Public Health Regions (PHRs) PCC REPORT 8 APR 2025

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

COVID-19 cases reported to DSHS remain very low in TX with most cases occurring in urban areas and LP.8.1 the most common variant. [Texas DSHS Respiratory Virus Survey ending week of 15 MAR 2025]

Figure 9. Cases of COVID-19 by MMWR Week, Texas, 2020 to Current Report Week (N = 9,355,656)

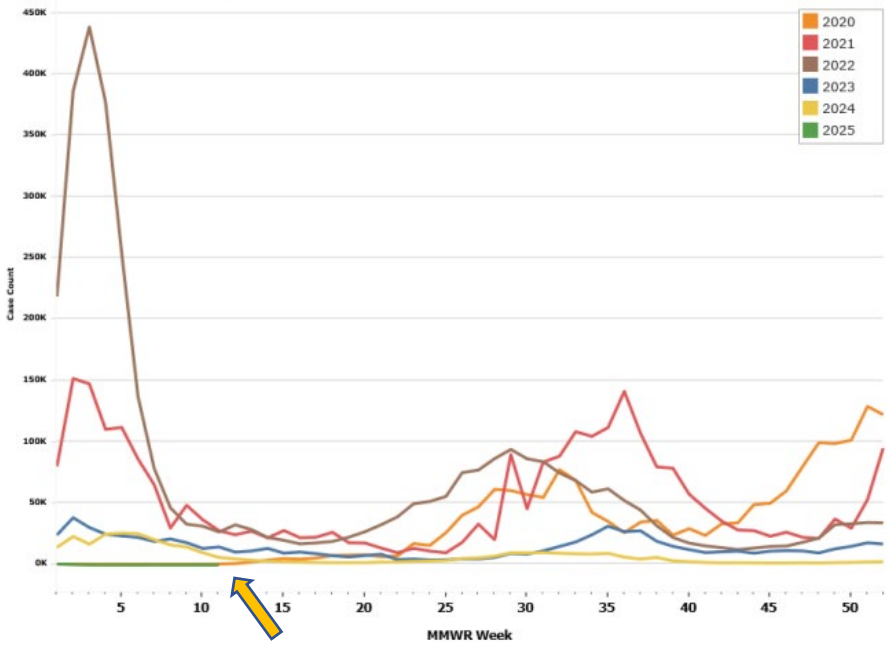
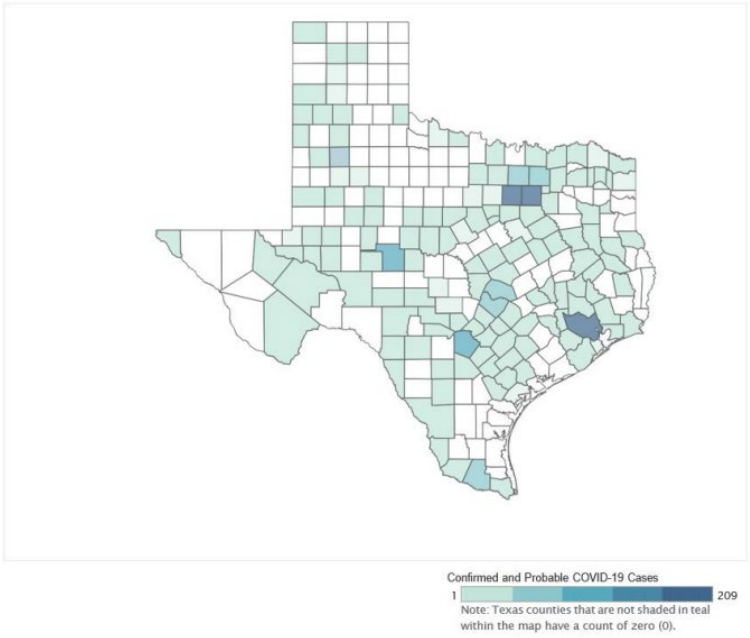
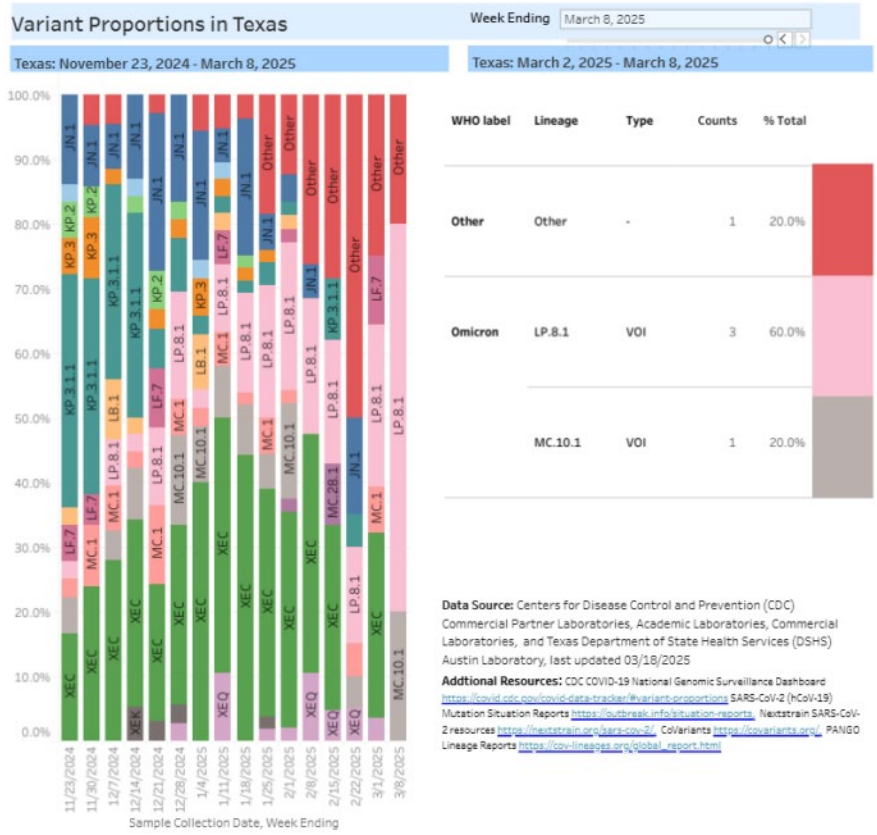


