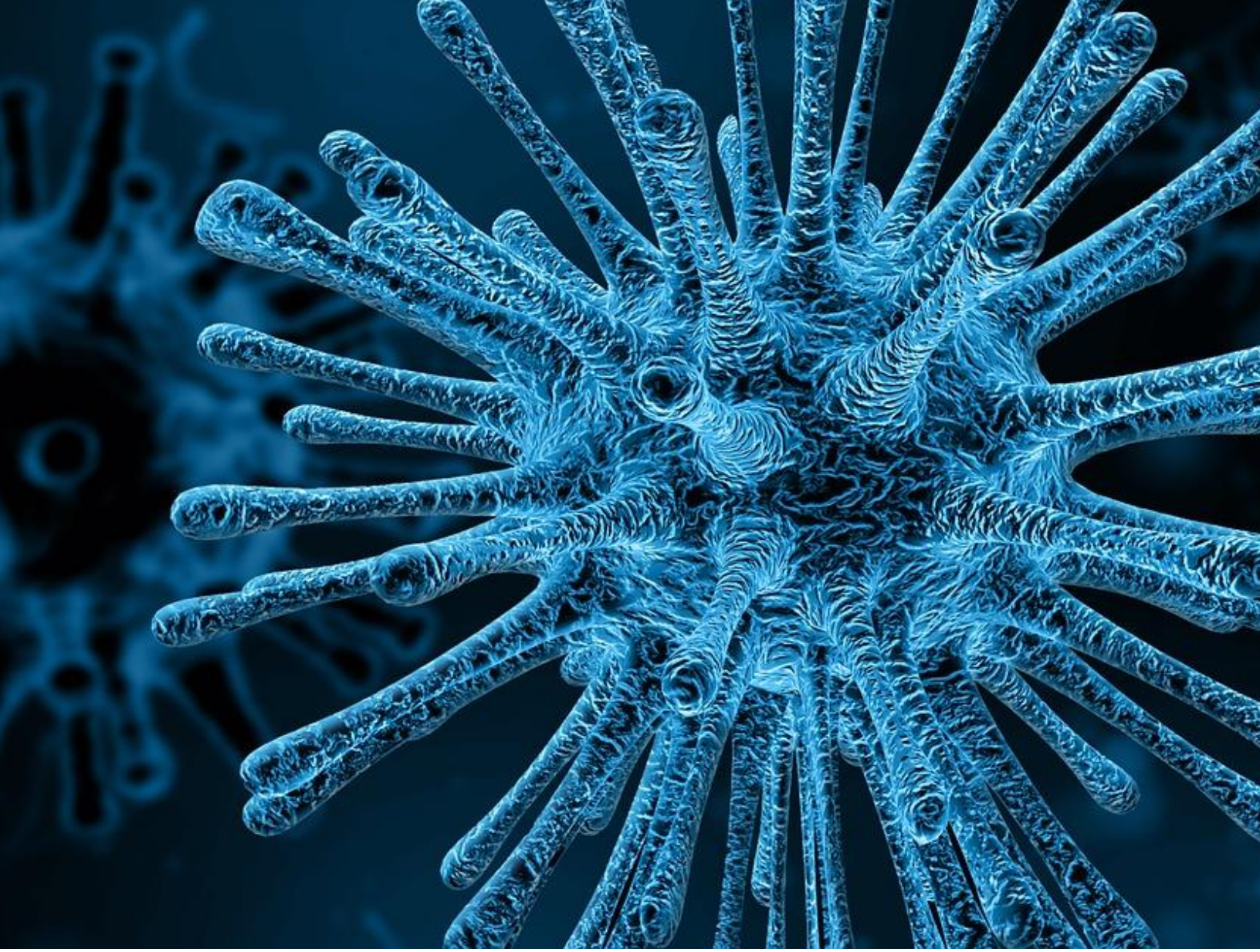

HHSC: Task Force on Infectious Disease Preparedness and Response, February 4, 2020

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. For membership, follow the link above.

1. Call to Order and Welcome Remarks. DSHS Commissioner John Hellerstedt, M.D. called the meeting to order on February 4, 2020. A quorum was established. The Commissioner welcomed everyone, and introductions of staff were made.

