# PHFPC Briefing

Texas Department of State Health Services
October 8, 2025

## **Discussion Topics**

- New World screwworm (NWS)
- Immunization updates
  - Texas Vaccine for Children (TVFC)
    - New Vaccine Ordering
  - Conscientious Objection Process Changes
  - COVID-19 Vaccination Texas Requirements



Texas Department of State
Health Services

# DISCLAIMER

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

October 8, 2025

# New World Screwworm (NWS)

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## **About New World Screwworm (NWS)**

- New World screwworm (NWS) infestation occurs when NWS fly larvae (*Cochliomyia hominivorax*) infest the tissue or flesh of warm-blooded animals and people, a process called myiasis.
- Screwworm flies are attracted to and lay eggs on and in open wounds.
- The name screwworm refers to the feeding behavior of the larvae (maggots) as they burrow (screw) into healthy tissue.
- NWS was eradicated from the US in 1960s and from Mexico in the 1980s using the Sterile Insect Technique (SIT).
- NWS is currently endemic in South America, Cuba, Haiti, and the Dominican Republic.



Image: An adult New World screwworm fly

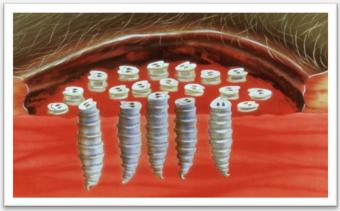


Image: an NWS infestation



## **Current Situation of NWS in Animals**

- Currently, the New World screwworm (NWS) fly is not present in the United States and there are no cases of NWS in the United States.
- Recently, countries in Central America and Mexico have been experiencing an outbreak of NWS.
- In the outbreak region, NWS is primarily infesting livestock, wildlife, and pets. However, there are also cases of NWS in people.
- In 2023, Panama and Costa Rica identified an outbreak of NWS. Since that time, all countries in Central America and Mexico, where NWS was previously controlled, have identified cases in animals and people.



Close up of NWS larva showing the mouth hooks they use to eat living flesh. Image courtesy of USDA.

Available at: New World Screwworm Outbreak | New World Screwworm | CDC, accessed on October 7, 2025.

## **Current Situation of NWS**

- As of September 26, 2025, more than 120,000 NWS cases in animals and over 830 cases in people have been reported in Central America and Mexico.
- On September 21, 2025, <u>Mexico</u> confirmed a new animal case of NWS, located in the state of Neuvo Leon, less than 70 miles from the U.S.-Mexico Border. This is now the northernmost detection of NWS during this outbreak.
- On August 26, 2025, one confirmed case of NWS in a person who returned to the United States (Maryland) after traveling to El Salvador. This is the first human case in the U.S. associated with travel to the current outbreak area, and not an endemic area.
- Currently, the NWS fly has not been detected in the United States and there is no immediate risk of infestation to people.

New World Screwworn SONORA CHINDANUA COAHUILA VERACRUZ TABASCO

Available at: <a href="https://www.aphis.usda.gov/livestock-poultry-disease/cattle/ticks/screwworm/outbreak-central-America">https://www.aphis.usda.gov/livestock-poultry-disease/cattle/ticks/screwworm/outbreak-central-America</a>, accessed on October 7, 2025.

## **Current Situation of NWS**

- One Health Approach: CDC is closely following this outbreak and is working with the U.S. Department of Agriculture (USDA) and other federal and state, local, and tribal partners to prevent further spread of NWS among people and animals.
- The <u>strategy to respond to and control the NWS outbreak</u>, led by USDA and in coordination with other federal agencies, includes:
  - The release of sterile flies,
  - Animal movement controls and surveillance, and
  - Outreach and education in affected areas.
- On September 8, 2025, CDC shared a 'Dear Partner' email with healthcare provider and professional medical organizations.
  - The email included guidance and resources for clinicians and other healthcare professionals regarding NWS mylasis cases in humans.
  - The link to these resources are provided at the end of the presentation.

