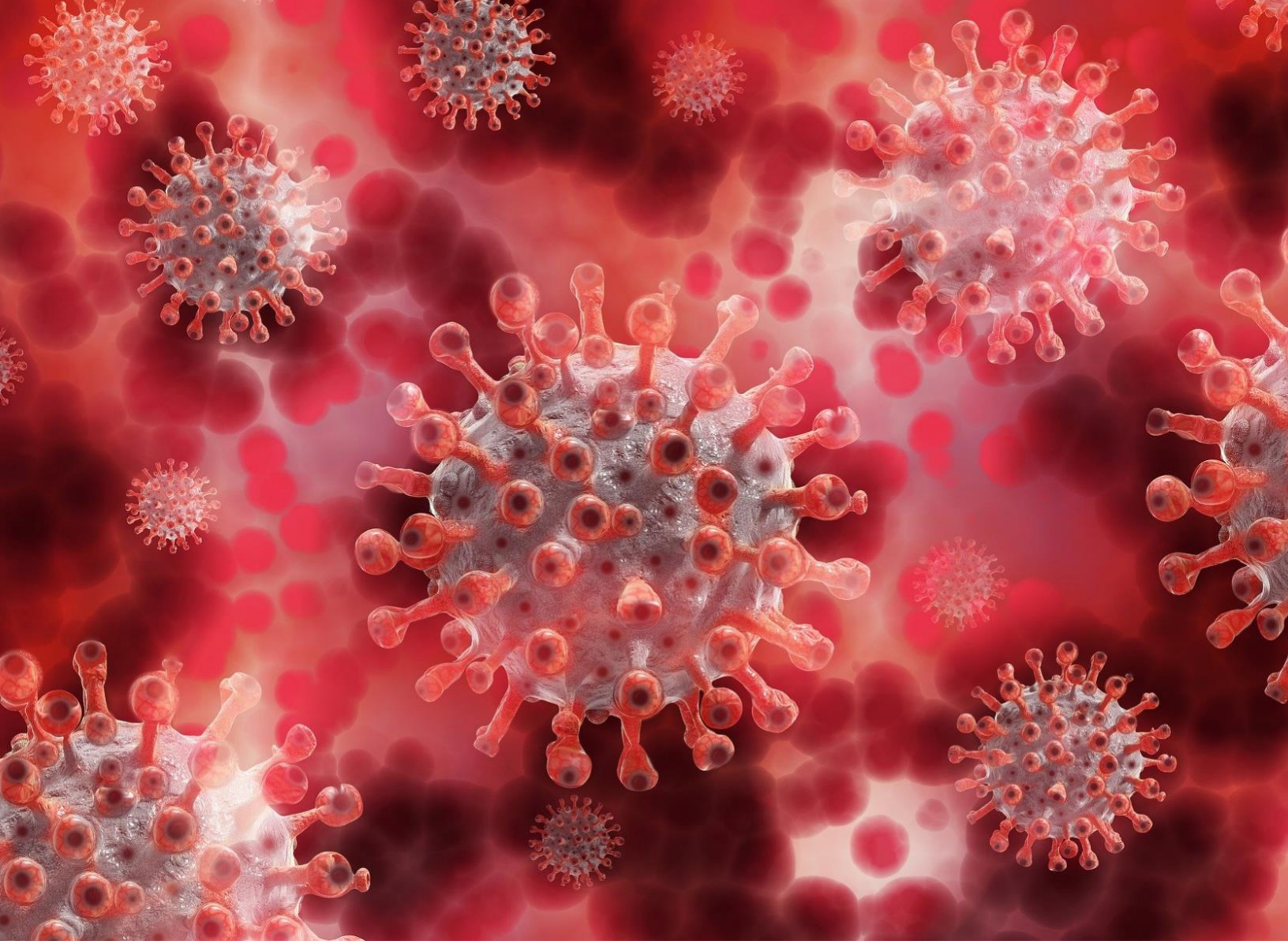


HHSC: Task Force on Infectious Disease Preparedness and Response, January 8, 2021

The Task Force on Infectious Disease Preparedness and Response provides expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases and serves as a reliable and transparent source of information and education for Texas leadership and citizens.

Task Force on Infectious Disease Preparedness and Response

- On October 6, 2014, Governor Rick Perry created the Texas Task Force on Infectious Disease Preparedness and Response through Executive Order RP-79. The Task Force was composed of seventeen members, and included representatives from pertinent state agencies, as well as experts in infectious disease, emergency management, and in public health preparedness and response.
- H.B. 2950, 84th Legislature, Regular Session, 2015, codified the Task Force on Infectious Disease Preparedness and Response in Texas Health and Safety Code (HSC) Chapter 81, Subchapter J. The Task Force is required to provide expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases, as well as serve as a source of information and education.
- H.B. 2950 is created as an advisory panel to the Governor, and task force membership is determined by the Governor.
- **Enabling statute:** Health and Safety Code, Chapter 81, Subchapter J

Task Force Members can be found here.

Governor's appointment notice

Rapid Assessment Subcommittee Membership

- John Hellerstedt, M.D.
- Peter Hotez, M.D., Ph.D.
- Nim Kidd
- David Lakey, M.D.
- James LeDuc, Ph.D.
- Dorothy Overman, M.D.
- Gerald Parker, D.V.M., Ph.D.
- Cecile Young

1. Call to Order & Welcome Remarks. DSHS Commissioner John Hellerstedt, M.D. convened the 10th meeting of the Task Force. A quorum was established.

