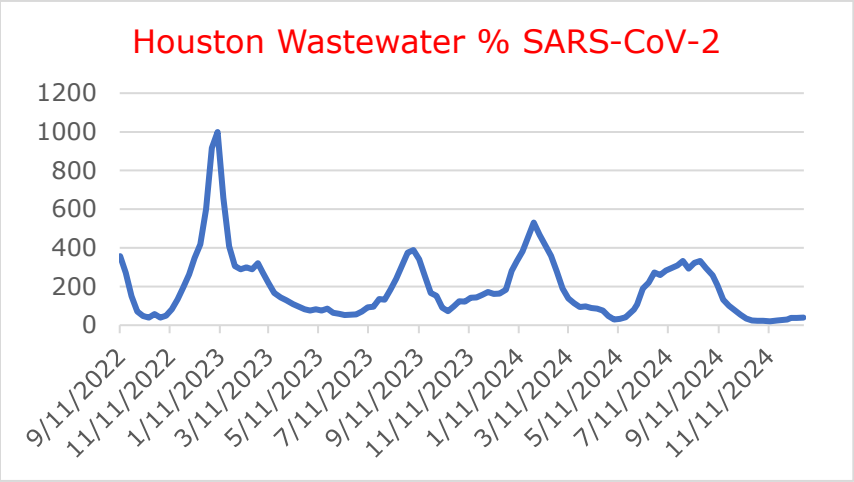


MMWR week 52 and 1.

Also available for surveillance of respiratory diseases is the Texas Respiratory Illness Interactive Dashboard which displays the number of Emergency Department visits per week by type of respiratory illness: COVID-19, Influenza and Respiratory Syncytial Virus (RSV). [Texas Statewide Emergency Department Visits for Respiratory Illnesses | Texas Respiratory Illnesses Dashboard]



Houston wastewater percent SARS-CoV-2 remains low at 40% as of 12/23/2024, as are the number of emergency room visits for COVID-19 (see above).



Houston wastewater SARS-CoV-2 percent for the weeks of 9/11/2022 to 10/14/2024.
City of Houston SARS-CoV-2 Wastewater Dashboard: https://covidwwtp.spatialstudieslab.org/

H5N1 Updates:

- The first severe US human case of H5N1 was reported in December 2024 in Louisiana. Source is believed to be a backyard chicken flock. CDC confirms first severe H5N1 case in US patient | CIDRAP Concerning mutations identified in the virus are felt to have arisen in the patient and the pandemic risk was cited as low. CDC: H5N1 mutations in severely ill patient could boost spread, but risk remains low | CIDRAP
- California has declared a State of Emergency due to expanding numbers of dairy cows infected with H5N1. https://www.gov.ca.gov/2024/12/18/governor-newsom-takes-proactive-action-to-strengthen-robust-state-response-to-bird-flu/
- H5N1 has been detected in wild waterfowl across various counties in Public Health Region 6/5 South (PHR 6/5S) including Harris County and Galveston County (Texas City). No human cases associated with exposure to wild birds have yet been identified. https://www.houstonpublicmedia.org/articles/news/health-science/2024/12/17/509026/galveston-county-bird-flu-first-case-in-texas-city/
- Death of a pet cat who ate raw pet food has prompted a voluntary recall of raw pet food. Oregon avian flu cat death prompts nationwide raw pet food recall | CIDRAP
- USDA now requires testing of raw milk samples for H5N1 in six states USDA orders raw milk sampling as part of the first round of its National Milk Testing Strategy (NMTS). USDA NMTS new requirements
    - requires the sharing of raw milk samples, upon request, from any entity responsible for a dairy farm, bulk milk transporter, bulk milk transfer station, or dairy processing facility that sends or holds milk intended for pasteurization
    - requires herd owners with positive cattle to provide epidemiological information that enables activities such as contact tracing and disease surveillance
    - requires that private laboratories and state veterinarians report positive results to USDA that come from tests done on raw milk samples drawn as part of the NMTS.

