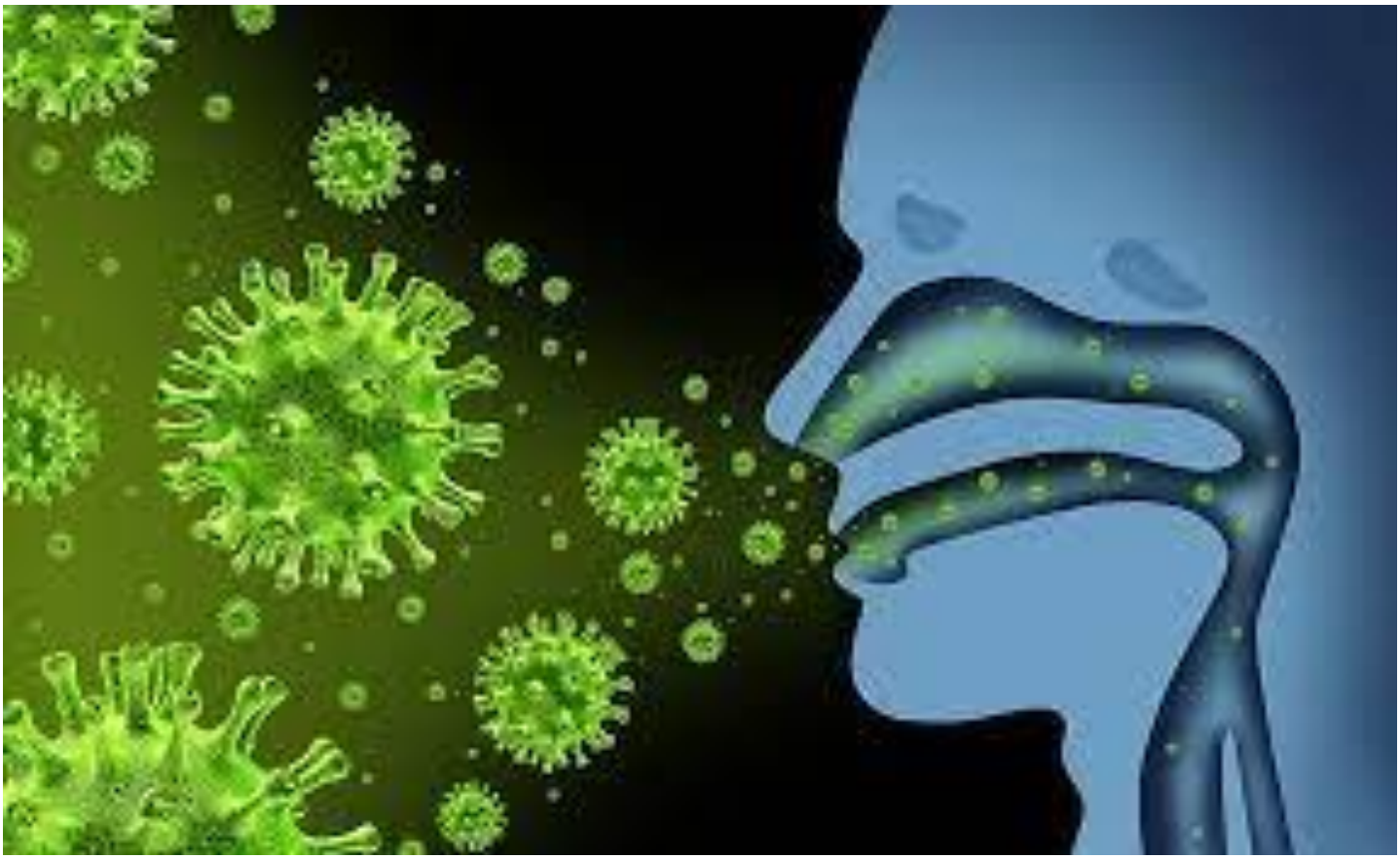

HHSC: Task Force on Infectious Disease Preparedness and Response

December 2, 2021

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.

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. The member roster appears below.