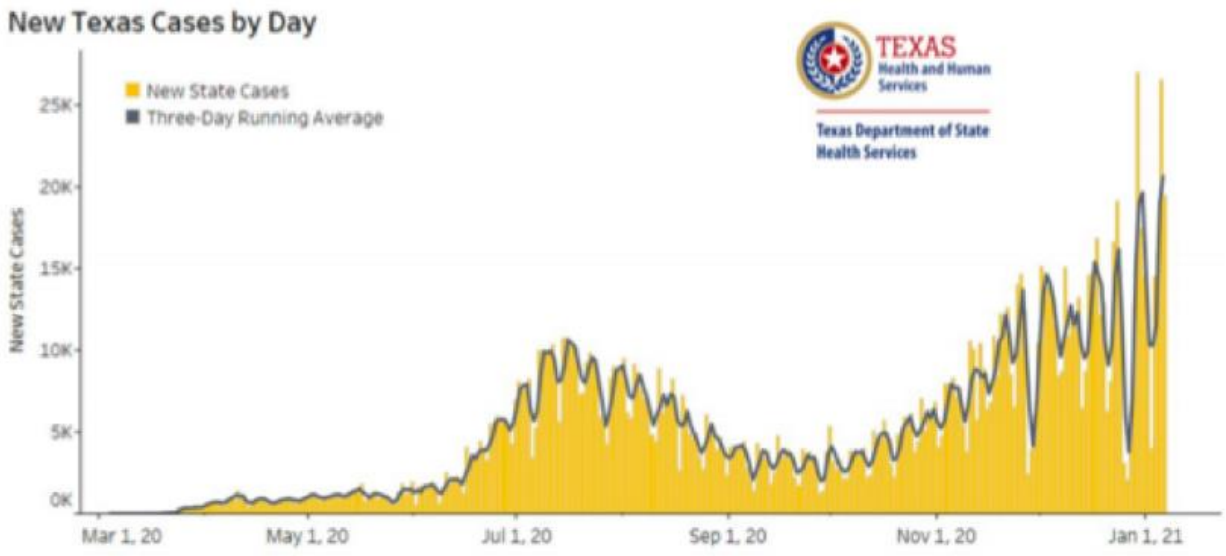
2. Approval of Meeting Minutes from December 7, 2020. The minutes were approved as written.

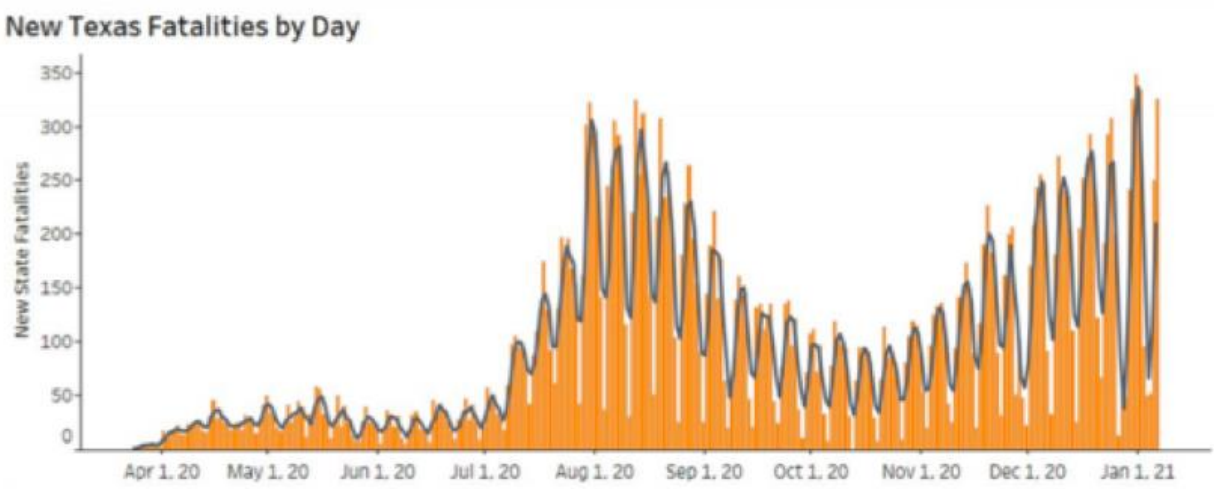
3. COVID-19 Situation Update - DSHS Commissioner John Hellerstedt, M.D. We are one year past the official start of the disease. This is a very critical period. Hospitalizations are higher than ever before, and the hope of a vaccine is on the horizon. Eighty percent of

the spread is from persons who were not aware they had the infection. This is also a remarkably low influenza season. The measures used to prevent COVID-19 also prevent Flu.

Timeline:

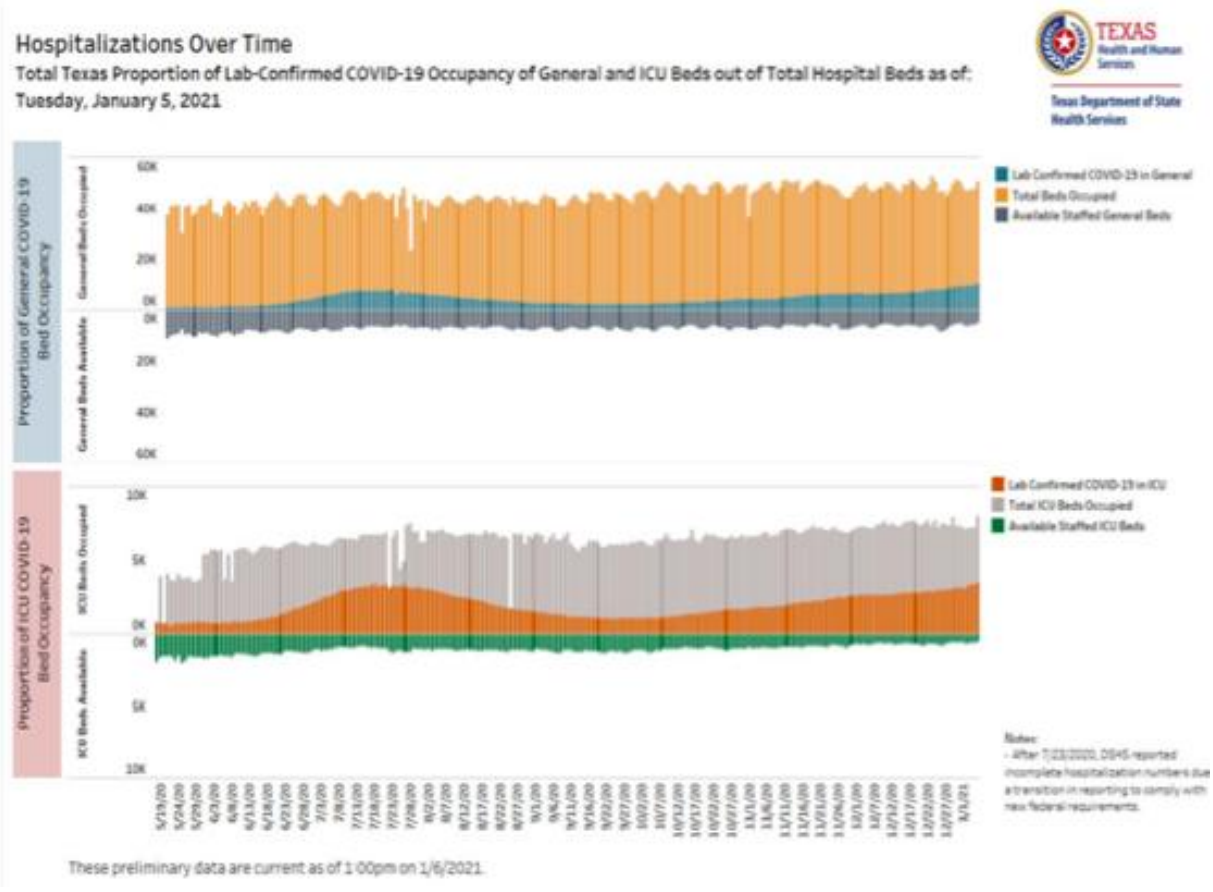
- January 23, 2020: DSHS launched the dshs.texas.gov/coronavirus/ website and prepared #TexasDSHS social media campaigns
- January 31, 2020: DSHS activated the State Medical Operations Center (SMOC)
- March 4, 2020: DSHS announced the first positive test result for COVID-19
- March 17, 2020: DSHS announced the first death of a person with lab-confirmed COVID-19
- March 19, 2020: DSHS Commissioner Hellerstedt declared a Public Health Disaster
- October 2020: DSHS assembled the Expert Vaccine Allocation Panel (EVAP)
- December 14, 2020: DSHS distributed the first COVID-19 vaccine doses
- January 6, 2021: 1,646,382 confirmed COVID-19 cases reported in all 254 Texas counties with 28,545 fatalities