Information regarding what to do to decrease risk of H5N1 can be accessed at: https://www.cdc.gov/bird-flu/prevention/index.html

> *"People should avoid unprotected (not using respiratory and eye protection) exposures to sick or dead animals including wild birds, poultry, other domesticated birds, and other wild or domesticated animals. …If local authorities tell you to throw away the bird's carcass (body), don't touch it with your bare hands. Use gloves or a plastic bag turned inside out to place the body in a garbage bag, which can then be thrown away in your regular trash."*

PPE is recommended for handling animals suspected to be infected with HPAI: CDC PPE recommendations for HPAI

To date, there is no reported human to human transmission of H5N1 and no new Influenza Risk Assessment Tool (IRAT) has been performed or published by the CDC since its last report in June 2024. Influenza Risk Assessment Tool (IRAT) Virus Report--Highly pathogenic avian influenza A(H5N1) virus; clade 2.3.4.4b Virus Strain: A/Texas/37/2024 (cdc.gov)

Pertussis (also known as Whooping Cough) cases have increased throughout the state. In PHR 6/5S the outbreak has affected multiple counties and school districts throughout the Region. This is part of a national trend Pertussis (Whooping Cough) | Whooping Cough | CDC and though cases are often mild, the symptoms are often prolonged and can be severe, especially in infants.

Treatment and post exposure prophylaxis relies primarily on macrolide antibiotics, the most commonly used being Azithromycin. It should be noted that sometimes the "whoop" is absent.

Vaccination is recommended and effective. However, the acellular vaccine currently in use exhibits waning immunity over time. Combined with a very high rate of infection (Ro of 15-17), the droplets produced during sneezing or coughing can lead to rapid spread in families and within schools.

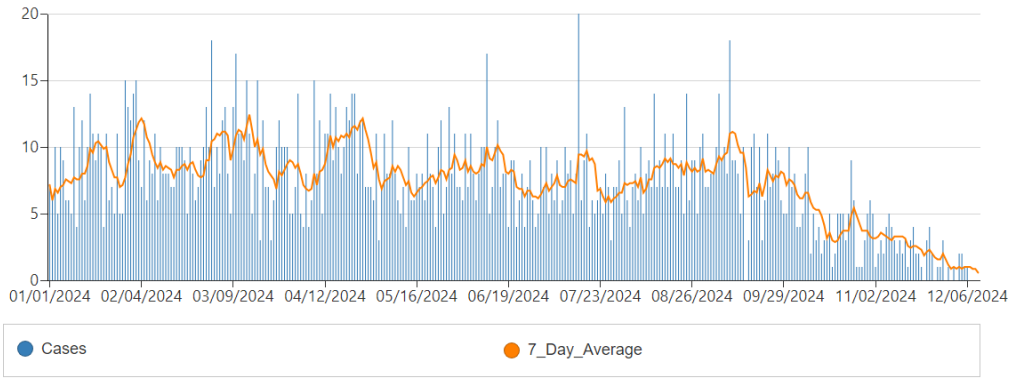
Post Exposure Prophylaxis (PEP) is recommended for all asymptomatic household contacts of a pertussis case within 21 days of onset of cough in the index patient. Individuals at high risk should also receive PEP including infants under 12 months of age, people who are pregnant, and others whose health condition places them at higher risk for developing severe manifestations.

Vaccination is not used for PEP but can help reduce spread in a community. A single dose of Tdap is recommended in every pregnancy, ideally between 27- and 36-weeks gestation. In addition, *cocooning* is a method used to protect newborns early in life by limiting individuals who come in contact with an infant to only those with updated Tdap vaccines. This strategy is employed during the first two months of life, until the infant received their first vaccine. An Assessment of the Cocooning Strategy for Preventing Infant Pertussis—United States, 2011 - PMC

