

PHFPC Briefing

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Texas Department of State Health Services

October 16, 2024

DISCLAIMER

The information presented today is based current preliminary data and on CDC's recent guidance. Information is subject to change.

October 16, 2024

Discussion Topics

- Texas Respiratory Illness Interactive Dashboard
- Influenza Surveillance
- Seasonal Influenza Vaccination for Farm Workers
- Oropouche Virus
- Mpox
- Marburg Virus



Texas Respiratory Illness Interactive Dashboard



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Texas Respiratory Illness Interactive Dashboard

Available at: [Texas Respiratory Illnesses Dashboard \(arcgis.com\)](#), accessed October 11, 2024

Respiratory illnesses like COVID-19, influenza, and respiratory syncytial virus (RSV) can lead to serious outcomes including hospitalization, death, and a severe strain on the healthcare system. Respiratory virus season typically happens from October to May, peaking in the winter. However, respiratory viruses circulate year-round, meaning infection is possible at any time. The Texas Department of State Health Services (DSHS) created an interactive respiratory illness dashboard to be a resource for all Texans including healthcare providers, local leaders, and public health jurisdictions to monitor respiratory illness trends.

DSHS updates the dashboard's COVID-19, influenza, and RSV data every Friday. This dashboard uses data from [Texas Syndromic Surveillance](#) on emergency room visits, the federal [National Healthcare Safety Network](#) on hospitalizations, and Texas death certificates on mortality. These data capture some of the most severe respiratory illness outcomes, providing a snapshot of the COVID-19, influenza, and RSV disease burden on Texas communities.

DSHS also publishes a weekly Texas Viral Respiratory Surveillance report with additional information that may be helpful to healthcare providers and others. The weekly surveillance report can be found on this [page](#).

An interactive version of the DSHS COVID-19 variant dashboard, updated weekly, can be viewed at this [page](#).

Navigate to interactive visualizations for [Emergency Room Visits](#), [Hospitalizations](#), and [Viral Respiratory Deaths](#) using the menu on this home page.

Select a Geography:

Select an Age Group:

Select a Date Range:

Statewide

All Ages

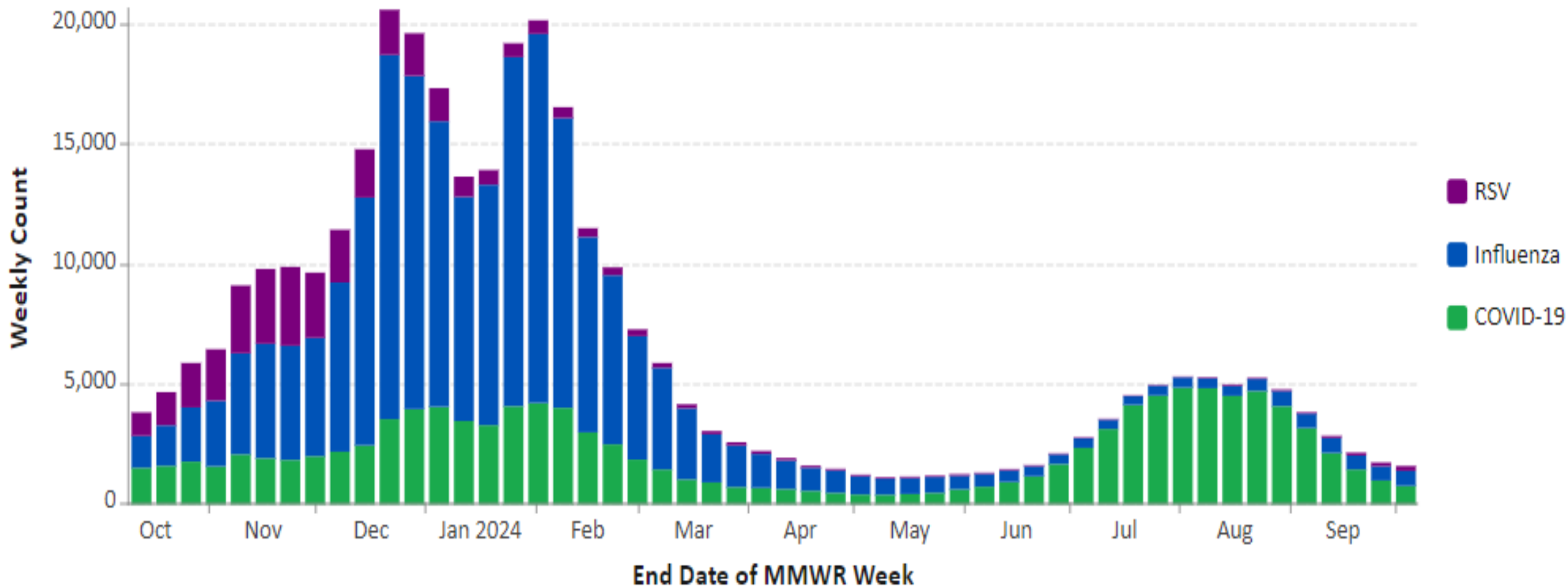
10/14/2023

and 10/14/2024

Apply

Cancel

Weekly Emergency Department Visits by Age Group



Available at: [Texas Statewide Emergency Department Visits for Respiratory Illnesses](#) | Texas Respiratory Illnesses Dashboard (arcgis.com); accessed 10/14/24

Download Data

TX Statewide Hospitalization Data

COVID-19 and Influenza

- [Since December 2022](#), hospitals were required to report weekly hospitalization and bed occupancy counts of confirmed COVID-19 and influenza infections directly to the Federal government using the Centers for Disease Control and Prevention (CDC)'s National Healthcare Safety Network (NHSN).
- Since May 1, 2024, the weekly hospitalization and bed occupancy counts reporting became optional.
- Effective November 1, 2024, a new reporting requirement from CMS will start for weekly hospitalizations and bed occupancy of patients with confirmed COVID-19, influenza, and **newly added Respiratory Syncytial Virus (RSV)** infections.