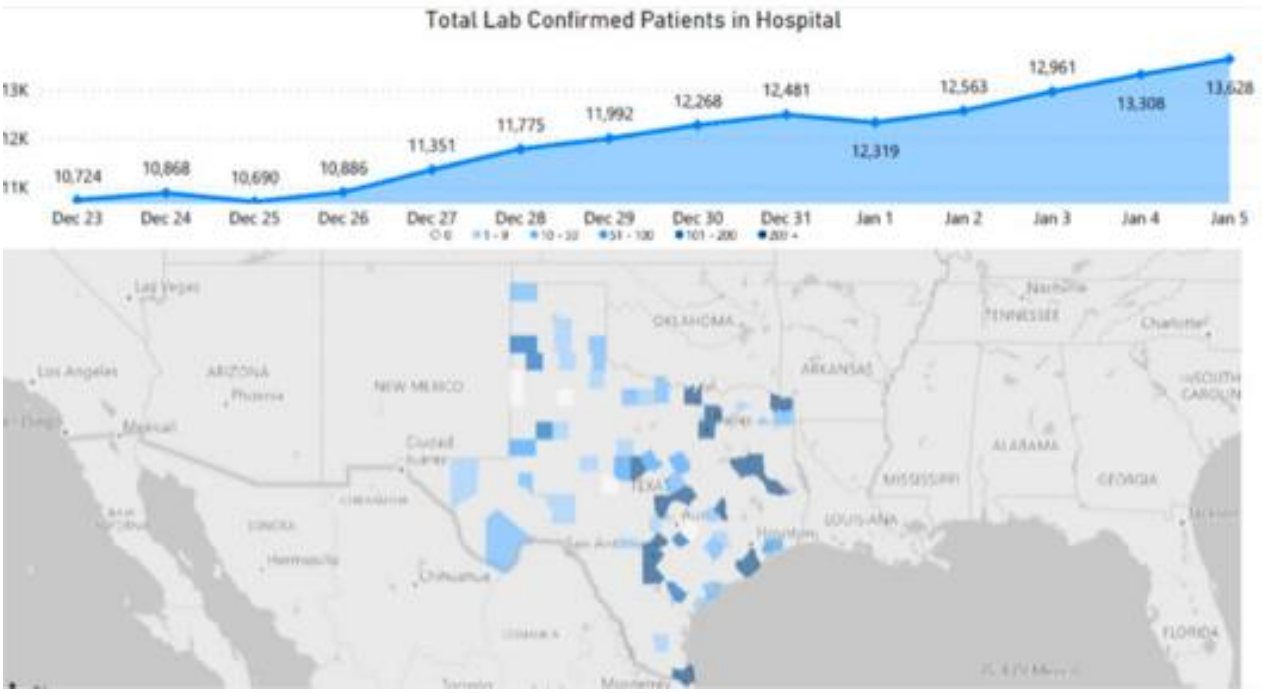


These preliminary data are current as of 1:00pm on 1/6/2021.

Note: As of July 27, DSHS is reporting COVID-19 fatality data based on death certificates. The metric used in these charts reports total newly reported fatalities (as opposed to the date of death).



These preliminary data are current as of 1:00pm on 1/6/2021.



DSHS Roles during the Pandemic: Coordination of local and state public health efforts • Statewide management and provision of lab testing and capacity • Data collection, analysis, and reporting • Health care system support and deployment of medical staffing to hospitals and nursing facilities • Statewide public awareness • Public health guidance for individuals and businesses, and consultation with local elected leaders • Sourcing and allocating therapeutics and medications, medical supplies, and personal protective equipment • Utilizing the established infrastructure to safely and appropriately disseminate vaccine

DSHS Outputs as of Late December 2020

Health system support:

- 2,478 State of Texas Assistance Requests (STARs) filled
- 11,041 Staff currently in the field
- 1,076 Alternate care beds secured
- 117 Isolation & Quarantine Sites

Call Center:

- 32,879 calls and 29,253 emails received

Contact Tracing

- 2,790 State and local contact tracers active in Texas Health Trace
- 47 Local and 8 regional health entities voluntarily participating in Texas Health Trace
- 28 Local Health Authorities (14 performing contact tracing)

Estimated COVID-19 Pandemic Expenditures

Category	Amount Obligated
Medical Staffing	$2.2 Billion
Local Response	$127.4 Million
Disease Surveillance	$95.2 Million
Local Contracts	$68.3 Million
Lab Costs	$30.5 Million
Repatriation	$5.5 Million
Other Costs	$0.5 Million
Total	**$2.5 Billion**

DSHS Coronavirus Website Updates: www.dshs.texas.gov/coronavirus

DSHS coronavirus website

- Information in English and Spanish
- Interactive dashboards
- Contact Tracing—Answer the Call Texans!
- Therapeutics information
- Testing information
- Vaccine Information

On Dec. 11, DSHS added probable case counts and reconfigured the dashboard to improve performance.