2. Approval and Action on Meeting Minutes from October 3, 2018. The minutes were approved as written.

3. Report on Rapid Assessment Subcommittee Actions Taken, 2019. Dr. Hellerstedt stated that the committee formation was announced at the last meeting. There are eight members and the goal is to gain feedback on efforts related to infectious disease in the state. The meeting addressed the Ebola outbreak and the Coronavirus will also be addressed. A consensus was reached that every hospital should be prepared to assess any patient for any infection. A communique is being prepared to inform hospitals of the campaign to develop a response plan. Hospitals are directed to work with their local health departments (LHDs) to develop these plans. The subcommittee recommended that published control measures should be taken by hospitals including the Identify, Isolate, and Inform algorithm. The campaign should kick off early this year.

> The Identify-Isolate-Inform (3I) tool, originally conceived for initial detection and management of Ebola virus disease patients in the ED and later adjusted for measles, can be adapted for real-time use for any emerging infectious disease.

4. Public Comment. No public comment was offered.

5. Introduction to Upcoming Pandemic Influenza Tabletop Exercise. Imelda Garcia and Jeff Hoogheem.

> A tabletop exercise is a discussion-based activity in which key personnel assigned emergency management roles and responsibilities are gathered to discuss, in a non-threatening environment, various simulated emergency situations.

Questions to Think About in Advance of the Upcoming Pandemic Influenza Tabletop Exercise:

1. How might a pandemic influenza affect your agency/organization?
2. What infectious disease preparedness plans does your agency/organization have in place?

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3. How do you foresee the Task Force on Infectious Disease Preparedness and Response being engaged in a response?

The topic was introduced today, and the tabletop exercise will be held at the next meeting. The exercise was planned (for today) for three and a half hours with three modules addressing each of the following topics: preparedness, response, recovery. Of concern is the H5N1 because it could become the next pandemic.

Wikipedia reports that Influenza A virus subtype H5N1, also known as A(H5N1) or simply H5N1, is a subtype of the influenza A virus which can cause illness in humans and many other animal species. A bird-adapted strain of H5N1, called HPAI A(H5N1) for highly pathogenic avian influenza virus of type A of subtype H5N1, is the highly pathogenic causative agent of H5N1 flu, commonly known as avian influenza ("bird flu"). It is enzootic (maintained in the population) in many bird populations, especially in Southeast Asia. One strain of HPAI A(H5N1) is spreading globally after first appearing in Asia. It is epizootic (an epidemic in nonhumans) and panzootic (affecting animals of many species, especially over a wide area), killing tens of millions of birds and spurring the culling of hundreds of millions of others to stem its spread. Many references to "bird flu" and H5N1 in the popular media refer to this strain.

According to the World Health Organization (WHO) and the United Nations Food and Agriculture Organization, H5N1 pathogenicity is gradually continuing to rise in endemic areas, but the avian influenza disease situation in farmed birds is being held in check by vaccination, and there is "no evidence of sustained human-to-human transmission" of the virus. Eleven outbreaks of H5N1 were reported worldwide in June 2008, in five countries (China, Egypt, Indonesia, Pakistan and Vietnam) compared to 65 outbreaks in June 2006, and 55 in June 2007. The global HPAI situation significantly improved in the first half of 2008, but the FAO reports that imperfect disease surveillance systems mean that occurrence of the virus remains underestimated and underreported. In July 2013, the WHO announced a total of 630 *confirmed* human cases which resulted in the deaths of 375 people since 2003.

Several H5N1 vaccines have been developed and approved, and stockpiled by a number of countries, including the United States (in its National Stockpile), Britain, France, Canada, and Australia, for use in an emergency.

Research has shown that a highly contagious strain of H5N1, one that might allow airborne transmission between mammals, can be reached in only a few mutations, raising concerns about a pandemic and bioterrorism.

The Commissioner stated that it is important to think about the big picture parameters of a pandemic.

A pandemic is an epidemic occurring on a scale which crosses international boundaries, usually affecting a large number of people. Pandemics can also occur in important agricultural organisms (livestock, crop plants, fish, tree species) or in other organisms.

The World Health Organization (WHO) has a six-stage classification that describes the process by which a novel influenza virus moves from the first few infections in humans through to a pandemic. This starts with the virus mostly infecting animals, with a few cases where animals infect people, then moves through the stage where the virus begins to spread directly between people, and ends with a pandemic when infections from the new virus have spread worldwide.

A disease or condition is not a pandemic merely because it is widespread or kills many people; it must also be infectious. For instance, cancer is responsible for many deaths but is not considered a pandemic because the disease is not infectious or contagious.