TX Statewide COVID-19 and Influenza New Hospitalization Rates

Select a Geography:

Statewide

Select a Date Range:

12/1/2022

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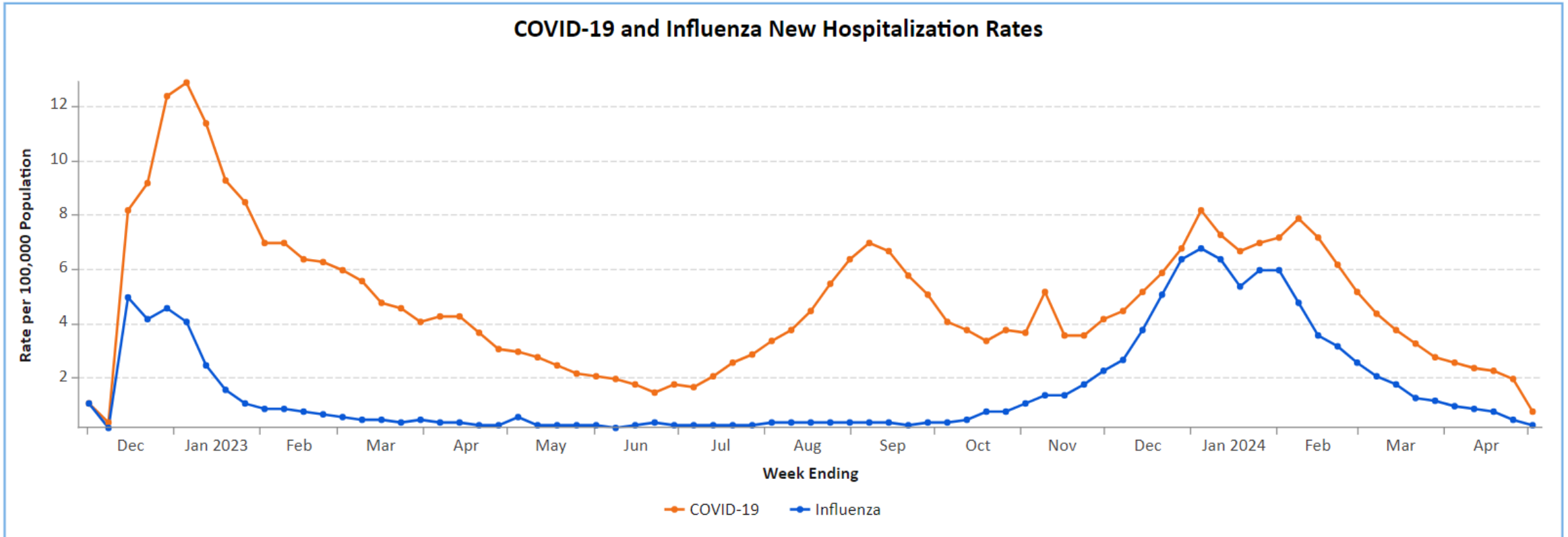
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Available: [Hospitalizations](#) | Texas Respiratory Illnesses Dashboard (arcgis.com), accessed 10/5/2024

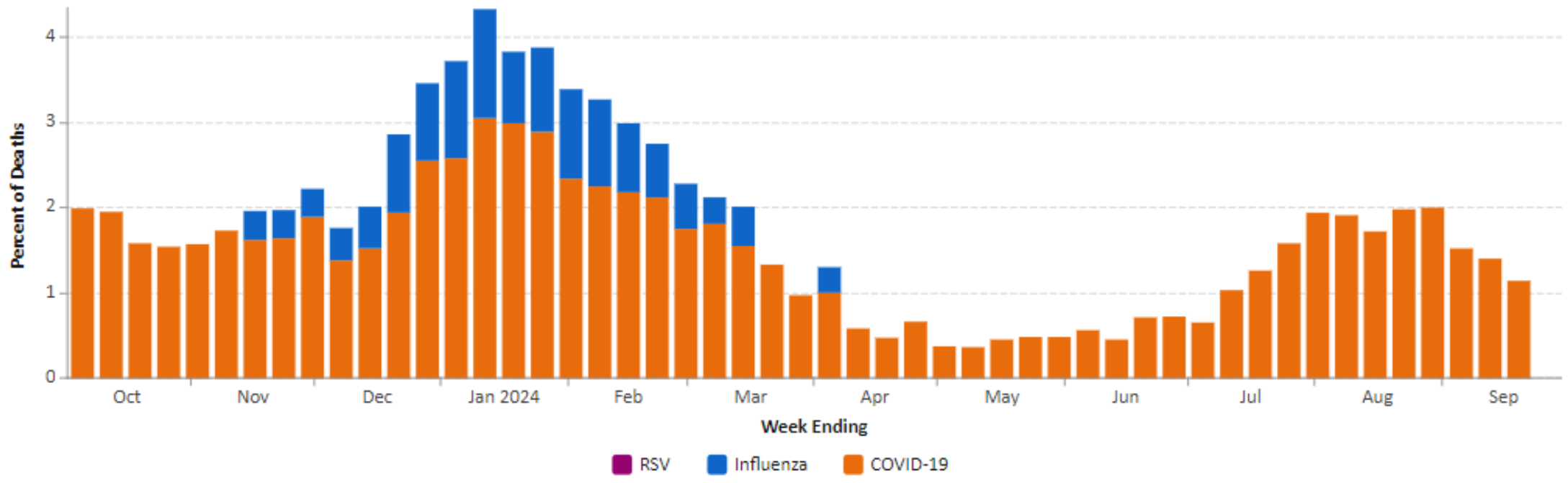
[Download Data \(XLSX\)](#)

Statewide Trends in Viral Respiratory Deaths


Select a Date Range:

10/7/2023 ×  and 10/11/2024 × 

Trends in Viral Respiratory Deaths in Texas



Available at: [Deaths | Texas Respiratory Illnesses Dashboard \(arcgis.com\)](#) accessed 10/11/2024.