Name	Institution
Ogechika Alozie, M.D.	Chief Medical Officer of Del Sol Medical Center
Toby Baker	Executive Director of the Texas Commission on Environmental Quality
Christopher R. Frei, Pharm.D.	Associate Professor and Division Head, Pharmacotherapy Department of the University of Texas at Austin, College of Pharmacy
Sheila Haley, Ph.D.	Assistant Clinical Professor at Texas Woman's University
John Hellerstedt, M.D.	Commissioner of the Texas Department of State Health Services
Peter Hotez, M.D., Ph.D.	Dean of the National School of Tropical Medicine at Baylor College of Medicine
Ruth R. Hughs	Texas Secretary of State
Harrison Keller	Commissioner of Higher Education
Nim Kidd	Vice Chancellor for Disaster & Emergency Services, Texas A&M
Thomas Ksiazek, D.V.M., Ph.D.	Director of High Containment Operations and Director of the Biosafety Level 4 Laboratory, University of Texas Medical Branch, Galveston
David Lakey, M.D.	Associate Vice Chancellor for Population Health at the University of Texas System
James Le Duc, Ph.D.	Director of the Galveston National Laboratory at the University of Texas Medical Branch
Scott Lillibridge, M.D.	Director of Health Initiatives at the Texas A&M University System and Professor of Epidemiology at the Texas A&M Health Science Center School of Public Health
Tony Marquardt	Paramedic with the City of Austin/Travis County Emergency Medical Service
Steve McCraw	Director of the Texas Department of Public Safety
Michael Morath	Commissioner of Education
Kristy Murray, D.V.M., Ph.D.	Professor of Pediatrics and Molecular Virology and Microbiology; Vice Chair for Research, Department of Pediatrics at Baylor College of Medicine and Texas Children's Hospital
Michael Morath	Commissioner of Education
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Major General Tracy Norris	Texas Adjutant General
Patrick O'Daniel	Chair of the Texas Board of Criminal Justice
Dorothy Overman, M.D.	Comal County Health Authority
Daniel Owens	Medic at City of Austin: Austin-Travis County EMS

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Gerald Parker, D.V.M., Ph.D.	Associate Vice President of Public Health Preparedness and Response at Texas A&M Health Science Center
Victoria Sutton, Ph.D.	Director of the Center for Biodefense, Law and Public Policy at Texas Tech University School of Law
Nancy Tanner	Potter County Judge
Surendra Kumar Varma, M.D.	Executive Associate Dean for Graduate Medical Education at Texas Tech University Health Sciences Center
Bobby Wilkinson	Executive Director of the Texas Department of Housing and Community Affairs
Edward E. Yosowitz, M.D.	Clinical Associate Professor at Baylor College of Medicine, Department of Obstetrics/Gynecology
Cecile Young	Executive Commissioner of the Health and Human Services Commission
Ben Zeller	Victoria County Judge

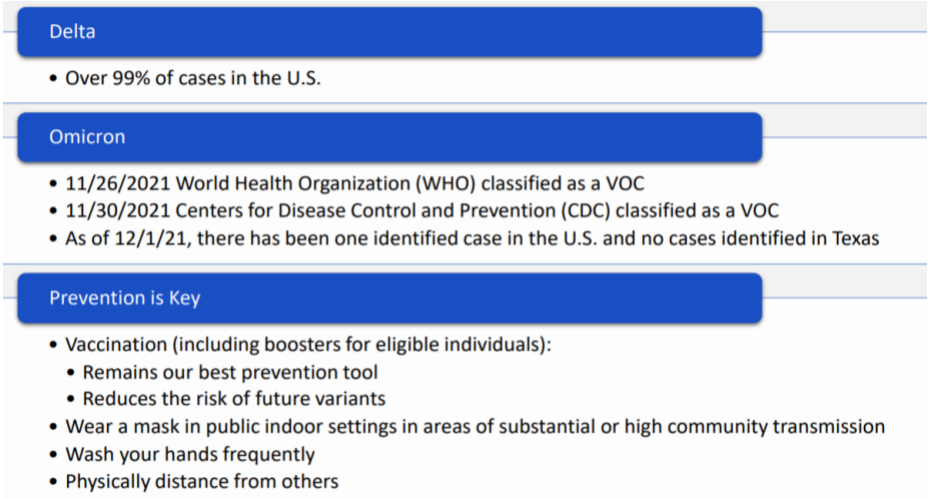
1. Call to Order & Welcome Remarks - DSHS Commissioner John Hellerstedt, M.D. A quorum was present.