#### **New World Screwworm Domestic Readiness and Response Policy Initiative**

#### Background

The U.S. has defeated NWS before and can successfully do it again

- New World screwworm (NWS) is a devastating pest. When NWS fly larvae (maggots) burrow into the flesh of a living animal, they cause serious, often deadly damage to the animal. NWS can infest livestock, pets, wildlife, occasionally birds, and in rare cases, people. This is a serious concern to the U.S. economy and the U.S. food supply and the United States Department of Agriculture (USDA) is committed to combatting the spread of NWS to protect American agriculture.
- USDA eradicated NWS from the U.S. in the 1960s, USDA and its partners contained it to South America using sterile insect technology; however, NWS began spreading northward and was detected in southern Mexico in
- . Mexico has not yet detected NWS in areas located immediately near the U.S. border, but this could change at any time and put Texas, New Mexico, and
- · An effective eradication strategy centers on three main pillars:
  - 1) effective controls on the movement of animals:
  - 2) strong surveillance systems and public outreach; and
  - 3) the use of proven sterile insect technology and exploration of additional innovative strategies to defeat the pest.
- · To achieve success, USDA will work across the federal, state, and local government partners, and with the public and the private sectors to take the following actions as part of its 5-Prong Strategy:

## **Texas NWS Response Efforts**

- Governor Abbott appointed the Texas NWS Response Team
  - Texas Animal Health Commission (TAHC), Texas Parks and Wildlife Department (TPWD), Texas Department of Agriculture (TDA), and Texas AgriLife are the lead state agencies in the taskforce.
  - Many animal industry groups representing the main livestock species were present as well as South Texas
    property rights and ranchers are included
  - Dr. Susan Rollo, DSHS State Public Health Veterinarian is the public health representative
  - Dr. Shetty, DSHS Chief State Epidemiologist is an invited participant
  - First meeting held on September 4, 2025
- DSHS is collaborating with other state agencies and local partners to monitor and prevent the spread of NWS in animals and people
  - Participate weekly situational update calls with TAHC, TPWD, and AgriLife Extension
  - Participate in biweekly calls with other state agency communication leads
  - Collaborating with FDA and TAHC on treatment products that are safe to use in dairy cattle

## **DSHS NWS Health Advisory**

 On September 26, 2025, DSHS issued a health advisory: Raising Awareness about New World Screwworm (NWS)

#### Treatment

- There is currently no medication approved for treatment of NWS infestation in humans.
- NWS myiasis in humans is treated by removing ALL larvae. In some cases, surgical removal may be necessary since larvae can burrow deep into wounds to feed. Healthcare providers should be aware of the potential for secondary bacterial infections with NWS myiasis and patients should be assessed clinically for signs of bacterial infection.
  - Larvae and eggs should be killed by placing them into a leak-proof container with 70% ethanol. The volume of liquid in the container should be enough to fully submerge the larvae.
  - Do not dispose of extracted larvae or eggs in the trash or on the ground without first killing the larvae.
  - Failure to kill and properly dispose of all larvae or eggs may result in the new introduction and spread of NWS in the local environment.

DSHS Health Advisory: Raising Awareness about New World Screwworm

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A HEALTH ADVISOR

Summary

September 26, 202

The Texas Department of State Health Services (DSHS) is raising awareness among public health professionals, human health clinicians, and the public about New World screwworm (NWS), a parasitic fly that can have significant effects on human and animal health. State and federal agencies are preparing for the possible reintroduction of the parasite into the United States. No recent human or animal cases have been identified in Texas, but clinicians should remain vigilant when seeing patients who have traveled in areas where the fly is present and report all suspected NWS cases to their local health department immediately.

#### Background

New World screwworm myiasis is caused by an infestation with the larvae of Cochliomyia hominivorax, a parasitic fly that feeds on live tissue. NWS infestation begins when the fly lays eggs near wounds or on mucous membranes (nose, ears, mouth) of warm-blooded animals. Within a day, multiple eggs can hatch into larvae and begin to feed. People with NWS infestations may report pain and see or feel movement in the affected area. Larvae will drop to the ground after feeding to complete their lifecycle.