 [Download Data](#)

Influenza Surveillance



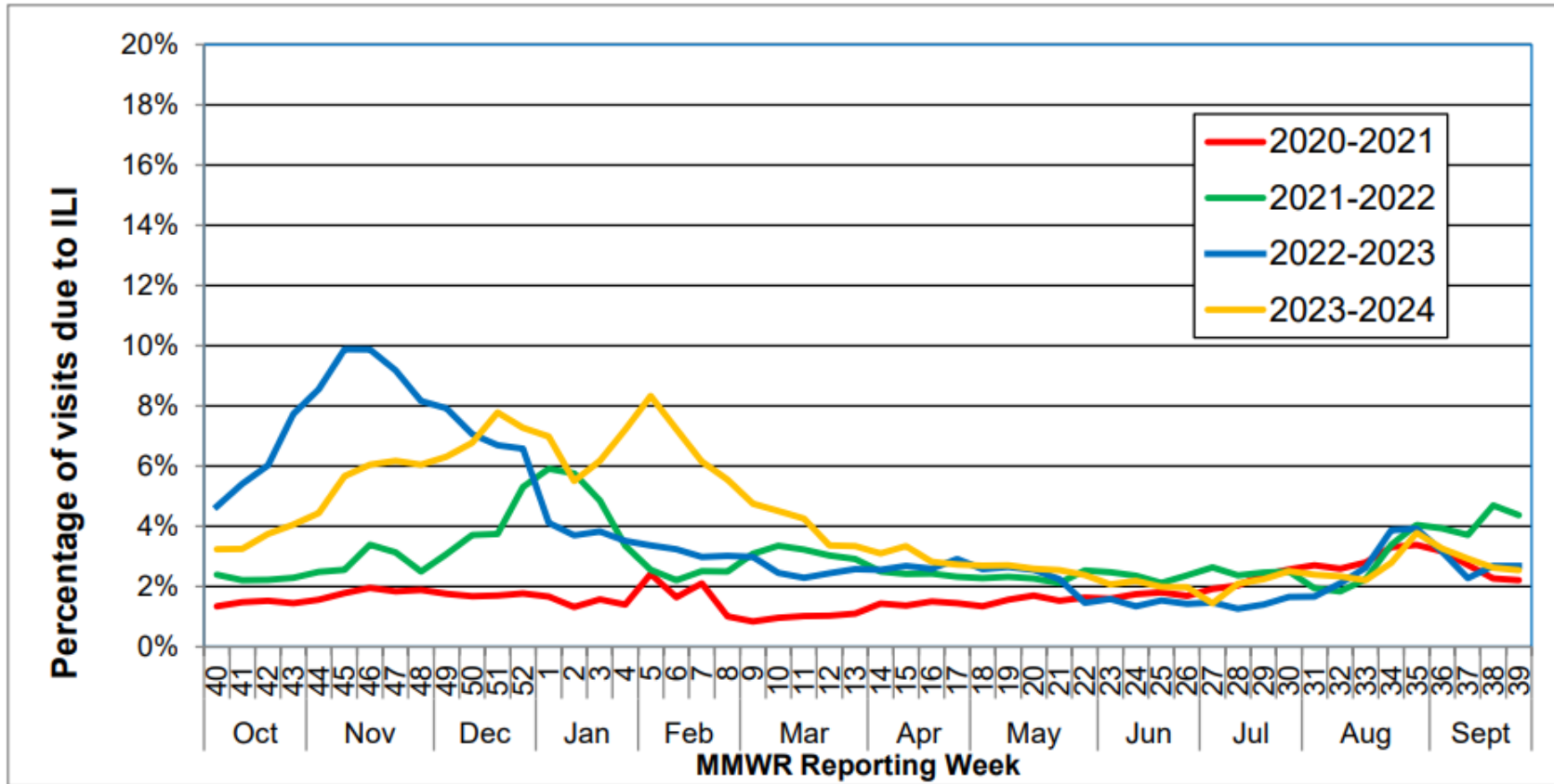
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Influenza Surveillance

Figure 1: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2020–2024 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.



H5N1 (Bird Flu) Update

- As of October 14, 2024:
 - **20 confirmed human cases** of avian influenza A(H5) virus infection have been reported in the United States in 2024.
 - 9 of these cases were associated with exposure to sick dairy cows and
 - 10 were associated with exposure to avian influenza A(H5N1) virus-infected poultry
 - One human H5 bird flu case was confirmed in Missouri, but the source of exposure is unknown at this time.

Available: [CDC A\(H5N1\) Bird Flu Response Update October 11, 2024](#) | [Bird Flu](#) | [CDC](#), accessed on: October 15, 2024

20 Total Reported Human Cases in the United States During 2024

**12 of the 20 H5 human cases reported in the US have been confirmed as H5N1. | [Learn More](#)*

Human Case Summary during the 2024 outbreak, by state and exposure source

Exposure Source

State	Cattle	Poultry	Unknown	State Total
California	6	0	0	6
Colorado	1	9	0	10
Michigan	2	0	0	2
Missouri	0	0	1	1
Texas	1	0	0	1
Source Total	10	9	1	20

- NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022

Available: [H5 Bird Flu: Current Situation](#) | [Bird Flu](#) | [CDC](#), accessed on: October 15, 2024

H5N1 (Bird Flu) Update

- October 14, 2024, California Department of Public Health announced additional 5 possible cases of bird flu.
 - The individuals had direct contact with infected dairy cattle at farms.
 - The five possible human cases are pending confirmatory testing by the Centers for Disease Control and Prevention (CDC).
 - All individuals with confirmed or possible cases of bird flu have experienced mild symptoms, including eye redness or discharge (conjunctivitis), and have been treated according to CDC guidance. None of the individuals have been hospitalized.
 - Evidence continues to suggest only animal-to-human spread of the virus in California.
- Based on [CDC's genomic sequencing](#) of three California bird flu cases, there is no evidence to suggest an increased ability for the virus to infect or spread between people and no known reduced susceptibility to antiviral medications.
- While the risk to the general public remains low, additional human cases of bird flu are expected to be identified and confirmed in California among individuals who have regular contact with infected dairy cattle

DSHS Enhanced Influenza A & COVID-19 Surveillance

- In the current 2024-2025 respiratory season, DSHS is implementing enhanced influenza surveillance to monitor for any increases in influenza A activity and determine if this increase is due to H5N1.
- The goal is to increase the submission of respiratory samples to public health laboratories statewide.