World Health Organization Influenza Pandemic Phases

Interpandemic Period	
Novel subtypes in animals but not humans	**Phase 1**
Circulating subtypes in animals posing threat to humans	**Phase 2**
Pandemic Alert Period	
Novel subtypes in humans, but no human-to-human transmission	**Phase 3**
Limited human-to-human transmission	Phase 4
Localized clusters of human cases	Phase 5
Pandemic Period	
Increased and sustained transmission in the general population on a large scale	Phase 6

The term "Pandemic" does not address the severity of the disease. They can actually be a mild disease. Pandemics are usually novel with no established natural immunity. It is also very widespread.

A comment was made about the three items for discussion. There are 22 different regional advisory entities involved with the influenza vaccination and the reserve supplies of vaccine. It would be good to have access to the information on how much reserve is stockpiled and available. The Commissioner stated that is the kind of information that will be brought to the exercise.

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A question was asked about the timeframe for the exercise. The Commissioner stated that it will be conducted at the next meeting. Staff stated that it is really a discussion item and not for information to be submitted ahead of time.

6. 2019 Novel Coronavirus Situation Update. Dr. Hellerstedt and Dr. Jennifer Shuford. The Commissioner stated that this has been actively engaging DSHS. A new coronavirus (2019-nCoV) was recently detected in Wuhan City, Hubei Province, China and is causing an outbreak of respiratory illness. The 2019-nCoV outbreak began in December 2019, and Chinese health officials have reported thousands of 2019-nCoV infections in China, including some that resulted in death. Many other countries have identified cases of 2019-nCoV infection including the United States.

The Texas Department of State Health Services (DSHS) is working closely with the Centers for Disease Control and Prevention (CDC) in monitoring the developing outbreak. See the CDC website for the latest developments on 2019-nCoV, including current case counts:

The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak of respiratory illness caused by a novel (new) coronavirus first identified in Wuhan, Hubei Province, China. Chinese authorities identified the new coronavirus, which has resulted in thousands of confirmed cases in China, including cases outside Wuhan City. Additional cases have been identified in a growing number of other international locations, including the United States. Follow this link for federal guidance and this link for state updates.

The Commissioner stated that one of the major themes is communication. He stated that it is essential to cope with this event and it is far from over. People must have confidence that there are measures that they can take. Information must be fast, timely, and truthful.

The Coronavirus is a family of viruses that includes the common cold. They exist in animals and occasionally there is an animal to human spreading. That appears to be the case with this new virus. There have been other coronaviruses that have spread human to human (SARS, etc.).

China discovered a cluster of illness in December 2019 and at first it appeared to be related to sea food market in Wuhan, China. It became obvious that there was person to person transmission. WHO reports that the majority of the cases are mild, but about 20% appear to be severe, requiring additional intervention. The severe illness appears to be more common in those 65 years and older with underlying health conditions.

Patients with confirmed 2019-nCoV infection have reportedly had mild to severe respiratory illness with symptoms of:

- Fever
- Cough

- Shortness of breath

At this time, CDC believes that symptoms of 2019-nCoV may appear in as few as two days or as long as 14 days after exposure. This is based on what has been seen previously as the incubation period of MERS coronaviruses.

There currently is no vaccine and no specific antiviral treatment as there is with influenza. All we have is supportive care for people who become ill. What we have been telling the public to do to protect themselves is exactly what has been told to people regarding influenza. The best way to prevent infection is to take precautions to avoid exposure to this virus, which are similar to the precautions you take to avoid the flu. CDC always recommends these everyday actions to help prevent the spread of respiratory viruses, including:

- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.
- Disinfection of congregate setting

This has been a bad flu season with 15 pediatric deaths in Texas. What is of concern is that there is no inherent immunity to the novel coronavirus like there is for many of the strands of the flu.

From a scientific standpoint, this is still a very new virus. China got the genetic sequence and made that available that allowed the development of diagnostic tests for the virus. We have to concentrate on what we can do now.

There are 20,000 reported cases with 4,000 resulting deaths. We are still early in the phase of this. It is like the fog of war, with many different factors at work. We have the reliable information we need. Most of the deaths have occurred in China. There are 11 cases confirmed in the US and all but two were travel-related. In Texas, there are no confirmed cases and only cases with positive test results will be reported. The strategy is to slow down the introduction of the disease to our country.

We want to build credibility and confidence through uniform messaging. There is information out there that is simply not true. Texas, being a home rule state, local entities and their health department are receiving information from DSHS. We have to take the apprehension people have and turn it into rational action. We have dealt with these kinds of issues before, though this is a dynamic situation. We know how to effectively prevent the spreading of viruses. We must orchestrate a multifactional process with communication as the most useful tool.