Figure 8: Texas Map Displaying COVID-19 Case Counts by County for the Current Reporting Week



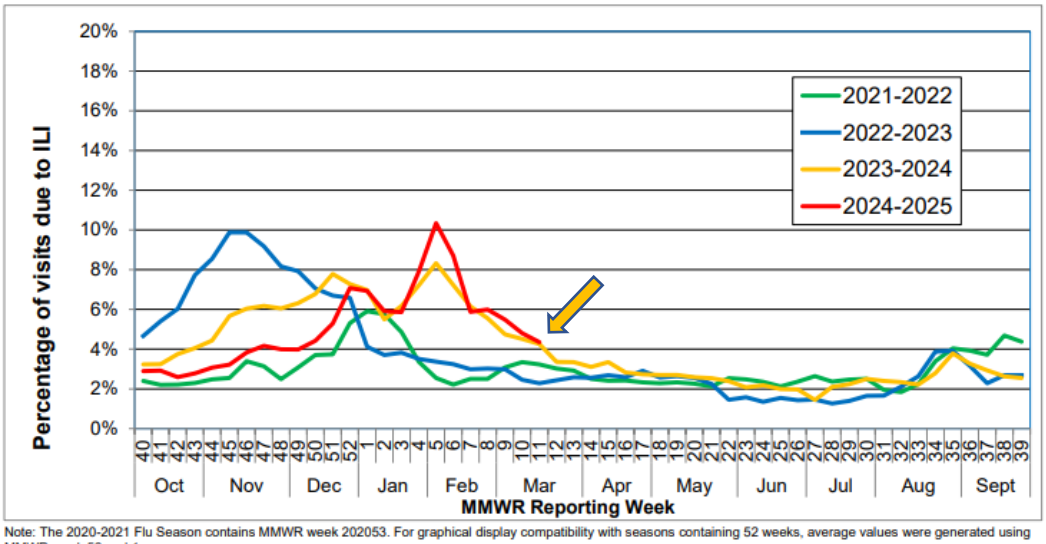
COVID-19 Sequencing and Variant Surveillance

An interactive version of the DSHS COVID-19 variant dashboard, updated weekly, can be viewed at: https://www.dshs.texas.gov/covid-19-coronavirus-disease/sars-cov-2-variants-and-genomic-surveillance-texas