Seasonal Influenza Vaccination for Farm Workers



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Seasonal Flu Vaccination for Farm workers

- The Centers for Disease Control and Prevention (CDC) announced in August 2024 they will **provide free seasonal influenza vaccines to farm workers** across states affected by H5 to prevent the spread of season flu in these communities and safeguard public health.
- While a seasonal flu vaccine does not protect against H5 bird flu, expanding access to seasonal flu vaccines among farm workers can prevent severe illness and help reduce the strain of the flu season on rural health care systems.
- **Reducing the prevalence of seasonal flu also can help public health agencies better detect cases of H5 bird flu, should they occur.**

Seasonal Flu Vaccination for Farm Workers

- Fewer people infected with seasonal flu means fewer opportunities for the very rare possibility of co-infection with both a human seasonal virus and an avian virus.
 - **Protect workers and provide healthcare referral** as needed to FQHCs or other healthcare clinics and/or services as appropriate.
 - **Reduce barriers** and increase uptake in a population that has lower vaccination rates than the general public.
 - **Reduce strain on rural health care** from severe illness in the fall/winter season when other respiratory viruses are circulating.
- CDC believes the immediate risk to the general public from H5N1 bird flu remains low, but people with exposure to infected animals are at higher risk of infection.

Seasonal Flu Vaccination for Farm Workers

- To support this, Texas Department of State Health Services (DSHS) is offering 2024-2025 seasonal influenza vaccines for adults ≥ 18 years to vaccinate the target populations.
- Three seasonal (2024-2025) vaccine presentations are available for ordering in the Vaccine Allocation and Ordering System (VAOS).

Mfr	NDC	Brand/Description
GSK	58160-0884-52	Fluarix; TIV; 10 pack PFS
Sanofi	49281-0424-50	Fluzone; TIV; 10 pack PFS
Seqirus	70461-0654-03	Flucelvax; TIV; 10 pack PFS

Oropouche Virus



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Oropouche Virus Global Situational Update



Available at: [Countries and Territories with Recent or Previous Oropouche Virus Transmission | Oropouche | CDC](#), accessed 10/15/2024