Mpox

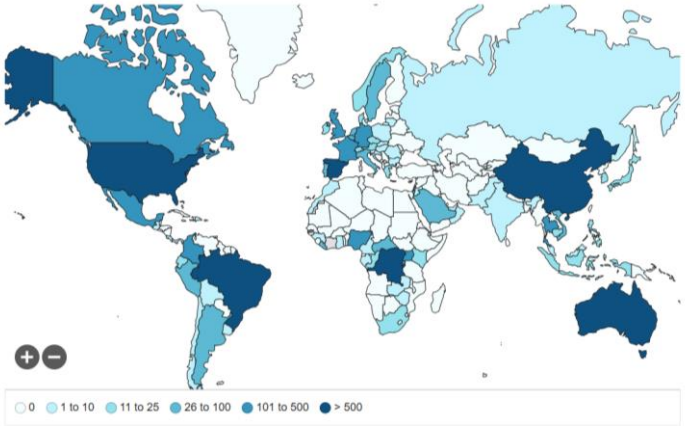
The first US case of Clade I was reported in California in NOV 2024 in a person who had recently traveled to Africa. https://www.cdc.gov/media/releases/s1116-california-first-clade.html

Clade IIb continues to circulate in the US at low levels.

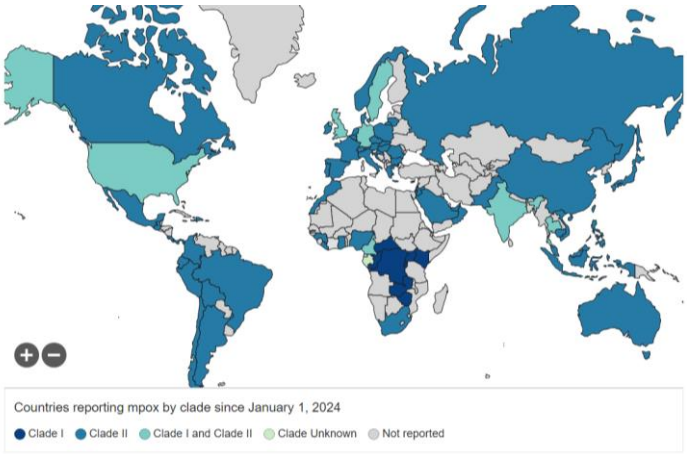


U.S. Case Trends | Mpox | CDC

Below are cases and countries with mpox cases since JAN 1, 2024



https://www.cdc.gov/mpox/situation-summary/index.html



Ongoing Clade II Mpox Global Outbreak | Mpox | CDC

Undiagnosed Disease in the Democratic Republic of the Congo (DRC)
https://www.who.int/emergencies/disease-outbreak-news/item/2024-DON546

Cases of an undiagnosed disease were reported in October and December of 2024. Symptoms include fever, headache, cough, runny nose, and body ache. Severe cases were noted to be severely malnourished and anemic with 31 deaths reported, most of whom were children under 5 years of age. It's 48 hours to reach this remote area and diagnostic resources are limited. Rapid response teams were deployed in support of the investigation. These also aided with the treatment of patients. Malaria is common in this area, and it was suspected of causing or contributing to the cases. An initial study identified 10 of 12 samples positive for Malaria but access to malaria treatment is limited. There is also low vaccination coverage in the region. Interventions included:

1. **Leadership and coordination:**
   - Established a Public Health Emergency Operations Center (PHEOC)
   - Rapid response team (RRT) from Kwango Province was deployed along with a multinational RRT.
   - Cross-border collaboration with Angola was crucial to monitor for similar cases and prevent potential cross-border transmission.
   - WHO established the Global Clinical Platform for maintenance of de-identified data.
2. **Surveillance:**
   - A case definition was developed based on clinical symptoms.
   - Active case search was conducted in health facilities.
   - Line list with epidemiological analysis was created.
   - Deaths were investigated.
   - Characterization of the clinical syndrome for an improved case definition was sought with special attention to comorbidities, coinfection, and vulnerable groups.
3. **Case Management:**
   - Provincial & Multinational RRTs investigated the outbreak and reinforced the response.
   - Teams carried medication to support care management and prevent more deaths.
   - Healthcare capacity was strengthened.
4. **Laboratory support:**
   - Laboratory equipment was transported to collect samples from cases and send for testing.
   - RDTs for malaria and COVID-19 were provided to assist in diagnosis.
   - Future capacity strengthening and decentralization is being sought.
5. **Risk communication and community engagement:**
   - Key messages were developed to enhance public awareness and encourage general preventive behaviors.
   - Messages were disseminated through community engagement, with sensitization campaigns underway.
6. **Infection prevention and control:**
   - Infection prevention and control measures were reinforced.
   - Health care workers were briefed on key PPE practices.
7. **Logistics**
   - Logistical support includes transporting samples to Kinshasa for laboratory testing.
   - Health facilities and hospitals in the most affected health areas were supplied with appropriate medications and sampling kits to support the response.
   - Need for enhanced communication, such as satellite phones, identified due to limited network coverage in affected areas.