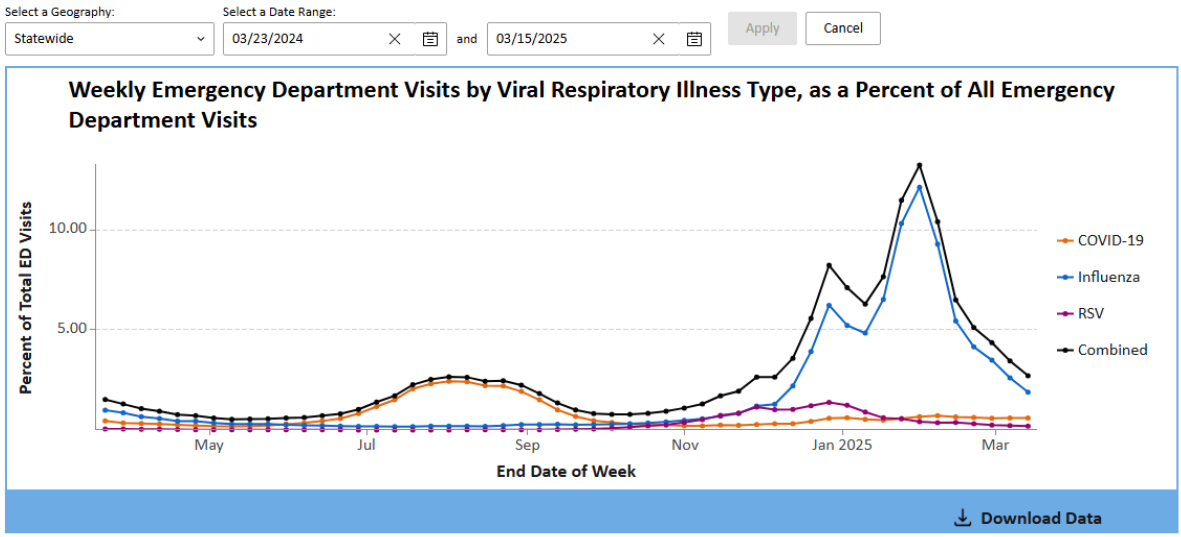
Influenza-Like Illnesses (ILI's) reported by Texas ILINet Participants provide a glimpse into the burden of respiratory diseases in Texas.

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

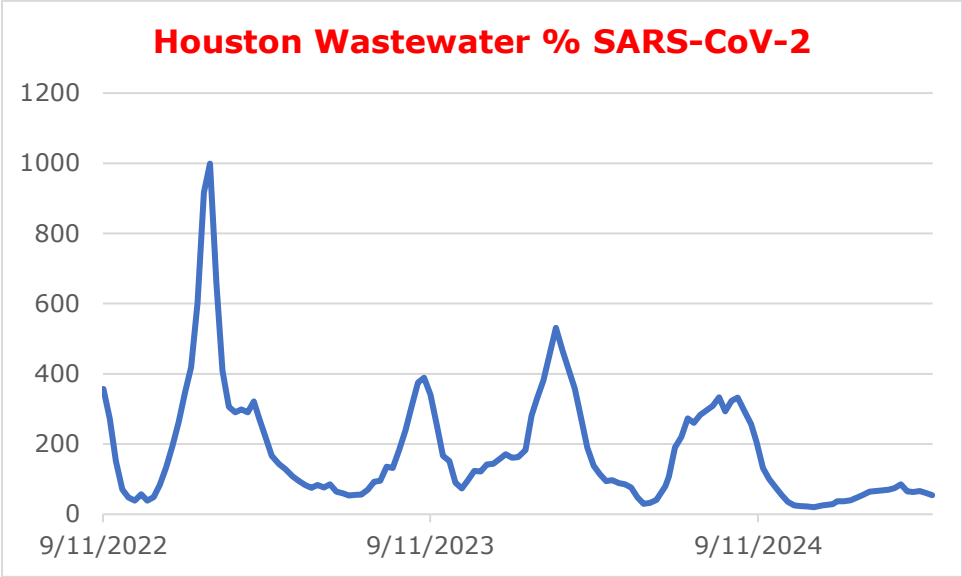


Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using MMWR week 52 and 1

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 54% as of 3/24/2025, as are the number of emergency room visits for COVID-19 (see above).