Oropouche Virus United States Situational Update

Total Human Disease Cases in 2024*

90

Oropouche disease cases based on travel status selected above

Neuroinvasive Human Disease Cases in 2024

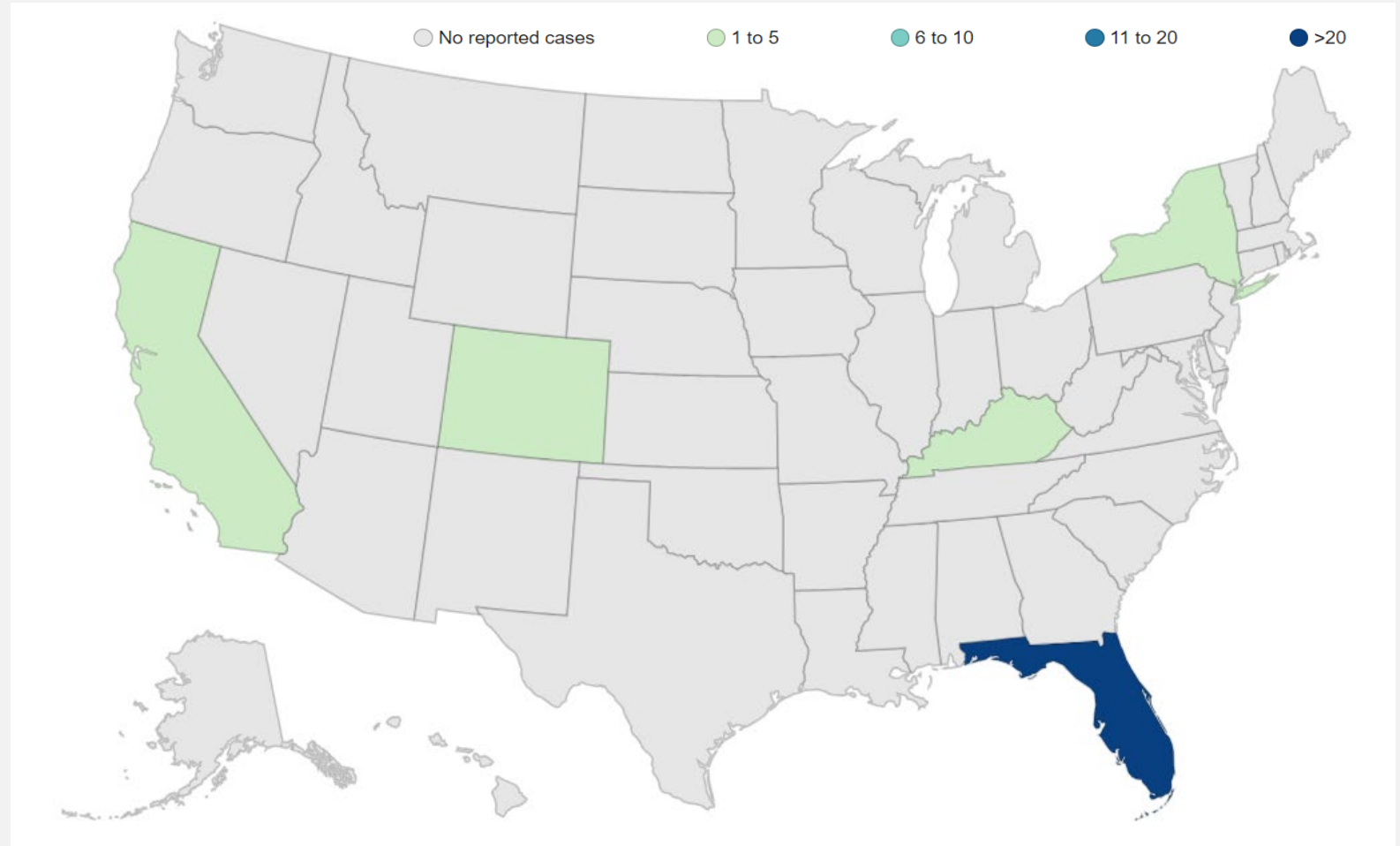
2

Oropouche neuroinvasive cases based on travel status selected above

States and Territories Reporting Cases in 2024

5

States and territories reporting Oropouche cases based on travel status selected above



*Total human disease cases includes neuroinvasive and non-neuroinvasive disease cases.

Oropouche Outbreak

Oropouche in pregnancy

- Oropouche virus can be passed from a pregnant person to their fetus.
- This type of spread has been associated with poor pregnancy outcomes such as fetal deaths, stillbirths, and birth defects.
- The risk of an infected pregnant person passing the virus to their fetus is not currently known.
- **Pregnant people** should [reconsider non-essential travel](#) to Cuba. If travel is unavoidable, these travelers should **strictly** follow Oropouche [prevention](#) recommendations

Possible sexual transmission of Oropouche

- A recent report describes the first time Oropouche virus was found in semen of a patient who had Oropouche, which raises concern about the possible risk of sexual transmission.
- Other viruses (like Zika and Ebola viruses) in semen have been associated with sexual transmission of other infectious diseases.
- No cases of sexual transmission of Oropouche virus have been reported.
- CDC has interim [recommendations](#) for male travelers and all travelers to areas with a [Level 1 or 2 Travel Health Notice for Oropouche](#) to prevent possible transmission during sex.

Increased Oropouche Virus Activity and Associated Risk to Travelers

[Print](#)



Distributed via the CDC Health Alert Network

August 16, 2024, 4:00 PM ET

CDCHAN-00515

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and public health authorities of an increase in Oropouche virus disease in the Americas region, originating from endemic areas in the Amazon basin and new areas in South America and the Caribbean. Between January 1 and August 1, 2024, more than 8,000 cases of Oropouche virus disease were reported, including two deaths and five cases of vertical transmission associated with fetal death or congenital abnormalities. Countries reporting cases include Brazil, Bolivia, Peru, Colombia, and Cuba. In the United States and Europe in 2024, travel-associated cases have been identified in travelers returning from Cuba and Brazil. As testing and surveillance for Oropouche virus disease increase in the Americas, reports of cases from additional countries are expected. This Health Advisory advises on evaluating and testing travelers who have been in impacted areas with signs and symptoms consistent with Oropouche virus infection. It also raises awareness of the possible risk of vertical transmission (e.g., from gestational parent to fetus during pregnancy) and associated adverse effects on pregnancy and highlights prevention measures to mitigate additional spread of the virus and potential importation into unaffected areas, including the United States.

Background

[Oropouche virus](#) belongs to the Simbu serogroup of the genus *Orthobunyavirus* in the *Peribunyaviridae* family. The virus was first detected in 1955 in Trinidad and Tobago and is endemic in the Amazon basin. Previous outbreaks have been described in Bolivia, Brazil, Colombia, Ecuador, French Guiana, Panama, and Peru. One child was infected in Haiti in 2014. The current 2024 outbreak is occurring in endemic areas and new areas outside the Amazon basin; countries reporting locally acquired (autochthonous) cases include Brazil, Bolivia, Peru, Colombia, and Cuba. Although travel-associated cases have been identified in the United States (n=11), no evidence of local transmission currently exists within the United States or its territories.

Available at: [Health Alert Network \(HAN\) - 00515 | Increased Oropouche Virus Activity and Associated Risk to Travelers \(cdc.gov\)](#), accessed 9/27/2024