The DRC's health ministry initially identified the unknown disease as a severe form of malaria Congo's health ministry says unknown disease is severe malaria | Reuters but the presence of multiple other respiratory viruses raises the possibility of co-infection.

Severe respiratory symptoms, including Acute Respiratory Distress Syndrome (ARDS), can develop with malaria. As many as 25% of adults and 40% of children can be affected, even after starting anti-malarial drugs (though ARDS is rare in young children). It can occur with different types of malaria but is best characterized with Plasmodium falciparum. https://pubmed.ncbi.nlm.nih.gov/22871759/

DSHS Public Health Regions

CHEMPACK, a federal program, provides locally available antidotes in the event of a nerve agent exposure. For information on dispensing Medical Countermeasures: https://www.ncbi.nlm.nih.gov/books/NBK190045/

Region 1 Preparedness activities:

- Established Alpha Points of Dispending (PODs) in 7 counties: Moore, Hall, Canyon, Pampa, Hale, Lubbock, and Dawson. This involved meetings with the county judge and EMC, site surveys, and community presentations in each county.
- Assisted with the ASPR Chempack sustainment for 6 containers located at five facilities (Dalhart, Pampa, Amarillo, and Lubbock).
- Attended the Modular Emergency Response Radiological Transportation Training.
- Attended Preparedness conferences in Amarillo and Abilene.
- Attended the West Texas Preparedness Emergency Nurses Association conference.
- Provided a Strategic National Stockpile (SNS) presentation at the South Plains Association of Government quarterly EMS conference.
- Conducted an internal tabletop POD exercise with PAR/EPI staff.
- Working with the Lubbock Health Department for a Chempack Tabletop Exercise.
- Preparing for Chempack training in other parts of the region.
- Provided SNS presentation to the Northwest Hospital & LifeStar staff in Amarillo.
- Provided SNS presentation to the Department of Public Safety troopers in Amarillo and Lubbock.
- Conducted a Region 1 SNS Coordinators meeting.
- Provided Preparedness and Response (PAR) presentations for the Texas Tech medical school residents.
- Developed a Closed POD brochure for long term care facilities.
- Recruited long term care facilities as Closed PODS in Hale County.
- Attended the quarterly Agreement in Principle Counties (adjacent to Pantex) meetings, including planning for upcoming Radiation exercise, Spring of 2025.
- Initial planning for H5N1 Influenza Laboratory Surveillance in counties with the majority of dairy facilities in the region.
- Conducted the PHR 1 Quarterly ESF-8 meeting with ESF-8 partners in the region. EMTF-1 provided a presentation on deployment safety.
- Provided ICS oversight/logistical support of three farmworker influenza vaccination clinics at dairies.
- PAR participated in regional Disaster District Emergency Operations Center (DDEOC) drills, deploying staff to DDEOC 1 & DDEOC 2.
- Conducted internal review of the Infectious Disease Annex.
- Distributed surplus Personal Protective Equipment (PPE) to regional partners.