On Dec. 11, DSHS added the antigen positivity rate and retired the lab test reported date and case reported date positivity rates.

COVID-19 Vaccine Information website launched December 2020:

- Texas Vaccination Plan
- Expert Vaccine Allocation Panel
- Vaccine Provider Locations
- Provider Enrollment

Information about vaccine distribution and administered doses in Texas is provided through the vaccine dashboard.

Information about vaccine providers in Texas is provided through the provider maps.

Ongoing surveys with diverse Texans have driven campaign strategies and messaging.

September 2020 data:

- 53% plan to get the COVID-19 vaccine once available, 19% will not, 28% unsure
- Men (64%) are more likely than women (45%) to get the COVID-19 vaccine
- Age 35–64 (56%) and age 65+ (61%) are more likely than age 18–34 (43%) to get the COVID-19 vaccine
- Half of participants were very concerned the vaccine will not be tested enough and that there may be risks to receiving it, especially for those with pre-existing conditions

COVID-19 Vaccine Campaign

Bilingual, statewide COVID-19 vaccine campaign began in December 2020 with a focus on:

- COVID-19 vaccine safety and effectiveness
- Who, how, and when to get the vaccine
- Addressing vaccine hesitancy, especially among at-risk populations
- Encouraging mask use/distancing even as vaccination continues
- Fighting misinformation

Ongoing 2021 campaign will include TV, radio, digital, outdoor and community-based outreach.

Vaccine communications toolkit on Texas COVID-19 Vaccine Communication Tools has fact sheets, videos, PSAs, social media posts for partners to use and share.

DSHS COVID-19 General Communications Tools

#HealthyTexas COVID-19 Communication Tools

- Animations, videos, printable PDFs, social media shareable graphics.
- Minimum Recommended Health Protocols and safety checklists

Opening the State of Texas | COVID-19

Prevention Messaging

- Get a vaccine as soon as you can
- Continue prevention steps even after vaccination
- Wear a face covering
- Limit contact with others, maintain a physical distance, and avoid crowds
- Fight pandemic fatigue!

4. COVID-19 Vaccine Update - Saroj Rai, Ph.D. We have significant progress since the last meeting.

Vaccine Candidates	Technology Platform	Storage & Handling	Dose (Intramuscular Injection)	Regulatory Status
Pfizer	m-RNA	Ultra-low frozen: 6mos Refrigerated: 5 days	2 (0, 21 days)	EUA (≥16 yrs)
moderna	m-RNA	Frozen: 6mos Refrigerated: 30 days	2 (0, 28 days)	EUA (≥18 yrs)
AstraZeneca / OXFORD	Viral Vector (Non-Replicating)	Refrigerated: 6mos	2 (0, 28 days)	Phase 3 (US) EUA (UK)
janssen	Viral Vector (Non-Replicating)	Refrigerated: 6mos	1	Phase 3
NOVAVAX	Recombinant Subunit Adjuvant (Matrix M™)	Refrigerated: 3mos	2 (0, 21 days)	Phase 3

Pfizer and Moderna are presently being used in Texas. The other vaccines are in various stages of trial.

Description	Pfizer-BioNTech COVID-19 vaccine	Moderna COVID-19 vaccine
mRNA	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2	Nucleoside-modified mRNA encoding the viral spike (S) glycoprotein of SARS-CoV-2
Lipids	2[(polyethylene glycol)-2000]-N,N-ditetradecylacetamide	PEG2000-DMG: 1,2-dimyristoyl-rac-glycerol, methoxypolyethylene glycol
	1,2-distearoyl-sn-glycero-3-phosphocholine	1,2-distearoyl-sn-glycero-3-phosphocholine
	Cholesterol	Cholesterol
	(4-hydroxybutyl)azanediyl)bis(hexane-6,1-diyl)bis(2-hexyldecanoate)	SM-102: heptadecan-9-yl 8-((2-hydroxyethyl) (6-oxo-6-(undecyloxy) hexyl) amino) octanoate
Salts, sugars, buffers	Potassium chloride	Tromethamine
	Monobasic potassium phosphate	Tromethamine hydrochloride
	Sodium chloride	Acetic acid
	Dibasic sodium phosphate dihydrate	Sodium acetate
	Sucrose	Sucrose

* Neither vaccine contain eggs, gelatin, latex, or preservatives

The Center for Disease Control and Prevention (CDC) has issued an updated guidance on allergic reactions associated with COVID-19 vaccines: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/allergicreaction.html .

Specifically, the guidance for the second dose after allergic reaction post first dose vaccination are as follows: "If you have had an immediate allergic reaction—even if it was not severe—to any ingredient in an mRNA COVID-19 vaccine, CDC recommends that you should not get either of the currently available mRNA COVID-19 vaccines. If you had an immediate allergic reaction after getting the first dose of an mRNA COVID-19 vaccine, you should not get the second dose. Your doctor may refer you to a specialist in allergies and immunology to provide more care or advice."

Allergic Reactions Including Anaphylaxis After Receipt of the First Dose of PfizerBioNTech COVID-19 Vaccine — United States, December 14–23, 2020. MMWR Morb Mortal Wkly Rep. ePub: 6 January 2021. DOI: http://dx.doi.org/10.15585/mmwr.mm7002e1external icon

Early safety monitoring of the Pfizer-BioNTech COVID-19 vaccine has detected 21 cases of anaphylaxis after reported administration of 1,893,360 first doses of PfizerBioNTech COVID-19 vaccine (11.1 cases per million vaccine doses administered) based on U.S. data for December 14–23, 2020.