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Mpox



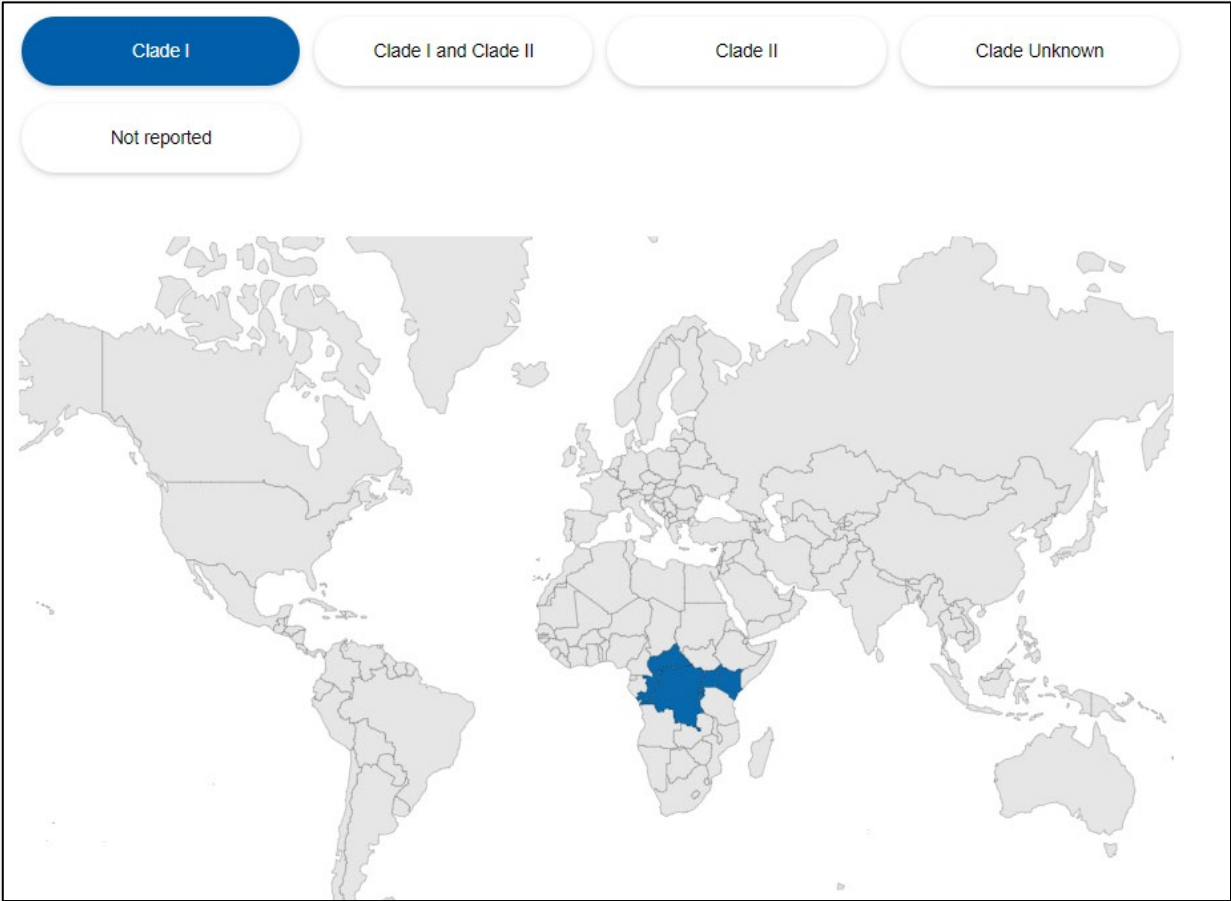
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Mpox Situational Update

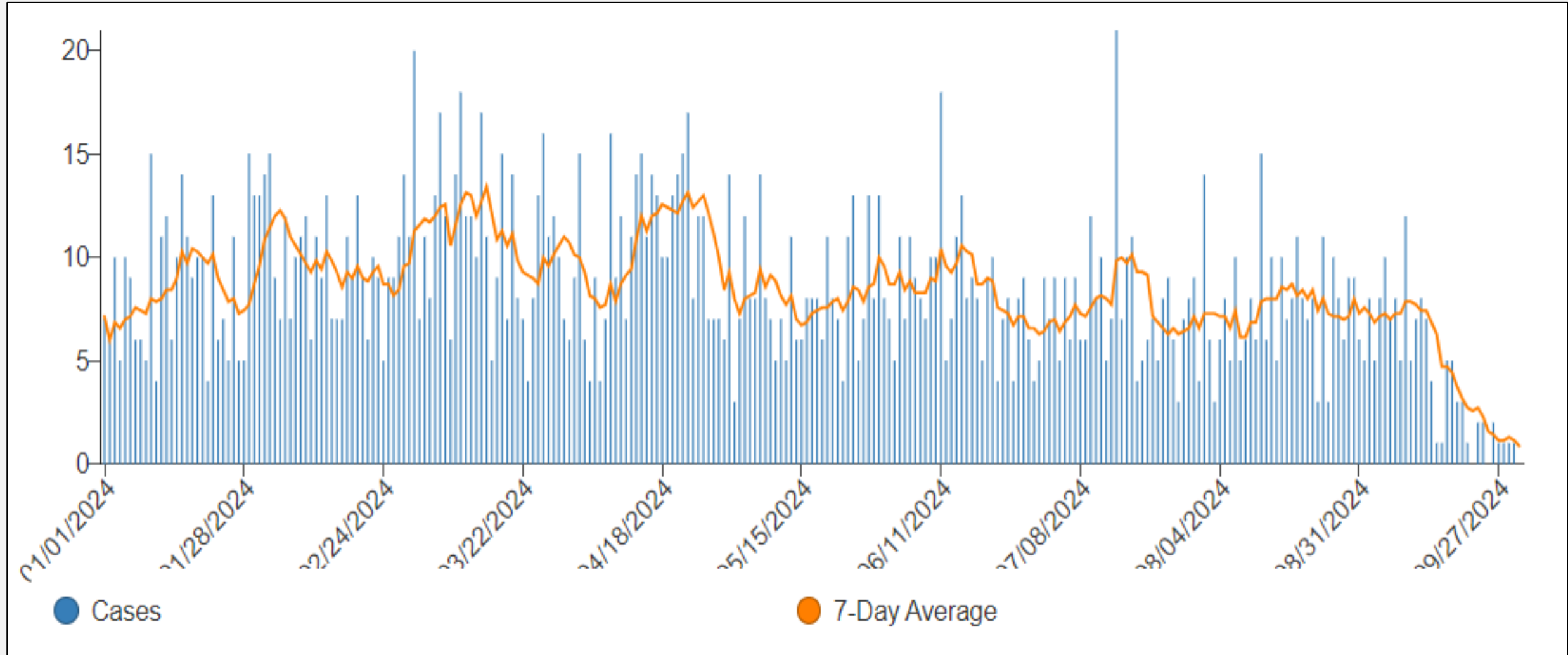
- There are outbreaks of clade I mpox in the Democratic Republic of the Congo (DRC) that began in 2023 which has now spread into neighboring countries.
- On August 14, 2024, the World Health Organization (WHO) declared the outbreak a [Public Health Emergency of International Concern \(PHEIC\)](#).
- **No clade I mpox cases have been reported in the United States or Texas at this time.**
- **CDC has issued a [level 2 travel precautions](#) to affected countries in Central and Eastern Africa**
- CDC recommends vaccination with two doses of JYNNEOS for people in the United States at risk of mpox.
 - The vaccine is FDA approved for and expected to protect against both clades and all subclades of mpox.
 - CDC has updated vaccination recommendations for [people traveling](#) to countries with [clade I outbreaks](#).
- Currently there is no treatment approved specifically for monkeypox virus (MPXV) infections.
 - [CDC-held Expanded Access-Investigational New Drug \(EA-IND\) protocol](#) allows for the use of stockpiled Tecovirimat (TPOXX) to treat patients with mpox who meet the eligibility criteria.