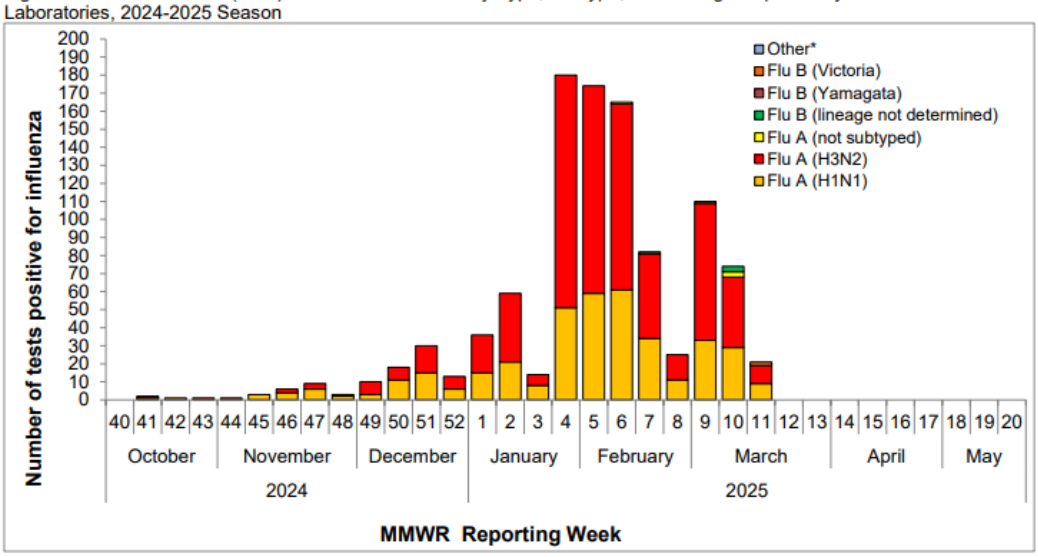


Houston wastewater SARS-CoV-2 percent for the weeks of 9/11/2022 to 3/24/2025.
City of Houston SARS-CoV-2 Wastewater Dashboard: https://covidwwtp.spatialstudieslab.org/

Influenza Updates:

Influenza cases have dropped markedly in TX in recent weeks. Flu A (H3N2 & H1N1) predominates.

Figure 2: Number of Tests (PCR) Positive for Influenza by Type, Subtype, and Lineage Reported by Texas Public Health Laboratories, 2024-2025 Season



This month marks the anniversary of the announcement by DSHS of the first novel case of H5N1. [First Case of Novel Influenza A (H5N1) in Texas, March 2024 | Texas DSHS]

According to the CDC, as of a 19 MAR 2025 report [CDC A(H5N1) Bird Flu Response Update March 19, 2025 | Bird Flu | CDC], there have been 70 cases of H5 influenza in the US:

> *"Since April 2024, 70 human cases of avian influenza A(H5) virus infection have been reported in the United States. Of these, 41 cases were associated with exposure to sick dairy cows and 26 were associated with exposure to avian influenza A(H5N1) virus-infected poultry. The source of the exposure in 3 cases, could not be determined."*

Most significantly, CDC stated in that report:

> *"To date, human-to-human transmission of influenza A(H5) virus has not been identified in the United States. The immediate risk to the general public from H5 bird flu remains low."*

CDC also published its most recent risk assessment, [Risk to People in the United States from Highly Pathogenic Avian Influenza A(H5N1) Viruses | CFA: Qualitative Assessments | CDC]

> *"CDC assessed the risk posed by highly pathogenic avian influenza (HPAI) A(H5N1) viruses to the United States. The current risk to the general U.S. population is low. The risk to populations exposed to potentially infected animals, including through contaminated surfaces or fluids, is currently assessed as moderate to high. CDC has moderate confidence in this assessment."*

Population	Risk
General U.S. population	Low
Populations in the United States in contact with potentially infected animals or contaminated surfaces or fluids	Moderate to High
Confidence level in assessment	Moderate

HIGHLIGHTS from the CDC's Risk Assessment:

- To date, there is no evidence of human-to-human spread of H5N1 in the US.
- The observed genetic changes in the fatal Louisiana case of the patient's H5N1 virus, when compared with the virus identified from the patient's backyard poultry (the presumed source of human infection), suggest that the changes were likely generated by virus replication in this patient after hospital admission for advanced disease and were not present at the time of infection.
- Genetic analysis of samples from the Wyoming and Nevada cases found mutations that have previously been associated with more efficient H5N1 virus replication in mammalian cells and in people.
- There are no confirmed cases of human H5N1 virus infection associated with consuming contaminated raw milk. However, animals such as mice and cats have been infected following consumption of milk contaminated with H5N1 virus, and the possibility of human infection with H5N1 virus through ingestion of raw milk cannot be ruled out.
- Genetic analysis suggests that H5N1 viruses currently circulating among wild birds, poultry, and dairy cattle in the United States are susceptible to available FDA-approved influenza antiviral medications. Antiviral treatment is currently recommended for patients with confirmed or suspected H5N1 virus infection.
- No FDA-authorized or approved vaccines for prevention of H5N1 virus infection are currently commercially available for the general population in the United States. However, under the National Pre-Pandemic Influenza Vaccine Stockpile (NPIVS) program, the Department of Health and Human Services routinely develops vaccines against a wide range of novel influenza A viruses, including H5N1.
- CDC has moderate confidence in this assessment. This degree of uncertainty is due to several factors, including variability in levels of testing among different animal populations and by geography, as well as the role of wild bird exposure in causing human infections. The prevalence of H5N1 virus infections in wild birds is difficult to assess.
- There is additional uncertainty on likelihood of human exposures from other infected animals, including exposure to infected cats (house cats or big cats in zoo and animal sanctuary settings).
- CDC also recognizes uncertainty in impact, as the effects of transmission route and virus genotype in human infection are unclear. However, the risk posed by H5N1 viruses to humans in contact with potentially infected animals or contaminated surfaces or fluids is moderate to high.
- The high prevalence of H5N1 virus infections among animals in close contact with humans increases opportunities for mutation or reassortment that could lead to sustained person-to-person spread, causing a pandemic.
- It is also possible that co-infections with seasonal influenza A and H5N1 viruses in the same person or animal provide opportunities for reassortment of genes between two influenza A viruses, potentially resulting in an influenza A virus with characteristics of both seasonal influenza A and H5N1 viruses that is more efficiently transmitted among people than current H5N1 viruses circulating among birds, cows, and other animals.

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

Additional information can be accessed at the Texas Epidemic Public Health Institute (TEPHI) Avian influenza

MEASLES

DSHS maintains publicly available information on its website regarding the West TX measles outbreak: Measles Outbreak – March 25, 2025 | Texas DSHS Information on the website is posted on Tuesdays and Friday.

> *"The Texas Department of State Health Services is reporting an outbreak of measles in the South Plains and Panhandle regions of Texas. At this time, 327 cases have been identified since late January. Forty of the patients have been hospitalized.*
>
> *There has been one fatality in a school-aged child who lived in the outbreak area. The child was not vaccinated and had no known underlying conditions.*
>
> *Due to the highly contagious nature of this disease, additional cases are likely to occur in the outbreak area and the surrounding communities. DSHS is working with local health departments to investigate the outbreak."*

The New Mexico Department of Health has reported 43 cases associated with the Measles outbreak while Oklahoma reported an additional 7 confirmed and 2 probable associated Measles cases.

The Centers for Disease Control and Prevention (CDC) report a total of 378 Measles Cases nationwide, 95% of which were unvaccinated (or unknown status) and 75% less than 20 years of age. 17% of reported cases have been hospitalized, again most being under the age of 20. One death is confirmed and a second is under investigation.

Most cases outside of the TX/NM/OK outbreak are associated with international travel and parallel the increase in measles globally, officials warn of rising activity in North America | CIDRAP with numbers expected to grow.

The response by DSHS in West Texas has been extensive utilizing staff from throughout the state along with contract staff. In addition, local public health departments have been strained as well. Since a part of the response relied on federal grant funds, the sudden withdrawal of these funds has created a significant resource vacuum Federal pandemic funding cut to harm Texas measles outbreak | The Texas Tribune and it's uncertain at this time how badly the response will be impacted.

Measles is one of the most contagious diseases known. The virus spreads easily from person to person through droplets in the air and the risk remains even two hours after the sick individual has left the room. Though many individuals recover without significant problems, many are hospitalized and develop complications such as pneumonia and encephalitis – including a form that takes years to be recognized as it results from a slowly progressive neurologic deterioration.