Most (86%) anaphylaxis cases had symptom onset within 30 minutes of vaccination.

Most persons with anaphylaxis (81%) had a history of allergies or allergic reactions, including some with previous anaphylaxis events.

Most (90%) reported anaphylaxis cases after receipt of Pfizer-BioNTech COVID-19 vaccine occurred in women, although 64% of the vaccine doses administered with sex of recipient recorded were given in women.

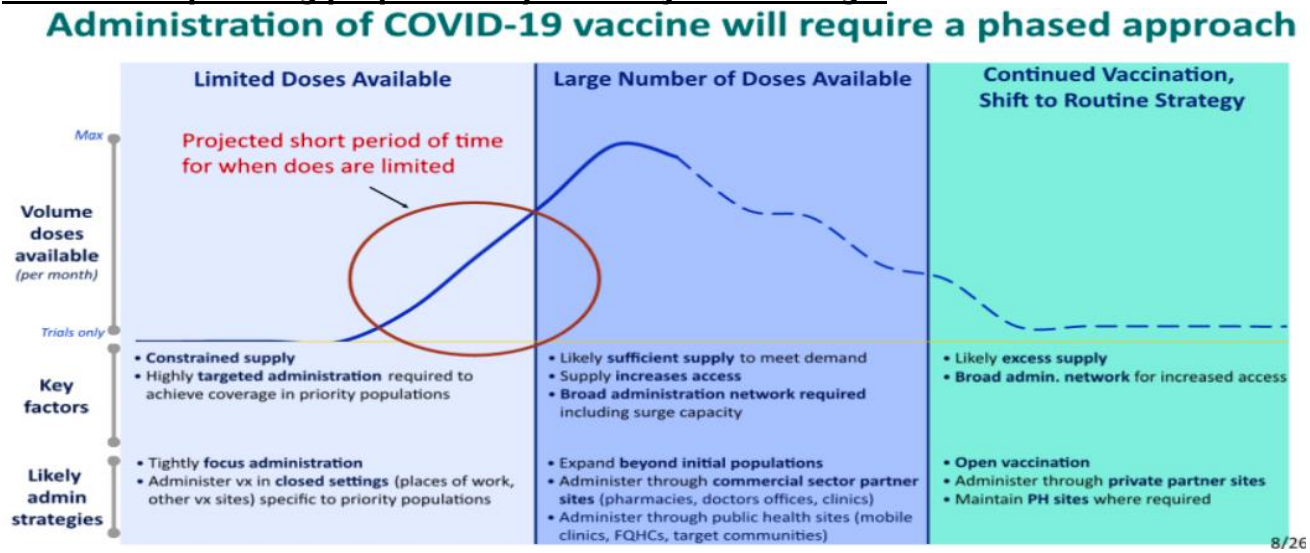
Vaccine Adverse Reporting System Texas Data 12/13/2020 – 1/7/2021

Week Reported	Deaths	Non-Serious Events	Serious Events	Grand Total
1	0	1	0	1
2	0	0	0	0
3	1	33	0	34
4	0	65	5	70
Grand Total	1	99	5	105

Out of the 541,512 doses administered in Texas thus far, 99 non-serious adverse events occured (0.00018%) and 1 death (0.000002%).

The information presented today is based on CDC's recent guidance and MAY change.

5. COVID-19 Vaccine Distribution Plan Update - Imelda Garcia, MPH.
***Draft – for planning purposes only and subject to change.**



We are presently in the "Limited Doses Available" phase.

Phased Approach to Vaccination

- **Phase 0 (October 2020 - November 2020)**
  - Provider recruitment and registration into ImmTrac2 and new web-based portal.

- **Phase 1 (December 2020 – January 2021): Limited supply of COVID-19 vaccine doses available.**
  - Vaccines will be direct-shipped to registered providers serving healthcare workers and other select populations based upon the DSHS Commissioner's approval.
  - Occupational healthcare settings will be the primary administrators of vaccines.
  - Some large chains enrolled directly by CDC to serve some targeted populations (long-term care facilities).
  - Continue ongoing provider recruitment and registration to ensure access to vaccination.

- **Phase 2 (March 2021-July 2021): Increased number of vaccine doses available.**
  - Emphasis on ensuring access to vaccine for members of Phase 1 populations who were not yet vaccinated as well as for the additional populations; expand provider network.
  - Mass vaccination events for larger population.
  - Texas will use specialized vaccine teams, as needed, to vaccinate identified critical groups lacking access to the vaccine (e.g., rural communities).

- **Phase 3 (July 2021 -October 2021): Sufficient supply of vaccine doses for entire population.**
  - DSHS will focus on ensuring equitable vaccination access across the entire population. Monitor vaccine uptake and coverage; reassess strategy to increase uptake in populations or communities with low coverage.
  - May consider extending the use of vaccine teams depending on the uptake and coverage received thus far, especially to ensure second doses are administered from the end of Phase 2.

- **Phase 4 (October 2021 and forward): Sufficient supply of vaccine with a decreased need due to most of the population being vaccinated already.**
  - May include boosters or annual vaccines, if required.
  - Vaccine availability open throughout private providers. Population able to visit provider of choice.

COVID-19 Expert Vaccination Allocation Panel (EVAP)
Texas has convened a team of appointed external and internal subject-matter experts (SME) into the COVID-19 Expert Vaccine Allocation Panel (EVAP) to develop vaccine allocation strategies as recommendations to the Texas Commissioner of Health. The panel has developed guiding principles and utilizes them in their recommendations. The recommendations from the EVAP will be sent to the Texas Commissioner of Health for final approval.

EVAP voting members: https://www.dshs.texas.gov/coronavirus/immunize/evap.aspx

Texas Vaccine Allocation Guiding Principles.
Texas will allocate COVID-19 vaccines that are in limited supply based on:

- Protecting healthcare workers who fill a critical role in caring for and preserving the lives of COVID-19 patients and maintaining the healthcare infrastructure for all who need it.
- Protecting front-line workers who are at greater risk of contracting COVID-19 due to the nature of their work providing critical services and preserving the economy.
- Protecting vulnerable populations who are at greater risk of severe disease and death if they contract COVID-19.
- Mitigating heath inequities due to factors such as demographics, poverty, insurance status, and geography.
- Data-driven allocations using the best available scientific evidence and epidemiology at the time, allowing for flexibility for local conditions.
- Geographic diversity through a balanced approach that considers access in urban and rural communities and in affected ZIP codes.
- Transparency through sharing allocations with the public and seeking public feedback.