Region 2/3 Preparedness activities:

- Preparedness and Response (PHEPR) staff have been meeting monthly with leadership and EPI staff since October on the World Cup Planning Subcommittee.
- Behavioral Health Specialist attended Mental Health Conference North Texas State Hospital, Vernon, Texas October 14-18, 2024.
- PHEPR staff participated at the Threat and Hazard Identification and Risk Assessment (THIRA) and Stakeholder Preparedness Review (SPR) hosted by the North Central Texas Council of Governments (NCTCOG).
- PHEPR Staff attended the MetroX Planning Meeting hosted by the NCTCOG on 10/31/2024.
- PHEPR Staff had meeting with TDEM Liaisons on 10/28/2024, met and shared roles and responsibilities in their counties within the region.
- Training Coordinator and Emergency Preparedness and Response Coordinator from Wichita Falls conducted a G-191 Class in Arlington on 11/08/2024.
- Training Coordinator and Emergency Preparedness and Response Coordinator from Wichita Falls conducted a G-300 Class in Wichita Falls on 11/20/2024.
- PHEPR staff from PHR 3 conducted the quarterly Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) meeting with Local Health Departments staff and county staff on 12/3/2024.
- PHEPR staff from PHR 2 conducted the quarterly meeting for PHEP counties in Brownwood on 12/04/2024.
- Training Coordinator facilitated the Integrated Preparedness Plan Workshop for the regional counties during the quarterly meeting in PHR 3 and PHR 2.
- Behavioral Health Specialist Attended Webinar Identifying and Addressing Behavioral Health Needs in Encampments November 13, 2024.
- Behavioral Health Specialist Updated Disaster Behavioral Health Response Plan November/December 2024.
- Behavioral Health Specialist Attended Psychological Recovery from Natural Disasters November 22, 2024.
- Behavioral Health Specialist attended ESMI TTA CHR for Psychosis Screening, Diagnosis, and Risk Assessment Webinar December 17, 2024.
- CRI Coordinator has been providing assistance to the CRI on the Capacity Indicator Survey and Jurisdictional Risk Assessment (JRA).
- PHEPR staff met with Central Office staff on the JRA document from the NCTCOG (THIRA) that will be used to meet the requirement for the CRI counties in PHR 3, the CRI counties were all notified.
- SNS Coordinators in PHR3 conducted the CHEMPACK sustainments for all CHEMPACK sites the week of October 21-October 24th.
- PHEPR Staff conducted a CHEMPACK seminar/TTX at DFW Airport on October 25th, 2024.
- PHEPR Staff have been working with NCTTRAC to include all CHEMPACK sites and their respective POCs as a stand-alone tab in EMResources. The project is about 90% complete and is just pending a new tab creation for the addition of a primary site POC to be included with the 24-hour contact number provided by the site. When the CHEMPACK tab goes live, anyone is TSA E with an active EMResource account will be able to see the general site location for the container and have the POC information for that site. The goal is to bring awareness about the CHEMPACK program and increase response time in the event a container is needed.

Region 4/5N Preparedness activities:

- PHR 4/5N actively shared information to conduct a multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data. This included sharing data on disease outbreaks, resource availability, and response strategies with state, local, tribal, and territorial levels of government and the private sector.
- Continued to build partnerships with regional and state radiological response groups to expand capacity in the calendar year of 2025 through planning, training, and exercising public health emergency response activities conducted during a radiological incident, establishing SNS dispensing, and vaccination clinics (DVCs) used to provide critical medical countermeasures (MCMs) to communities.
- Continue to conduct regional health fairs promoting community preparedness, providing education on public health surveillance and epidemiological surveillance, and improving information sharing.
- Continue to plan and train for the PHR 2/3 and 4/5N joint exercises, demonstrating our ongoing commitment to preparedness. This is evident in the dynamic Receive Stage and Store (RSS) Medical Countermeasures (MCM) Scenario—Full-Scale Exercise (FSE) 2026 that is currently being designed and implemented.
- Conducted collaborative training for Independent School Districts
    - Stop the Bleed (STB)
    - First Aid, CPR, and AED training/hands-on checkoffs
    - Narcan education and administration

Region 6/5S Preparedness activities:

- Distributed over approximately 32,500 laminated physical copies of the Emergency Communication Aids to organizations serving vulnerable populations.
- Hosted feedback sessions with vulnerable population partners to review the Emergency Communication Aid for usage, accessibility, and outreach/engagement considerations.
- Conducted regional public health risk and threat assessment in partnership with hospital and EMS representatives.
- Revising and updating medical countermeasures plans to reflect current ASPR agility and new vaccine & treatments.
- Closely monitoring and reassessing threat of chem/bio terror following the fall of the Assad regime and their WMD weapons stocks.
- Working alongside regional partners preparing for the World Cup events in 2026, with a focus on infectious disease monitoring, mass casualty incidents and terror event responses.
- Conducted Hemorrhagic Fever tabletop exercise for regional staff.

Region 7 Preparedness activities:

- Hosted an in-person meeting with local health department and healthcare preparedness provider partners. Topics included an overview of CATRAC (Capital Area Trauma Regional Advisory Council) in both its Regional Advisory Council (RAC) and Hospital Preparedness Program (HPP) roles, a summary of an environmental epidemiology investigation, and updates for the group.
- PHR 7 established an organizational structure to address an initiative to vaccinate farmworkers with seasonal influenza vaccine since multiple regional programs are integral to success. The team members identified and contacted appropriate industry partners, ordered vaccine, and coordinated schedules. In December, a PHR 7 team traveled to a dairy farm and vaccinated their employees on site.
- The PHR 7 epidemiology team coordinated the investigation of a primary amebic meningoencephalitis (PAM) case and subsequent environmental sampling. PAM is a rare fatal condition caused by *Naegleria fowleri*, an ameba that thrives in warm, freshwater sources and can cause infection when it goes up the nose to the brain. In this case, the suspected route of infection was through a nasal lavage using tap water at a campground. The team coordinated with the local health department, DSHS-Austin, CDC, TCEQ, the local water supply corporation, and the Army Corps of Engineers to conduct environmental sampling including the collection of water samples and surface swabs. Although no *N. fowleri* was found in the environmental samples, this investigation highlights the importance of increasing awareness to reduce the risks of infection from nasal lavage/irrigation.

Region 8 Preparedness activities:

- Participated in First Responder Peer Support Workgroup, collaborating with local first responders and emergency managers to discuss resources and proactive ways to support first responders' mental health.
- Engaged in Mental Health First Aid training and learned ways to understand, identify, and provide help to people experiencing signs of addiction and mental illness.
- Joined Region 8's Vulnerable Populations Working Group whose goal is to stay informed about, support, and strengthen emergency preparedness efforts for vulnerable populations.
- Participated in Highly Pathogenic Avian Influenza Tabletop Exercise with Tx Veterinary Medical Diagnostics Laboratory.
- Assisted ASPR with CHEMPACK sustainment.
- Additional staff trained to Fit Test for N95 and other respirators.
- Presented Stop the Bleed and Narcan Training to 29 Southwest Texas Junior College students.
- Presented Narcan and Texas Ready Training to 80 Vida y Salud staff members in Crystal City, TX

One of our program's biggest successes came after the NARCAN training. We started the initiative a little over a year ago to bring Narcan training to our first responders in the Middle Rio Grande counties, and it has become a huge success. Just recently, two deputies from Zavala Co. were recently honored by DPS for utilizing training provided

two days prior by DSHS Region 8 PAR Program, to save the life of a citizen in need. The initial program to educate on Narcan administration has expanded to include Stop the Bleed and Texas Ready education. Air Methods (air medical transport) has even teamed up with us to add landing zone training alongside our Narcan and STB training.