2. Approval of Meeting Minutes from September 21, 2021 - Task Force Members. The minutes were approved as written.

3. COVID-19 Situation Update - DSHS Commissioner John Hellerstedt, M.D.

As of December 2, 2021. The topic of the day of course is the Omicron variant. The snapshot of COVID in Texas appears below.

- Total Cases:-- 3,588,012
- 7-day average for new daily cases is decreasing
- Current Hospitalizations: 2,893 (increasing)
- Total Fatalities:-- 72,808•
- 7-day average of new fatalities is slowly decreasing
- Molecular Positivity Rate: • 8.57% (increasing)



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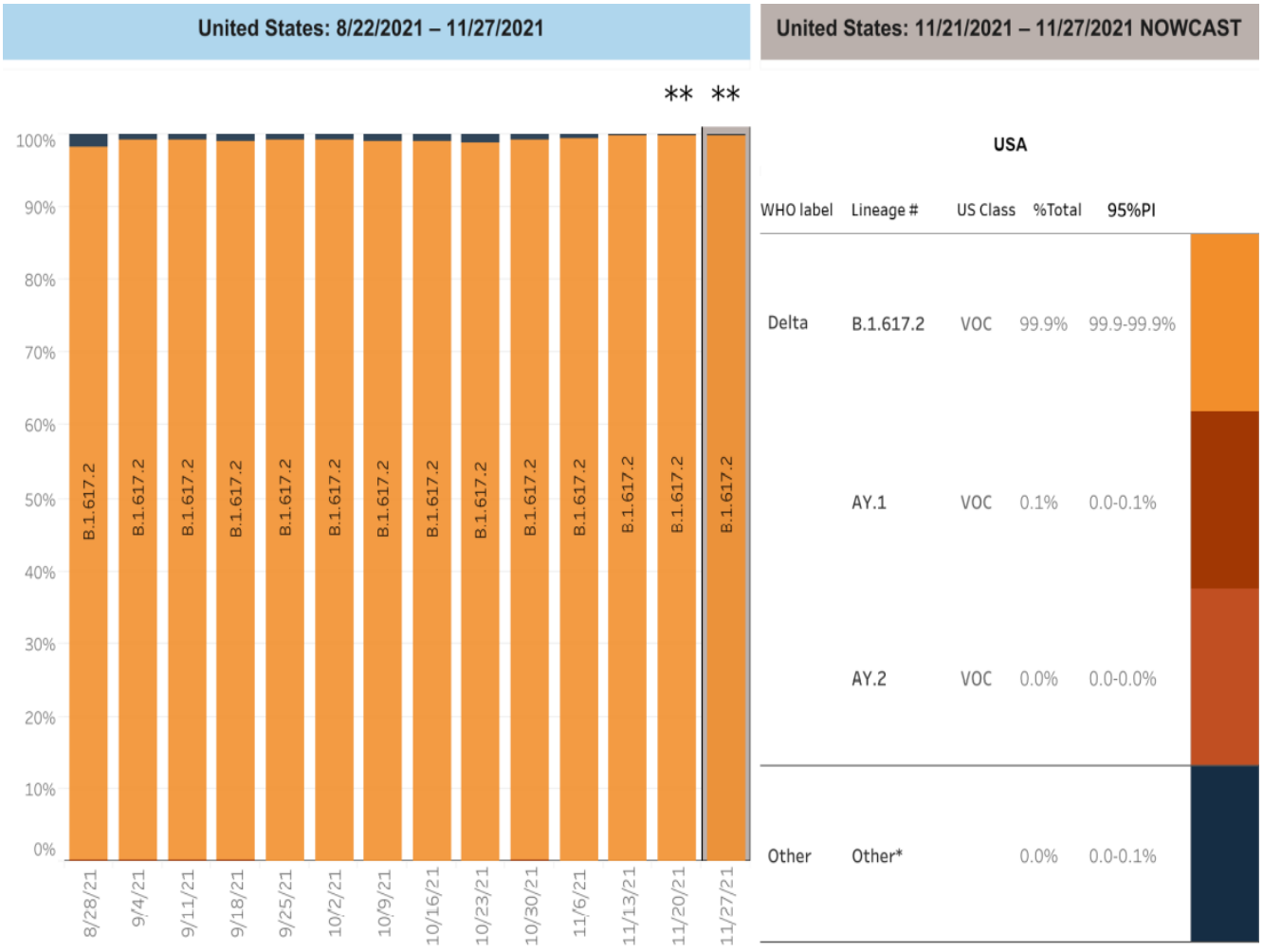
The Commissioner stated that prevention efforts regarding the omicron variant will be key in controlling it. We are heading into a time when wearing masks would be wise regardless of vaccination status.