NWS infestation cannot spread from one host to another without the completion of the fly's life cycle, which ranges from approximately 14-54 days. NWS has the potential to significantly affect local animal populations, so awareness, surveillance, and control of NWS myiasis and *C. hominivorax* flies in both animals and humans are critical.



A New World screwworm larva (top) compared with the larger bot fly larva (bottom) Photo courtesy Mark Fox, CDC



'S fly with egg mass

Photo courtesy USDA

Available at: <u>DSHS Health Advisory: Raising Awareness about New World Screwworm | Texas</u> DSHS, accessed on October 2025.

## **NWS Healthcare Webinars**

- Resurgence of New World Screwworm in the Americas: What Healthcare Providers Need to Know | COCA | CDC
  - Initially presented on October 17, 2024
  - <u>Slides</u> & <u>Transcript</u>
- <u>ECHO</u> (Extension for Community Healthcare Outcomes) is a platform to allow partnerships with providers and healthcare workers in underserved, remote, and rural communities to increase their knowledge in specific healthcare areas.
- CDC has developed ECHO training webinars for health care providers, public health professionals and Community Health Workers (CHW).
  - Session 1: For physicians, healthcare providers, and public health professionals
  - Sessions 2 & 3: For community health workers and other public health professionals
  - Recorded webinars and the slides can be found <u>here</u>

## **NWS** Resources

- New World Screwworm Outbreak | New World Screwworm | CDC
- CDC New World Screwworm Myiasis, What You Need to Know
- CDC New World Screwworm Myiasis, Recommendations for Healthcare Providers
- CDC Lab Identification of New World Screwworm
- USDA/APHIS: New World Screwworm: What You Need to Know
- Mexico and Central America Screwworm Dashboard

# Immunization updates

Josh Hutchison

**Deputy Commissioner** 

Infectious Diseases and Prevention Division

Texas Department of State Health Services



## **Texas Vaccines for Children (TVFC)**

- Re-Enrollment
  - Provider trainings occurred September 24th, 25th, and October 3rd.
  - Responsible Entity trainings on September 24<sup>th</sup> and 30<sup>th</sup>.
  - Provider submission period for TVFC and Adult Safety Net (ASN) re-enrollment is from October 1, 2025, to December 31, 2025.
    - 2,926 active TVFC providers eligible for re-enrollment.
    - Any providers who have not submitted re-enrollment will be suspended November 3, 2025.
  - Responsible Entity Review Deadline November 1st November 30th
  - Central Office Approval Deadline December 1<sup>st</sup> December 31<sup>st</sup>

## **Seasonal 2025-2026 Vaccine Ordering**

#### Influenza vaccines

- DSHS allocated pre-booked 2025-2026 season influenza vaccines to TVFC providers
- Open ordering of influenza vaccines began on September 29<sup>th</sup>

#### COVID-19 vaccines

- As of October 7, 2025, TVFC providers can order the COVID-19 vaccine for the 2025–2026 season. This includes Moderna, Pfizer, and Sanofi/Novavax vaccines.
- COVID vaccines are no longer on the Texas Adult Safety Net (ASN) formulary

## New Vaccine/Immunization Ordering

- MenABCWY (<u>PENMENVY</u>)
  - A new pentavalent MenABCWY vaccine, manufactured by GlaxoSmithKline's (GSK)
  - All provider webinar tentatively scheduled for October 21 & 23, 2025
  - TVFC orders can be placed starting November 3, 2025

## **New Vaccine/Immunization Ordering**

- **Enflonsia**™ a new respiratory syncytial virus (RSV) immunization, manufactured by Merck
  - It is indicated for the prevention of RSV lower respiratory tract disease in neonates and infants who are born during or entering their first RSV season.
    - It is not recommended for children over 8 months of age and does not have FDA approval for children entering their second RSV season.
  - Enflonsia™ is a single-dose administration regardless of birth weight, simplifying the administration process.
  - The recommended dose of Enflonsia™ is 105 mg administered as a single intramuscular (IM) injection.
  - It is available to order in limited quantities within the Vaccine Allocation and Ordering System (VAOS) effective October 2, 2025.
    - Initially ordering limits: 10 doses of the 1-pack doses & 1 of the 10-pack doses (20 total doses).
  - Providers should still order Nirsevimab in addition to ENFLONSIA™ to ensure adequate inventory levels.