COVID-19 Critical Population Phase 1A Healthcare Workers Definition – First Tier.
Paid and unpaid workers in hospital settings working directly with patients who are positive or at high risk for COVID-19. Such as but not limited to:

- Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.)
- Additional clinical staff providing supporting laboratory, pharmacy, diagnostic and/or rehabilitation services
- Others having direct contact with patients or infectious materials

Long-term care staff working directly with vulnerable residents. Includes:

- Direct care providers at nursing homes, assisted living facilities, and state supported living centers
- Physicians, nurses, personal care assistants, custodial, food service staff

EMS providers who engage in 9-1-1 emergency services like pre-hospital care and transport

Home health care workers, including hospice care, who directly interface with vulnerable and high-risk patients.

Residents of long-term care facilities.

Phase 1A Healthcare Workers Definition – Second Tier
Staff in outpatient care settings who interact with symptomatic patients. Such as but not limited to:

- Physicians, nurses, respiratory therapists and other support staff (custodial staff, etc.).
- Clinical staff providing diagnostic, laboratory, and/or rehabilitation services
- Non 9-1-1 transportation for routine care

Healthcare workers in corrections and detention facilities.

Direct care staff in freestanding emergency medical care facilities and urgent care clinics.

Community pharmacy staff who may provide direct services to clients, including vaccination or testing for individuals who may have COVID.

Public health and emergency response staff directly involved in administration of COVID testing and vaccinations.

Last responders who provide mortuary or death services to decedents with COVID-19. Includes:

- Embalmers and funeral home workers who have direct contact with decedents
- Medical examiners and other medical certifiers who have direct contact with decedents.
- School nurses who provide health care to students and teachers

COVID-19 Critical Population Phase 1B Definition.
DSHS will work with vaccine providers and local partners to ensure that people who are 65 and older or have the medical conditions listed below and who also work in front-line and critical industries have access to the vaccine so they will be protected from COVID-19 while on the job. Texas equally will strive to ensure vaccine reaches communities with health disparities in accordance with Texas Vaccine Allocation Guiding Principles.

Texas Phase 1B Vaccine Priorities

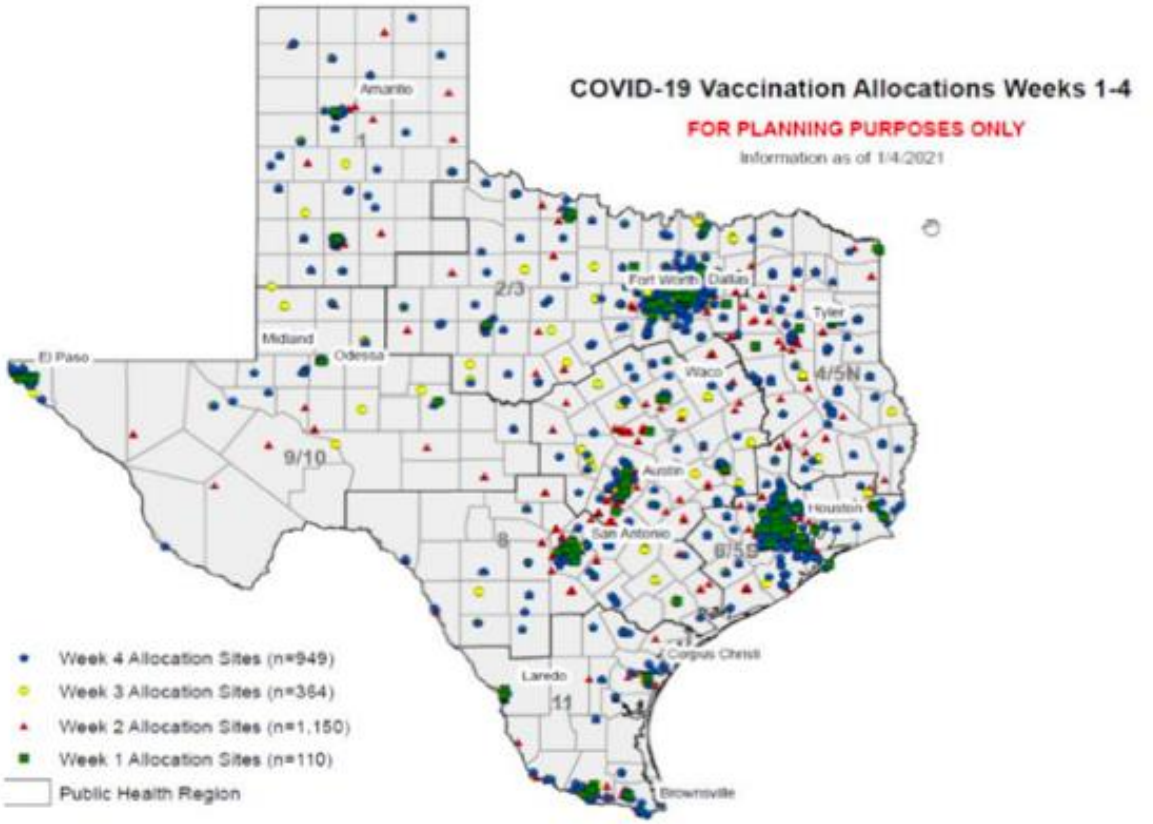
- People 65 years of age and older
- People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19, such as but not limited to:
  - Cancer
  - Chronic kidney disease
  - COPD (chronic obstructive pulmonary disease)
  - Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
  - Solid organ transplantation
  - Obesity and severe obesity (body mass index of 30 kg/m^2 or higher)
  - Pregnancy
  - Sickle cell disease
  - Type 2 diabetes mellitus

The priorities differ from CDC guidance, but it designed for equitable distribution based on those needing the vaccine to prevent disasters.