Region 9/10 Preparedness activities:

- As part of the CHEPR Public Health Integrated Preparedness Plan Rotation (PHIR), Regional Preparedness staff participated in monthly technical assistance meetings to review and update 'Evaluation' cycle plans and activities.
- Preparedness and Epi staff continue to participate in regional emergency meetings with partners and stakeholders.
- The region completed the ASPR CHEMPACK sustainments in 4 counties.
- Preparedness presented at the 1st Annual DSHS Communications Specialist Workshop. Topics including Risk Communications during outbreaks and Preparedness Events followed by Questions and Answer.
- Preparedness and Epidemiology staff participated in a Regional Catastrophic Preparedness tabletop exercised hosted by the El Paso Office of Emergency Management to discuss the effectiveness of regional coordination among public health agencies, healthcare providers, emergency responders, and other relevant stakeholders in responding to a simulated pandemic scenario; Identify strengths and weaknesses in communication channels, decision-making processes, and resource allocation strategies; and determine opportunities for improvement in interagency collaboration and coordination to enhance preparedness and response efforts.
- Epidemiology Response Team (ERT) hosted a Case Summary Review meeting with local health departments where the region supports all food/waterborne case investigations.
- Epidemiology Response Team presented on Preparedness 101 during Candelaria Rural Health Forum, focusing on rural-underserved communities and its members.
- Epidemiology Program outlined and led regional Mpox response plan due to increase in Mpox cases in PHR 9/10. Included coordination calls with local health department and executive leadership. Region served as liaison with DSHS state officials.
- Epidemiology program coordinated suspect measles response in support of a local health department to include communication updates with Local Health Authority, Local Health Directors and DSHS Office of Chief State Epi.
- Epidemiology program presented epi updates during Border Epidemiology Surveillance Team (BEST) meeting.
- Epidemiology program participated and provided subject matter expertise during El Paso Office of Emergency Management (OEM) regional pandemic tabletop exercise in preparation for area full-scale scheduled for February 2025.

Region 11 Preparedness activities:

- Commenced preparations for the 2025 exercise of Operation Border Health Preparedness (OBHP). This is an annual emergency preparedness exercise coordinated by DSHS and various partners to provide services to underserved areas of PHR 11. During the OBHP 2024 exercise, a total of 5,787 individuals benefited from 26,011 health services provided at five medical points of dispensing (MPODs). Clinicians conducted 2,587 free medical examinations and administered 4,138 immunizations, with an estimated total value of $597,439 in the private sector. Furthermore, the Texas A&M Veterinary Response Team rendered 4,559 veterinary services over five days, assisting 952 animals, including 748 dogs and 204 cats.
- Collaboration with the Qualtrics team continued to enhance the development of a regional contact database, flu surveillance database, and other initiatives.
- Regional stakeholder visits were conducted with local judges and the Emergency Management Coordinators (EMCs), alongside quarterly meetings involving all stakeholders to deliver updates on preparedness and program specifics, as well as technical guidance.
- Support was extended to all Regional Emergency Response Planners in the planning and integration of CHEMPACK Project materials into current Emergency Response Operations.
- A thorough introduction to Point of Dispensing (POD) concepts, operations, and management training was provided to local stakeholders, facilitating the completion of jurisdictional risk assessments, partner engagement, and the definition of roles and responsibilities among partners.
- Guidance on infectious diseases was proactively offered to regional stakeholders through ongoing surveillance and monitoring efforts.
- Participation in regional health fairs was undertaken to promote community preparedness, educate on public health and epidemiological surveillance, and enhance information sharing.
- Continue to hold training sessions for the Regional Health and Medical Operations Center (RHMOC) on a monthly and quarterly basis. The goal is to increase the efficiency and effectiveness of the RHMOC response team.
- Participated and supported regional zoonotic training and educational activities to local stakeholders.
- Hosted Preparedness Emergency Support Function (ESF) 8 meetings with stakeholders and local health departments.
- Participated in the League of Cities and City of Laredo Workshop on Strengthening Wastewater Monitoring Capacity for Improved Community Health.
- Planning the 2025 Regional Evacuation Transportation Triage (ETT) training events for LHD/public health and medical staff; state, local, tribal, and territorial, emergency planning personnel, non-governmental organizations (NGOs) and volunteer organizations active in disaster (VOADs), disability groups/organizations, and other interested community stakeholders that may be involved in mass evacuation. The aim is to understand how and where to send evacuees, based upon their medical needs/conditions, utilizing the Evacuation Transportation Triage (ETT) model.