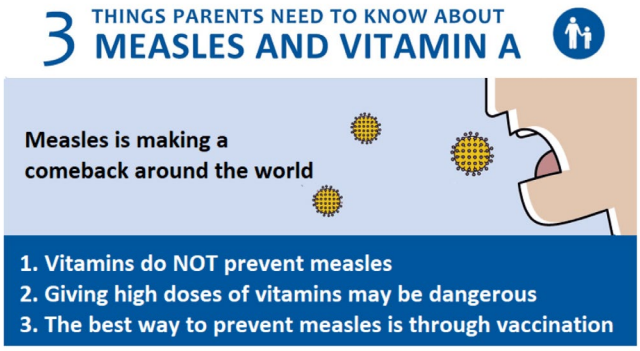
Measles vaccination is highly effective, with 93% of those immunized developing immunity after just one dose, and this figure increases to 97% after a second dose. When levels of vaccination reach 95% of a population, communities are felt to have achieved sufficient immunity to prevent outbreaks.

During an outbreak or prior to international travel, the age for initial immunizations can be lowered to 6 months. More information on the measles vaccine, including who should get vaccinated, is available at the following webpage: Ask The Experts About Vaccines: MMR (Measles, Mumps, and Rubella) | Immunize.org To find nearby immunizations providers, the follow links may be helpful:

- Find a Provider: Adult Safety Net Program
- Find a Provider: Texas Vaccines for Children

In the event someone has been exposed, the measles vaccine is effective in preventing measles if given within 3 days of exposure. Beyond the 3-day window, in pregnant individuals or in infants down to the age of 2 weeks, Immunoglobulin (Ig) can be administered up to 6 days after exposure. The California Department of Public health has posted online a convenient page that provides guidance for Ig administration: Immune Globulin Measles Postexposure Prophylaxis

Vitamin A has been cited as possible adjunct therapy for measles in hospitalized patients (see an excellent summary by Infectious Diseases in Clinical Practice). It has not, however, been proven to prevent measles and may, in fact, lead to toxicity when high doses are ingested. Additional information is available from the National Foundation for Infectious Diseases: What You Should Know about Measles and Vitamin A - NFID



Individuals with measles are contagious from 4 days prior to until 4 days after developing the measles rash. Once exposed, the incubation period is quite long, up to 21 days. Texas statutes govern attendance at school of students with measles or exposed to measles. These statutes can be found online at the Texas Administrative Code

Rarely, a person may develop a rash after getting the measles vaccine. It is caused by the attenuated or weakened strain of virus in the vaccine. The symptoms are usually mild and short-lived, and the person is not contagious. For this reason, individuals who are pregnant or immunocompromised are advised to defer or not take the vaccine. Additional information is available at Measles Vaccination | Measles (Rubeola) | CDC.

DSHS Public Health Regions (PHR)

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:

- PHR 1 has been extremely busy with the measles response for many weeks now.

Region 2/3 Preparedness activities:

- PHR 2/3 Preparedness and Response (PHEPR) staff have continued the design and development of PHR 2/3 World Cup table-top exercise (TTX) and sub-scenario features for PHR 2/3 portion of DSHS SMOC World Cup Functional Exercise (FE). Planning effort and exercise participation includes local health departments, Cities Readiness Initiative jurisdictions, Regional Advisory Councils, etc. Table-top exercises are to be conducted in April 2025 and a functional exercise in May 2025. They are also involved with World Cup 2025 PHR 2/3 public health operational planning including: Epidemiological response and Medical Counter Measures distribution and dispensing communication and coordination plans/procedures. This involves coordination with regional partners (North Central Texas Trauma Regional Advisory Council, Trauma Service Area-C, and local health departments).
- Staff provided program technical assistance and support to two local health departments (LHD) in PHR 2. These LHDs received training, resources (e.g., examples of operational planning processes), and mentoring.
- Staff are leading preliminary development effort of new CHEMPACK Standard Operating Procedures for PHR 2N/TSA-C. Convening workgroup of subject matter experts (medical, pharmacy, EMS, etc.) from within the region.
- PHEPR training staff conducted G-300 course in PHR 1 for their staff and G-400 in Wichita Falls in January 2025.
- PHEPR training staff conducted a presentation on the PHR 2/3 POD Essentials Course and POD Planning Workshop during CHEPR's Preparedness Collaboration Workshop (PCW) in January.
- Staff conducted the quarterly PHEP/CRI Region 3 meeting in March 2025, which included a make-up Integrated Preparedness Planning Workshop (IPPW) with regional counties.

Region 4/5N Preparedness activities:

- No activities reported.