Texas COVID-19 Vaccine Allocation

Week of December 14th	Week of December 21st	Week of December 28th	Week of January 4th	Week of January 11th	Week of January 18th
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Pfizer Only	Pfizer	Pfizer	Pfizer	Pfizer	Pfizer
	Moderna	Moderna	Moderna	Moderna	Moderna
	Put in reserve for LTCF	Put in reserve for LTCF	Put in reserve for LTCF	Put in reserve for LTCF	No LTCF Reserve
			2nd Dose Pfizer Allocation	2nd Dose Moderna Allocation	

Week five is the last week where doses were taken off the table for the federal long-term care initiative.

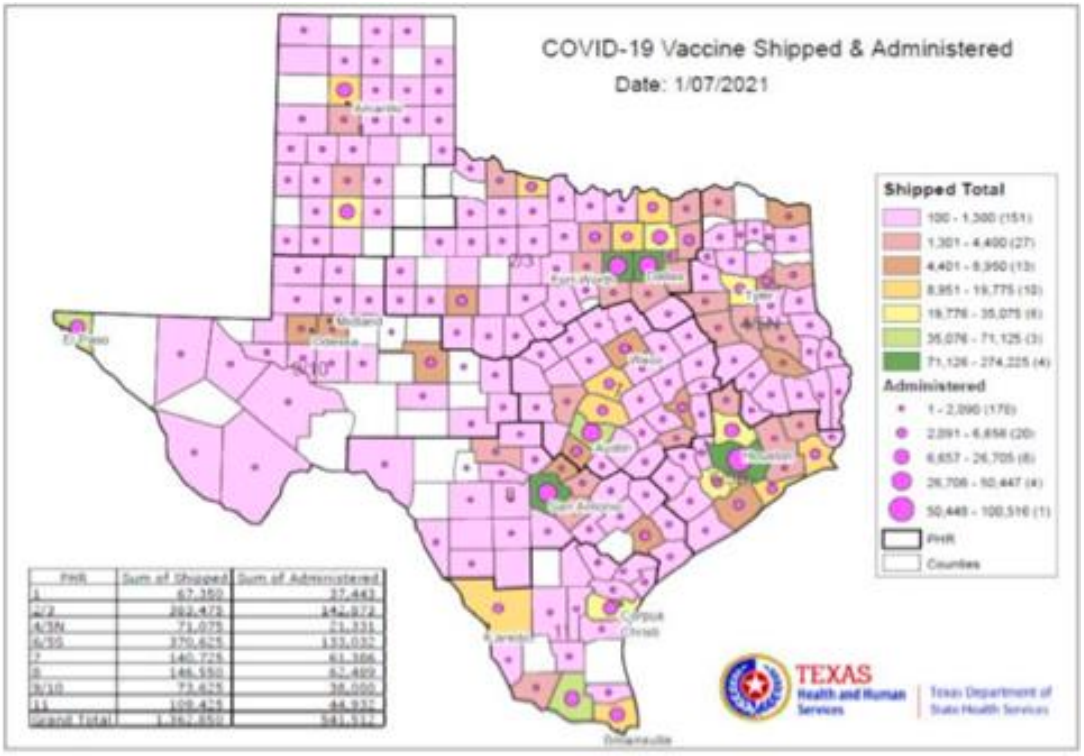


Allocation Status by County Weeks 1 – 4

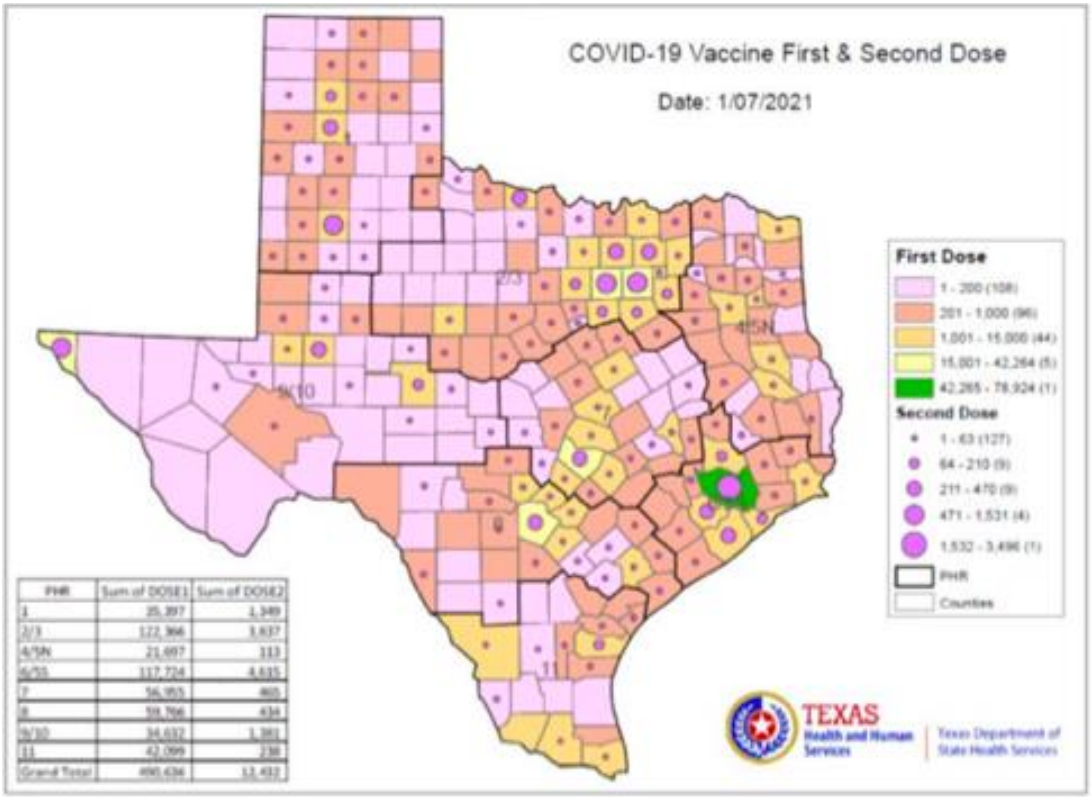
- 214 counties out of 254 counties received vaccines with 1,159,325 doses
- 254 counties out of 254 counties with vaccine doses administered.
- 365,625 Pfizer doses to LTCFs by federal program.