Countries Reporting mpox cases by clade since January 1, 2024



Available at: [Clade I Mpox Outbreak Originating in Central Africa | Mpox | CDC](#), accessed October 15, 2024

Trends of mpox cases reported to CDC, United States (1/1/2024 – 9/30/2024)



Available at: [U.S. Case Trends | Mpox | CDC](#), accessed October 15, 2024


DSHS Issued a mpox [Health Advisory](#) on July 19, 2024

Health Advisory: Ongoing Transmission of Mpox in Texas and Recommendations for Preparedness

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 HEALTH ADVISORY

July 19, 2024

Summary

Texas continues to report ongoing transmission of mpox caused by clade II monkeypox virus (MPXV). This is consistent with mpox cases reported nationally. Preliminary surveillance data indicate potential recent periods of increase in mpox cases in 2024. Additionally, there is an ongoing outbreak of mpox in the Democratic Republic of Congo (DRC) caused by clade I MPXV, potentially raising the risk of transmission and severe disease in the United States. DSHS recommends that healthcare professionals, public health and the public should take measures to detect and prevent the spread of mpox. Healthcare providers should monitor for signs and symptoms of mpox, consider it as a possible diagnosis, conduct testing when necessary, and provide recommended vaccinations as appropriate. DSHS also recommends that public health organizations continue surveillance and community outreach efforts for mpox and that Texans take precautions to protect themselves from the disease, such as getting the recommended vaccine and limiting contact with sick individuals.

Background

Following the large global outbreak experienced in 2022, mpox case counts in the U.S. decreased significantly but never reached zero. Since October 2023, U.S. cases increased slightly, with steady case reporting during October 1, 2023-June 1, 2024. Through the first 24 weeks of 2024, Texas has reported 152 mpox cases, compared with 86 cases during the same period in 2023, representing a 76.7% increase (based on preliminary data as of 6/17/2024).

This far, all the mpox cases in the United States, including Texas, are due to clade II monkeypox virus

CDC Issued a mpox [Health Update](#) on September 23, 2024



Prevention Strategies for Mpox, including Vaccinating People at Risk via Sexual Exposure, for U.S. Travelers Visiting Countries with Clade I Mpox Outbreaks

[Print](#)



Distributed via the CDC Health Alert Network
September 23, 2024, 12:45 PM ET
CDCHAN-00516

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Update to provide additional information about the ongoing [outbreak of clade I monkeypox virus \(MPXV\)](#), the virus that causes mpox, in Central and Eastern Africa. This report is an update to HAN [Health Advisory 501](#) issued in December 2023 and HAN [Health Update 513](#) in August 2024. MPXV transmission in countries where the virus is endemic is typically via exposure to infected wildlife with subsequent [person-to-person spread](#) via close contact (including intimate or sexual contact) with a person with mpox, or direct contact with their respiratory secretions (e.g., snot, mucus) or contaminated objects (e.g., bedding). During the global clade II outbreak, human-to-human transmission of mpox has been [predominantly spreading through sexual contact](#) . During 2024, the Democratic Republic of the Congo (DRC) has reported >21,000 suspected clade I mpox cases, its largest annual number on record. Although the proportion of people impacted in DRC (population >99 million) is relatively low, cases are more widespread than in any previously reported DRC outbreak. Clade Ia mpox cases are impacting the western part of DRC (particularly the rural Équateur Province). No cases of clade Ia mpox have been reported outside Central African countries where clade Ia MPXV is endemic. Clade Ib mpox cases are impacting the eastern part of DRC and have been spread through regional travel. Early data indicate that a large proportion of clade Ib mpox cases among adults has been [associated with sexual contact](#) , including via ongoing transmission believed to be occurring in some countries where the virus is not normally found. Travelers to DRC or other countries with sustained spread of clade I mpox, regardless of sexual orientation or gender identity, should be made aware of activities associated with cases and should be vaccinated with two doses of JYNNEOS if they anticipate certain sexual exposures while traveling. Active monitoring for mpox continues to occur in the United States. Although the United States continues to be affected by an ongoing [global outbreak of clade II mpox](#) that began in 2022, no domestic cases of clade I mpox have been identified in the United States at this time. Continue to follow CDC's [current vaccine guidance](#) to prevent clade II MPXV infection, which continues to circulate in the United States, and will also help protect against clade I MPXV.