Region 6/5S Preparedness activities:

- Conducted Highly Pathogenic Avian Influenzas discussion-based exercise for regional staff.
- Provided L-146 HSEEP, Stop The Bleed, G-300, G-400, and G-191 FEMA training courses to regional staff and local partners.
- Conducted 27-site Chempack sustainment visits with ASPR.
- FIFA World Cup preparations well underway, currently focusing on Chempack deployment, receiving and distribution of medical countermeasures from the Strategic National Stockpile and supporting the BioWatch program.
- Finalized Emergency Communication Aid *"How to Guide"* for first responders and the individual to better serve vulnerable populations with communication barriers during disasters. Working with DSHS Communications to have it added to the Emergency Communication Aids webpage.
- Many staff, including a large part of the Preparedness and Response Program have deployed or are deploying to assist in the West Texas Outbreak response.

Region 7 Preparedness activities:

- Continued the initiative to vaccinate farmworkers with seasonal influenza vaccine using an ICS organizational structure involving multiple regional programs which are integral to success. The team members identified and contacted appropriate industry partners, ordered vaccine, and coordinated schedules. In January, a PHR 7 team traveled to a dairy farm and vaccinated their employees on site. In addition, the epidemiology team coordinated with the Office of Chief State Epidemiologist and Emerging and Acute Infectious Disease Unit on planning for enhanced flu surveillance and avian influenza response and testing coordination.
- Deployed staff to assist PHR 1 with the measles outbreak response. Deployed staff included the regional epidemiologist to assist with case investigations and coordination, the preparedness supervisor to assist in the Operations section, and the preparedness and epidemiology manager to serve as Incident Commander. The deployment of regional staff provided an excellent opportunity to share information, learn how other regions respond, and use lessons learned and best practices to review or update regional response plans for an infectious disease outbreak.
- Maintained situational awareness through the winter weather incidents and current fire weather conditions. The team participates in applicable State Operations Center situational awareness calls, maintains regular communication with emergency management and public health partners, and gathers information from news and social media outlets.

Region 8 Preparedness activities:

- Multiple staff deployed to Lubbock to support the PHR 1 measles response.
- Manned a booth at Uvalde High School Women's Empowerment Fair: Mentored 50 female students about future career paths and presented Texas Ready program.
- Participated in Region 8's Vulnerable Populations Workgroup whose goal is to stay informed about, support, and strengthen emergency preparedness efforts for vulnerable populations.
- Taught Stop the Bleed to COOP students in Bandera: 12 trained.
- One PAR staff member obtained certification as a Basic Life Support (BLS) Instructor through the American Heart Association.
- Conducted a Multi-Year Integrated Preparedness Planning Workshop (IPPW) for Region 8 and our Cities Readiness Initiative (CRI) counties.
- Planned and Participated in the National BioWatch Full-Scale Exercise.
- Completed both the PHR 8 and combined PHRs 7 & 8 Hurricane Beryl AARs.
- Presented at the Preparedness Collaborative Workshop.
- Created and finalized Persons Under Monitoring (PUM) Notifications task sheet.
- Extensively revised RHMOC position task sheets in preparation for RHMOC Setup Drill.
- Collaborated with PHR 7 to submit poster project presentation for the 2025 NACCHO Conference.
- Scheduled 2 CPR Recertification Classes: 10 trained.
- Participated in exercise planning meetings for SMOC World Cup Exercise
- 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.
- Attended Active Shooter Exercise Design Workshop
- Attended AWR-313 Homemade Explosives: Awareness, Recognition, and Response

Region 9/10 Preparedness activities:

- PHR 9/10 has been extremely busy with the measles response for many weeks now.

Region 11 Preparedness activities:

- Continued 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 continues to enhance the development of a regional contact database, flu surveillance database, and other initiatives.
- Regional stakeholder visits were conducted with Judges and 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.
- Continued 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.
- Hosted Preparedness Emergency Support Function (ESF) 8 meetings with stakeholders and local health departments.
- 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.
- Planning for provider visits has commenced as part of the ongoing preparedness initiatives. These visits aim to strengthen collaboration, enhance preparedness efforts, and ensure that providers are equipped to respond effectively to public health emergencies.
- Successfully conducted a tabletop exercise focused on tuberculosis (TB), which tested the coordination and response capabilities of region 11 to ensure a rapid and effective response to a potential TB outbreak.
- Significant planning has gone into the upcoming SNS seminar, with efforts focused on enhancing collaboration and improving the region’s ability to manage and distribute resources effectively in case of an emergency.