Allocation Status by Phase 1a Weeks 1 – 4

- Estimated 1.6 Million healthcare workers (HCWs) in the state. (697,270 HCWs pre-booked by hospitals.)
- 697,270 HCWs pre-booked by hospitals. DSHS has allocated 654,525 (94%) of the pre-booked HWCs in hospitals.
- DSHS has allocated additional 535,300 doses to non-hospital organizations for HCWs.



PHR	Sum of Shipped	Sum of Administered
1	67,350	37,443
2/3	282,475	142,872
4/5N	71,075	21,331
6/5S	370,625	133,032
7	140,725	61,386
8	146,550	62,409
9/10	73,425	38,000
11	109,425	44,937
Grand Total	1,261,650	541,514



PHR	Sum of DOSE1	Sum of DOSE2
1	25,397	1,349
2/3	122,366	3,637
4/5N	21,697	133
6/5S	117,724	4,635
7	56,955	465
8	59,766	434
9/10	34,032	1,381
11	42,099	238
Grand Total	480,636	12,432

What's Next with the COVID-19 Vaccine in Texas From DSHS Website

"All providers that have received COVID-19 vaccine must immediately vaccinate healthcare workers, Texans over the age of 65, and people with medical conditions that put them at a greater risk of severe disease or death from COVID-19. No vaccine should be kept in reserve."

– DSHS Commissioner John Hellerstedt, M.D.

Texas continues to receive doses of the Pfizer and Moderna COVID-19 vaccines, and is distributing statewide to hospitals, pharmacies, local health departments, freestanding ERs and other clinics.

Who can get the vaccine now? Front-line healthcare workers and residents at long-term care facilities (called Phase 1A) plus people over 65 or with a chronic medical condition that puts them at increased risk for severe illness from COVID-19 (called Phase 1B) are currently eligible to receive the COVID-19 vaccine.

Phase 1B recipients include:

- People 65 years of age and older
- People 16 years of age and older with at least one chronic medical condition that puts them at increased risk for severe illness from the virus that causes COVID-19, such as but not limited to:
    - Cancer
    - Chronic kidney disease
    - COPD (chronic obstructive pulmonary disease)
    - Heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
    - Solid organ transplantation
    - Obesity and severe obesity (body mass index of 30 kg/m2 or higher)

- Pregnancy
- Sickle cell disease
- Type 2 diabetes mellitus

If I'm eligible for vaccine now, how do I get one? The week of January 11, Texas will direct most COVID-19 vaccines received to large sites or hubs around the state to vaccinate more than 100,000 people.

Hub providers will be published Sunday, January 10. Please check back.

- The goal of this plan is to provide more people the vaccine and a simpler way to sign up for an appointment.
- Providers will focus on vaccinating areas and populations hardest hit by COVID-19.

If you are in Phase 1 and eligible to receive the vaccine, please check the websites of vaccine providers listed on the Texas COVID-19 Vaccine Provider Locations map to see if they have enough vaccine supply at this time.

Remember:

- Do not show up at a hospital or clinic looking for vaccine.
- Instead please check their website for information about vaccine availability.
- Call only if the website doesn't answer your questions.

Vaccine hubs aim to provide more vaccines quicker and easier. Texas vaccine supply is limited (but more arrives every week) and it will take time to vaccinate all.

After Phase 1, who gets the vaccine next and when? Spring 2021 is the best estimate of when vaccine will be available for the general public, but that may change. It depends on vaccine production and how quickly other vaccines become available. The Expert Vaccine Allocation Panel (EVAP) is considering what criteria could be used for later stages of vaccine distribution. This webpage will be updated when those decisions are completed.

What do I need to do now?

- **Phase 1A:** If you are a healthcare worker, contact your employer. If you are a long-term care resident, contact your caretaker.
- **Phase 1B:** Please check the website of vaccine providers listed on the Texas COVID-19 Vaccine Provider Locations map to see if they have enough vaccine supply at this time.

Remember:

- Do not show up at a hospital or clinic looking for vaccine.
- Instead please check their website for information about vaccine availability. Call if their website doesn't answer your questions.

Vaccine supply is limited (but more arrives every week) and it will take time to vaccinate all.
More questions?
Visit our frequently asked questions page.

Taskforce Discussion
We have listed pregnancy as a condition. Is the state recommending pregnant women receive the vaccine? Pfizer was silent on the pregnancy issue. DSHS stated that this is not a list of recommendations but a list of priorities. It is a personal decision by pregnant women.

ACOG has come out strong to vaccinate pregnant women due to mortality morbidity of pregnant women with COVID.

What about the vaccine hubs? DSHS stated they are part of the goal to use all the vaccine that we can while observing the priorities. The hubs can vaccinate larger groups in a short period of time.

What is the long-range game here for 2021? We have to vaccinate about 75% of the population, that would be 24 million Texans. We will have to liberalize the criteria and keep it simple.

Alternative locations like schools, churches and fire stations, could be used for vaccine distribution.

Drive-through vaccine sites could be implemented where a person sticks their arm out of the car window.

Historically, hospitals are bad at implementing public health (mass immunization hubs). How is the decision being made among private practices for vaccine receipt? DSHS said that hospitals were initially involved because of the first responders there. We give vaccine to those who request it. The categories could have been a limiting factor. Vaccine was also limited early on.

6. Public Comment.

Louise Joy, Attorney, stated that when the transition from 1A to 1B occurred, hospitals were not prepared. There is an illusion that vaccine is available when it is not. Use of ImmTrac2—do we know if the system is gathering the information? It does not appear to be up-to-date. DSHS stated that they are working with providers on this. Can vaccines be redistributed? DSHS stated that they can but notification must occur.

Dr, Beth Stalvy, TCDD, commented that people with DD have a very high death rate, as do people with IDD. Other high-risk individuals should be included. Written testimony was also provided.

Diane Rhodes, Texas Dental Association, stated that dental professionals fit into 1A and should be included. CDC clarified this and added dental students.

7. Planning and Discussion of Future Meeting Topics

- Focus on COVID-19
- Emergence of variants of COVID-19
- Update on legislative request resulting from the session so far
- Next meeting should happen in six weeks
- Changes in vaccine distribution
- Discussion on annual vaccination or need for boosters

8. Adjourn. There being no further business, the meeting was adjourned.

***