# Infant RSV Immunizations TVFC Ordering Timeline

August 1, 2025: Nirsevimab ordering opened

October 2, 2025: ENFLONSIA™ ordering opened



March 21, 2026: ordering closes



October 1, 2025—March 31, 2026

Typical season recommendation for RSV immunization for eligible infants and children

Providers can begin administering RVS immunizations to eligible infants and children starting on October 1, 2025



# **RSV Maternal Vaccine (Abrysvo™)**TVFC Ordering Timeline

August 1, 2025: ordering opened



January 22, 2026: ordering closes



September 1, 2025—January 31, 2026:

ACIP recommends RSV vaccination during pregnancy between 32 – 36 weeks gestation

CDC recommends **either** maternal RSV vaccination **or** infant immunization. Most infants will not need both.



# Conscientious Objection Process Changes

## **House Bill 1586**

- House Bill (H.B.) 1586, 89th Legislature, Regular Session passed and amended <u>Texas</u>
   <u>Health and Safety Code §161.0041</u>, Immunization Exemption Affidavit Form.
  - DSHS will adopt rules aligning with the new statute this month. The rules update impacts 25 Texas Administrative Code, Sections §97.62 Exclusions from Compliance and §97.64 Required Vaccinations for Students Enrolled in Health-related and Veterinary Courses in Institutions of Higher Education.
- On the bill's effective date, September 1, 2025, DSHS posted a blank immunization exemption affidavit form on the Texas Immunization Exemption page for a person to download, complete, notarize, and submit to their child-care facility, school, or institution of higher education, including students enrolled in health-related or veterinary courses.
  - A person may also request DSHS print and mail the form via the United States Postal Service to the requested address.
- The current process for requesting the form is available on the DSHS website.

## Downloading the Blank Immunization Exemption Affidavit Form

- The requestor downloads and prints the blank Affidavit Exemption from School or Child-Care Immunizations for Reasons of Conscience <u>form</u>, Stock No. F11-11755 from the DSHS website.
- DSHS suggests you review the How to Complete CO <u>form</u>, Stock No. 11-12953 and the <u>Benefits and Risks of</u> <u>Vaccination</u>, Stock No. 11-11846.

#### Exemption From School or Child-Care Immunizations for to attend at Texas child-care facility, elementary or secondary school, or institution of higher education, including students enrolled in health-related and veterinary courses. This affidavit is only valid for the individual named in section A and is only for submission to Texas schools and child-care facilities. This affidavit is valid for two years from the date of notarization. Additions or changes to this affidavit are Date of Birth (mm/dd/yyyy) PLEASE COMPLETE THE FOLLOWING SECTION (B) I do NOT want my child/self to receive the following vaccine(s) I have marked, for reasons of conscience or religious belief. □ Diphtheria, tetanus, and pertussis (DTaP/DT) ☐ Hepatitis B ■ Meningococcal (MenACWY/MCV4\*) Measles, mumps, and rubella (MMR) Rabies Pneumococcal (PCV) Polio (IPV) Tetanus, diphtheria, and pertussis (Td/Tdap) ☐ Varicella (chickenpox) ☐ Haemonhilus influenza type b (Hib) MCV4 is required for grade 7 through 12. MenB or MCV5 may be used for college (C) I have read and understand the Benefits and Risks of Vaccination information sheet. I understand the individual named in Section A may be excluded from school attendance in times of emergency or epidemic declared by the Commissioner of Public Health or as allowable by 25 Texas Administrative (D) I certify that I am the parent / legal guardian of the above-named child, or I am signing for myself as an adult student, and that the information provided here is true and correct. Signature of Parent or Legal Guardian/Self if an adult State of Texas County of BEFORE ME, on this day personally appeared , known to me (or proved to me through description of identity card or other document) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expr Given under my hand and seal of office this Affix seal NOTARY PUBLIC Stock # F11-11755 Rev 8/2025

# **COVID-19 Texas Requirements**

## **Texas COVID-19 Vaccine Information Statement**

- House Bill (H.B.) 4535, 89th Legislature, Regular Session passed, which added <u>Texas Health</u> and <u>Safety Code §161.0086</u>, COVID-19 Vaccination Administration Requirements, which became effective on September 1, 2025.
- DSHS developed a standardized <u>Texas COVID-19 Vaccine Information Statement</u> in compliance with H.B. 4535 (form C-120).
- Health care providers must provide the Texas COVID-19 Vaccine Information Statement to individuals when obtaining written informed consent and administering the COVID-19 vaccine.