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We have to have CDC release the materials to conduct the testing that must be done. We will be working with the local partners on monitoring patients and quarantining when necessary.

WHO has declared an international health emergency and the HHS has declared this to be a public health emergency here in the US. People should be mindful of the travel guidance and restrictions on travel to China. DSHS is available as a resource for determination of health risk.

Dr. Shuford stated that over the weekend, DFW airport was designated as a site where people coming from China will be transitioned through.

For the past week, five U.S. airports have been doing enhanced health screenings: San Francisco International Airport, John F. Kennedy International Airport in New York, Los Angeles International Airport, Chicago O'Hare International Airport, and Hartsfield-Jackson Atlanta International Airport.

The screening is broken into two parts, according to the CDC: First, people will fill out a short questionnaire about their travel, any symptoms they might have, and their contact information. Then, CDC staff will take the temperature of each traveler with a hand-held thermometer that doesn't touch the skin and observe the traveler for any signs of illness, like a cough or difficulty breathing.

- If someone is found to be sick, CDC officials will evaluate the individual further to see if they should be taken to a hospital for medical evaluation and to get care as needed. Currently, people who test positive for 2019-nCoV are being quarantined.
- If someone doesn't have symptoms, CDC staff will give them health information cards. The cards tell travelers what symptoms to look out for, and what to do if they develop symptoms within 14 days after leaving China.

"One of the key things the screening does is it gives the CDC and public health authorities time to educate the passenger about what to do if they get sick after they leave the airport, and alert them to the fact that they might be sick," according to the infectious disease expert Amesh A. Adalja, M.D., senior scholar at the Johns Hopkins Center for Health Security. (Prevention.com).

DSHS has been working with DFW on the process and identifying resources. Any US citizen who has traveled to the Wuhan province will be subject to a 14-day quarantine upon return to the US. Individuals who have traveled to China outside the zone will be screened for symptoms, and if symptom-free, will be allowed to continue to their destination. These individuals will be identified by CDC and their information provided to the health department of the state that is their final destination. These people are asked to self-quarantine and use social distancing. They will also be monitored by LHDs, which is expected to strain the resources of the LHDs.

The situation is fluid and the number of travelers coming to Texas from China is unknown, but should taper off in the next few days. The goal of the quarantine is to slow the spread of the illness.

The CDC lab in Atlanta is performing all the diagnostic testing for the new virus. They hope to be sending out test kits to the state labs to perform validation testing, and then get the testing up and operating. This should take about two weeks.

There are guidance documents on the DSHS website (link above). Guidance is still being anticipated from CDC on health workplace prevention.

Questions/Comments

When you make a big deal about things and nothing happens, it is like crying wolf. The communication plan should include that if nothing happens, that is a good thing.

Why are these viruses always starting in China and why are we always reactive? The Commissioner stated that they have a live seafood market. It is a different hygienic situation than what we experience in the US. A lot of people and a lot of animals combined with rapid transportation. WHO and CDC have been very active in monitoring for viruses. China is also becoming more engaged regarding the live animal trade.

There are people in the public health community that are against US travel bans. Is there any official response from Texas Health about travel bans? Also, what are the risks related to Lackland isolation facility? The Commissioner stated that regarding the people coming into Lackland, this is a different operation than what is going on at commercial airports. These are flights arranged by the government to move US citizens out of the danger zone and they are taken directly to Lackland where they will be quarantined. DSHS has no control over this, but the risk should be close to zero. Commercial airports will have 11 different hubs that will receive people on commercial flights. DSHS has not taken a position on the US travel bans.

7. Closed Meeting Session: 2019 Novel Coronavirus Discussion. Task Force Members. The Task Force entered into a closed meeting, at 2:12 pm, pursuant to Texas Health and Safety Code Section 81.406(d). The intention is to be open regarding the situation. The open meeting reconvened after the closed session.

8. Planning and Discussion of Future Meeting Dates and Topics. Suggestions/Comments included:

- DSHS is in the midst of a response and we should discuss the response at the next meeting. Postponing the tabletop exercise would seem prudent.
- Host a teleconference on the new coronavirus.

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- The Rapid Assessment Subcommittee can be convened because it is not a committee making a quorum. Open meeting rules have to be followed.
- Medical and social aspects should be addressed, including unanticipated events.

The Task force agreed to meet again in three and six months. The one for three months could be cancelled if it is determined to be too soon due to the activity around the Coronavirus.

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

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