Epidemiolocal Trends: SARS-CoV-2 Variants



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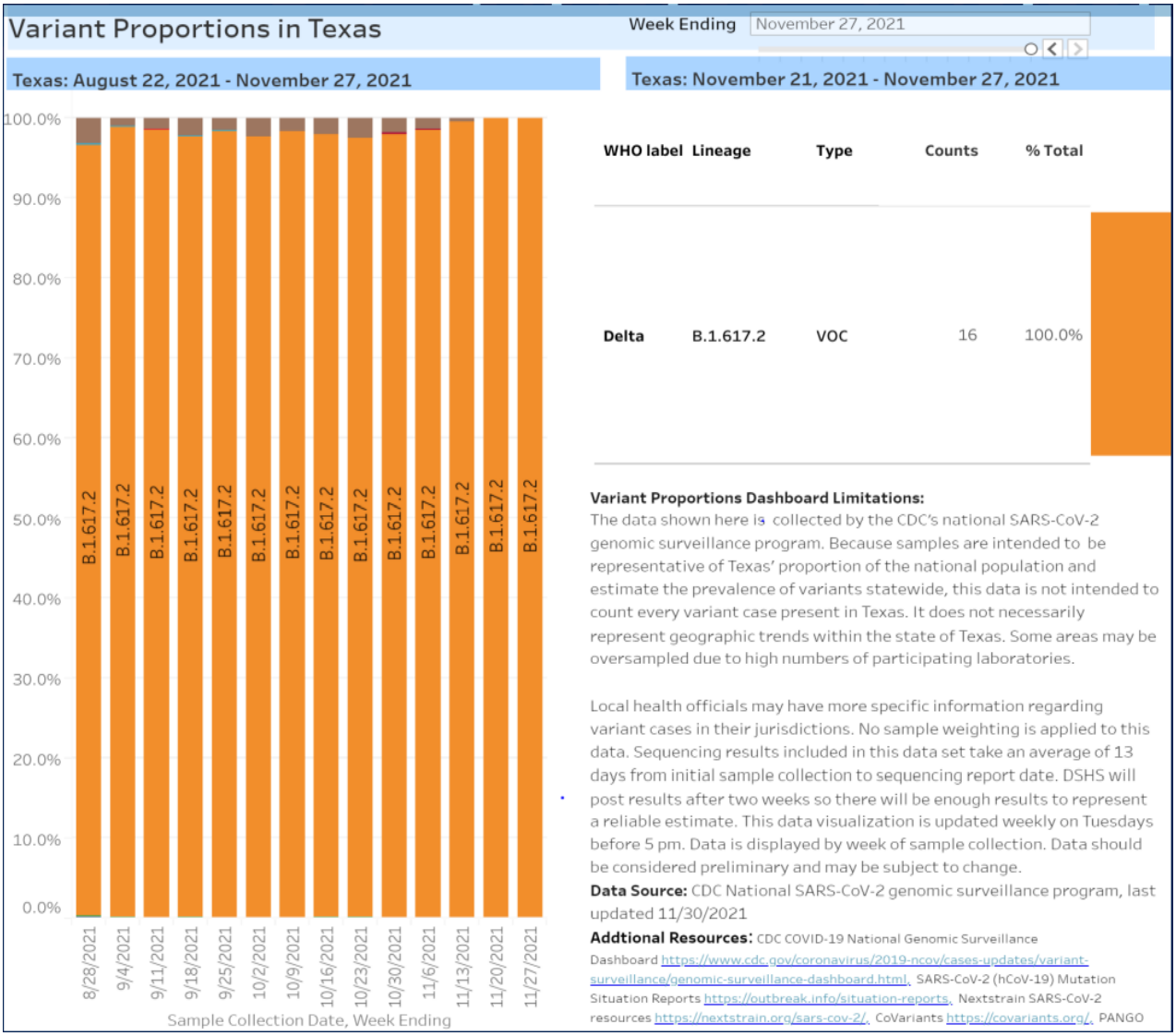
CDC- Texas Data, 8/20/2021 – 11/27/2021