# **Texas COVID-19 Vaccine Information Statement C-120**

## Texas COVID-19 Vaccine Information Statement



#### Benefits and risks associated with COVID-19 vaccination

COVID-19 vaccine can prevent COVID-19 disease. Vaccination can help reduce the severity of COVID-19 disease if you get sick.

People who are up to date with COVID-19 vaccination have a lower risk of severe illness, hospitalization, and death from COVID-19 than people who are not up to date. COVID-19 vaccination helps prevent Long COVID — which is a chronic condition that occurs after SARS-COV-2 infection, can include a wide range of ongoing symptoms, and can last for weeks, months, or even years.

Getting a COVID-19 vaccine helps the body learn how to defend itself from the disease and reduces the risk for severe illness and complications. Additionally, COVID-19 vaccines can offer added protection to people who have already had COVID-19, including protection against being hospitalized if they become infected with COVID-19 again.

chance of this occurring is low. The FDA has required COVID-19 manufacturers to include this in the "Warning and Precautions" section of their COVID-19 vaccine package insert.

Seek medical attention right away if the vaccinated person experiences chest pain, shortness of breath, or feelings of having a fast-beating, fluttering, or pounding heart after COVID-19 vaccination. These could be symptoms of myocarditis or pericarditis. As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

Tell your vaccination provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of COVID-19 vaccine or has any severe, life-threatening allergies
- Has had myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining outside of the heart)

### **HB 4535 Required Information:**

- Benefits and risks
- Expedited manner of development
- Long-term studies
- Civil liabilities
- Federal Vaccine Adverse Event Reporting System

## Vaccine Information Statement Addendum C-119

- Before administering a COVID-19 vaccination, a health care provider <u>must obtain</u> the individual's <u>written informed consent</u>.
- If the individual is a minor or lacks the mental capacity to provide informed consent, the parent, guardian, or conservator may provide written informed consent on the individual's behalf.
- The informed consent required under this section must include an acknowledgement that the individual providing informed consent received the Texas Vaccine Information Sheet.

#### Addendum to COVID-19 Vaccine: What You Need to Know Vaccine Information Statement

- 1. I agree that the person named below will get the vaccine checked below.
- 2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
- 3. I know the risks of the disease this vaccine prevents.
- 4. I know the benefits and risks of the vaccine.
- 5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
- 6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
- I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: COVID-19 Vaccine

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.dshs.texas.gov for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

Information about person to receive	ve vaccine (Please print)					
Name: Last	First	Middle Initial	Birthdate (mmddyyyy)		Sex (circle one)	
					M	F
Address: Street	City	County		State TX	Zip	
Signature of person to receive vac	cine or person authorized to make the re-	quest (parent or guardian):				
X			Date	:		
X Witness			Date	*		

## **FAQs Regarding Consent**

**Q:** Does our office have to obtain written consent for all vaccines offered in the office?

**A:** The bill only focuses on COVID-19 vaccines. The <u>TVFC provider manual</u>, does not outline consent, and DSHS does not provide programmatic guidance for how a provider should run their operations for out- or in-patient settings.

Q: Does the patient require disaster consent to report COVID-19 vaccines into ImmTrac2?

**A:** Disaster declaration ended June 2023. So, regular <u>adult or child consent</u> will allow reporting of all vaccines.

**Q:** What VIS does a provider use?

**A:** Every provider in the U.S. must use the federal VIS for COVID-19 (C-119). In Texas, every provider must <u>also</u> use the Texas VIS (C-120).

# Thank You