Marburg Virus

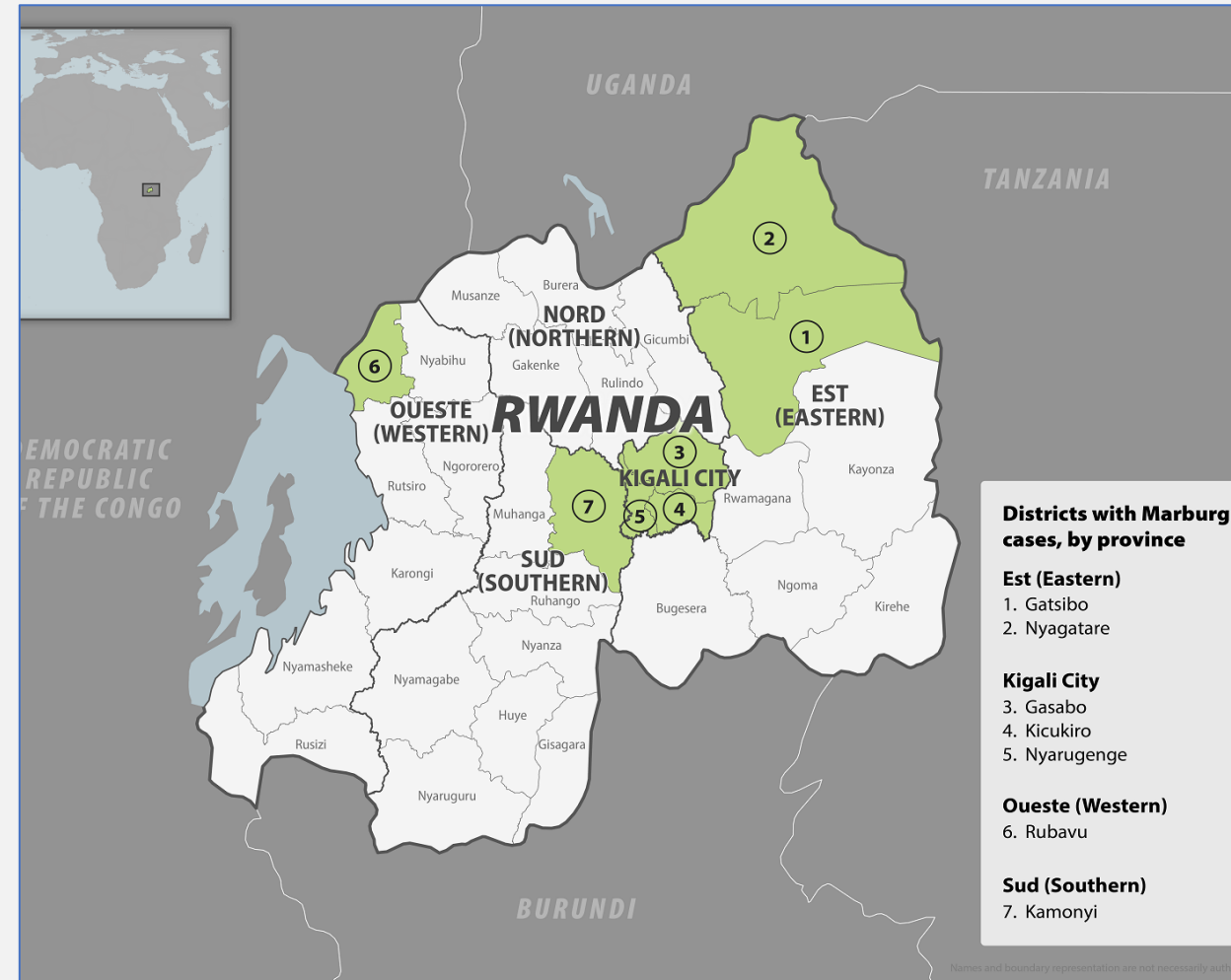


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Marburg Virus Update - Republic of Rwanda

- On September 27, 2024, the Ministry of Health in Rwanda reported cases of Marburg virus disease (MVD).
- As of October 15, 2024:
 - 62 cases
 - 15 deaths
 - Most of the people infected are healthcare workers.
 - WHO classified the outbreak as a grade 3 emergency.
- No confirmed cases in the United States and the risk of infection with this virus in the U.S. is low.



MARBURG Virus Information

Select your language

English



UPDATE 15/10/2024

Confirmed cases	In Isolation and Treatment	Deaths	Recovered	Cumulative Tests	Vaccine doses administered
62(+0)	17	15(+0)	30(+4)	4010(+213)	771(+63)

Marburg Virus Updates

- October 3, 2024, CDC Issued a [Health Advisory](#) related to the MVD outbreak.
- CDC has issued [Level 3 \(Reconsider Nonessential Travel\)](#) to Republic of Rwanda.
- October 11, 2024, CDC issued an updated [interim recommendations](#) for public health management of U.S.-based healthcare personnel returning from Rwanda.
- October 15, 2024, CDC issued updated information for people [traveling to the United States from Rwanda](#).

Do not travel

Do not travel if you have these symptoms or think you had contact with someone who had Marburg or with a contaminated item.

Contact a healthcare provider or the public health authority in your current location. Tell them about your symptoms and any possible contact you have had to the virus that causes Marburg.

First Marburg Virus Disease Outbreak in the Republic of Rwanda

[Print](#)



Distributed via the CDC Health Alert Network
October 3, 2024, 12:15 PM ET
CDCHAN-00517

Available at: [Health Alert Network \(HAN\) - 00517 | First Marburg Virus Disease Outbreak in the Republic of Rwanda \(cdc.gov\)](#), accessed 10/5/2024.

Summary

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to inform clinicians and health departments about the Republic of Rwanda's first confirmed outbreak of Marburg virus disease (MVD) with 36 laboratory confirmed cases and 11 deaths reported as of October 2, 2024, including at least 19 cases in healthcare workers. This report summarizes CDC's recommendations for public health departments and clinicians in the United States on case identification and testing and clinical laboratory biosafety considerations. **No confirmed cases of MVD related to this outbreak have been reported in the United States or other countries outside of the Republic of Rwanda to date.** Currently, the risk of MVD in the United States is low; however, clinicians should be aware of the potential for imported cases.

Background

[MVD](#) is a rare but highly fatal viral hemorrhagic fever (VHF) caused by infection with one of two zoonotic viruses, Marburg virus or Ravn virus. Both Marburg virus and Ravn virus are within the virus family *Filoviridae*, which also includes Ebola viruses. A person infected with the Marburg virus is not contagious before symptoms appear. [Symptoms](#) may include fever, headache, muscle and joint pain, fatigue, loss of appetite, gastrointestinal symptoms, or unexplained bleeding. [Marburg virus is spread](#) through **direct contact** with broken skin or mucous membranes with the body fluids of someone who is sick with MVD, or who recently died from their infection. These body fluids include blood, urine, saliva, sweat, feces, vomit, breast milk, amniotic fluid, or semen. People can also contract MVD if they have contact with infected animals, or with needles, or with other objects or surfaces contaminated with the virus. Marburg virus is **not** spread through airborne transmission.

Thank you