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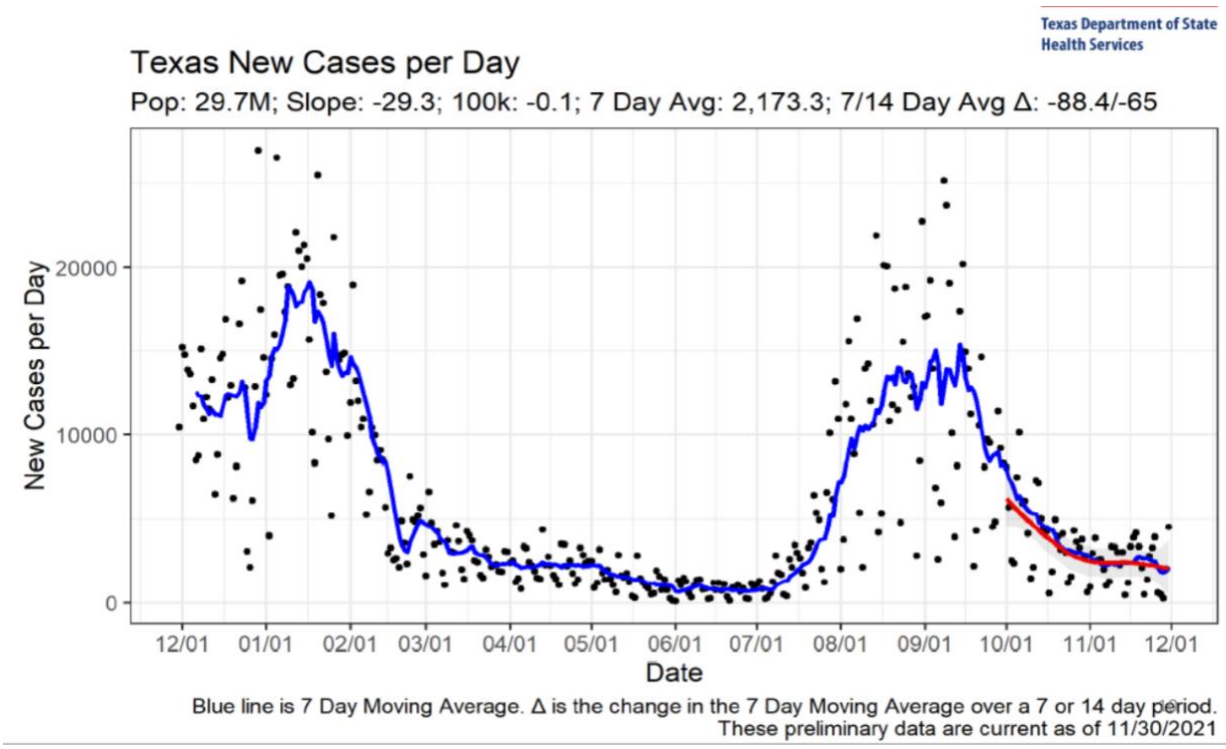
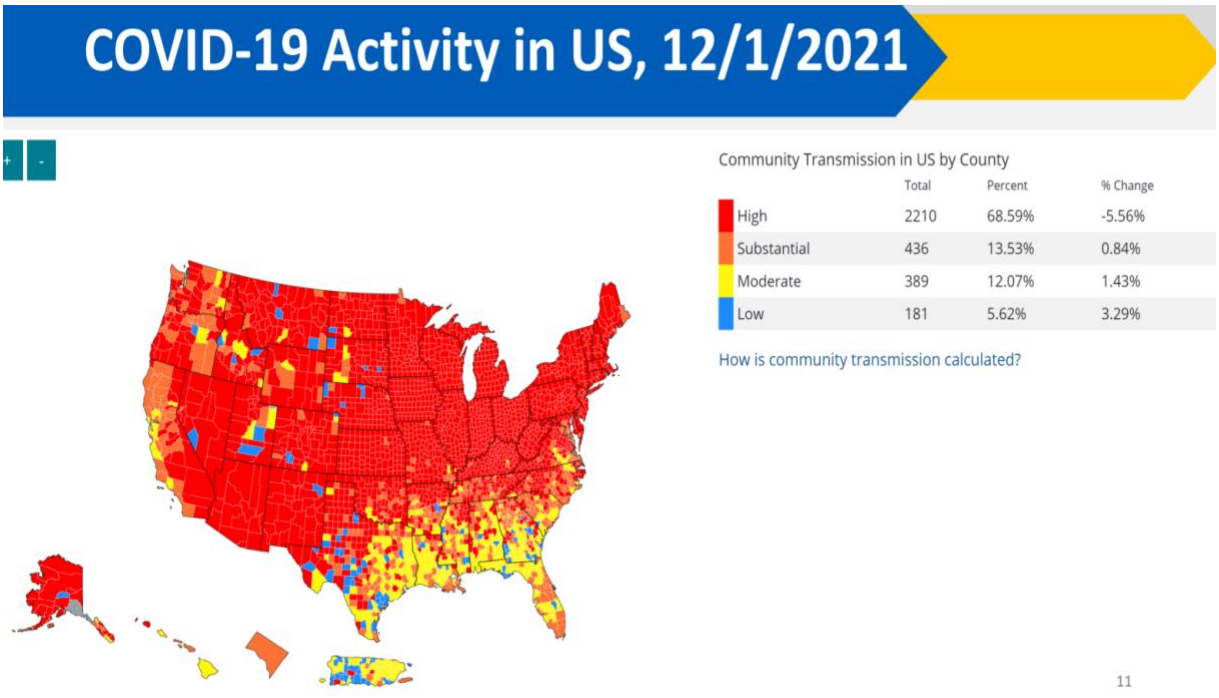
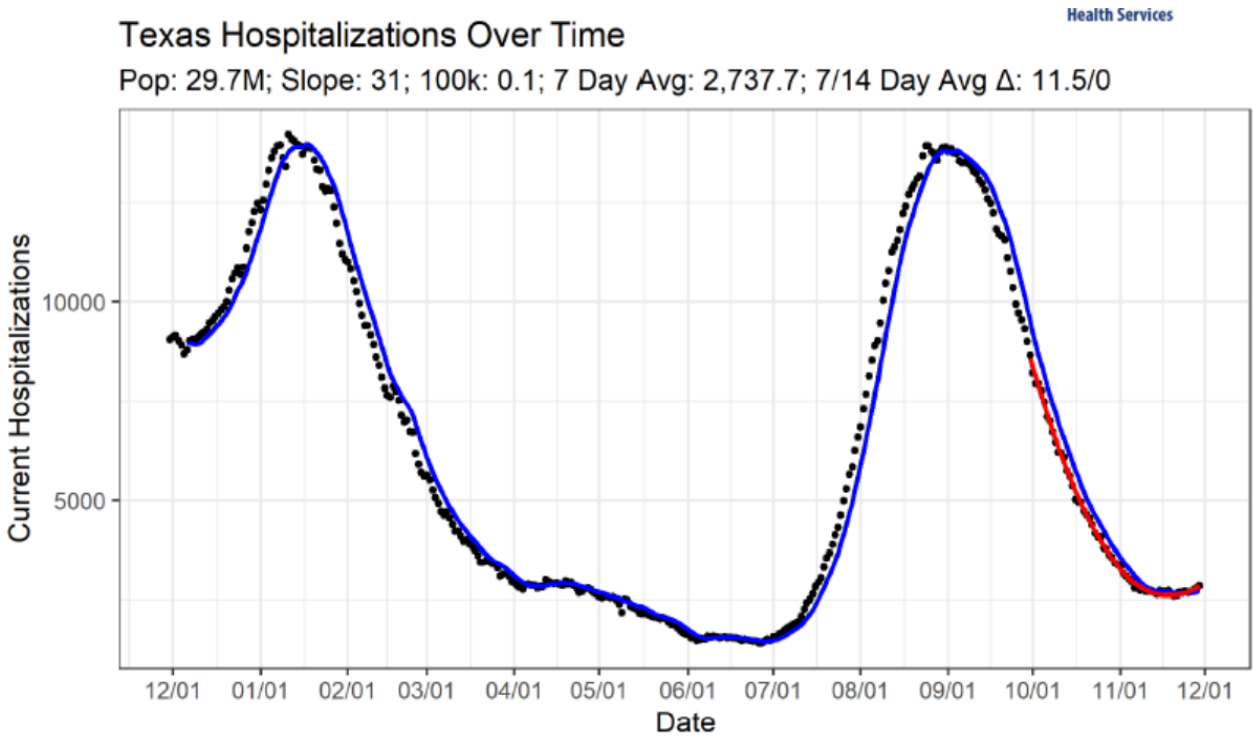
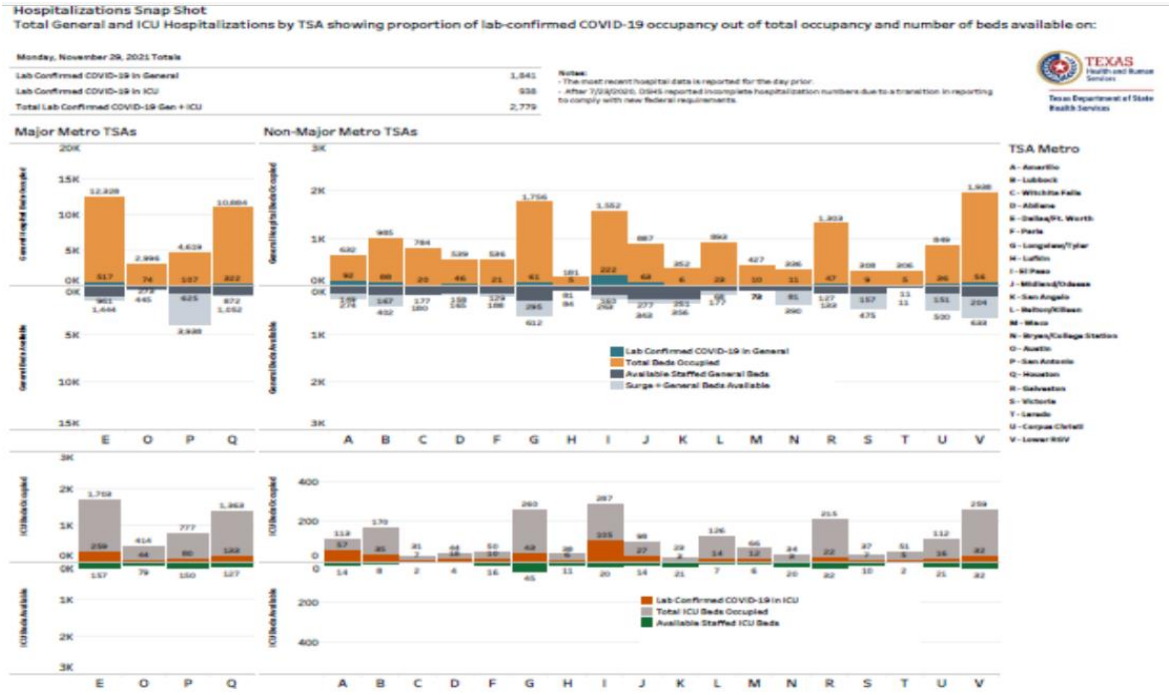

Texas Department of State Health Services
Texas New Cases per Day
Pop: 29.7M; Slope: -29.3; 100k: -0.1; 7 Day Avg: 2,173.3; 7/14 Day Avg Δ: -88.4/-65
New Cases per Day
20000
10000
0
12/01
01/01
02/01
03/01
04/01
05/01
06/01
07/01
08/01
09/01
10/01
11/01
12/01
Date
Blue line is 7 Day Moving Average. Δ is the change in the 7 Day Moving Average over a 7 or 14 day period.
These preliminary data are current as of 11/30/2021

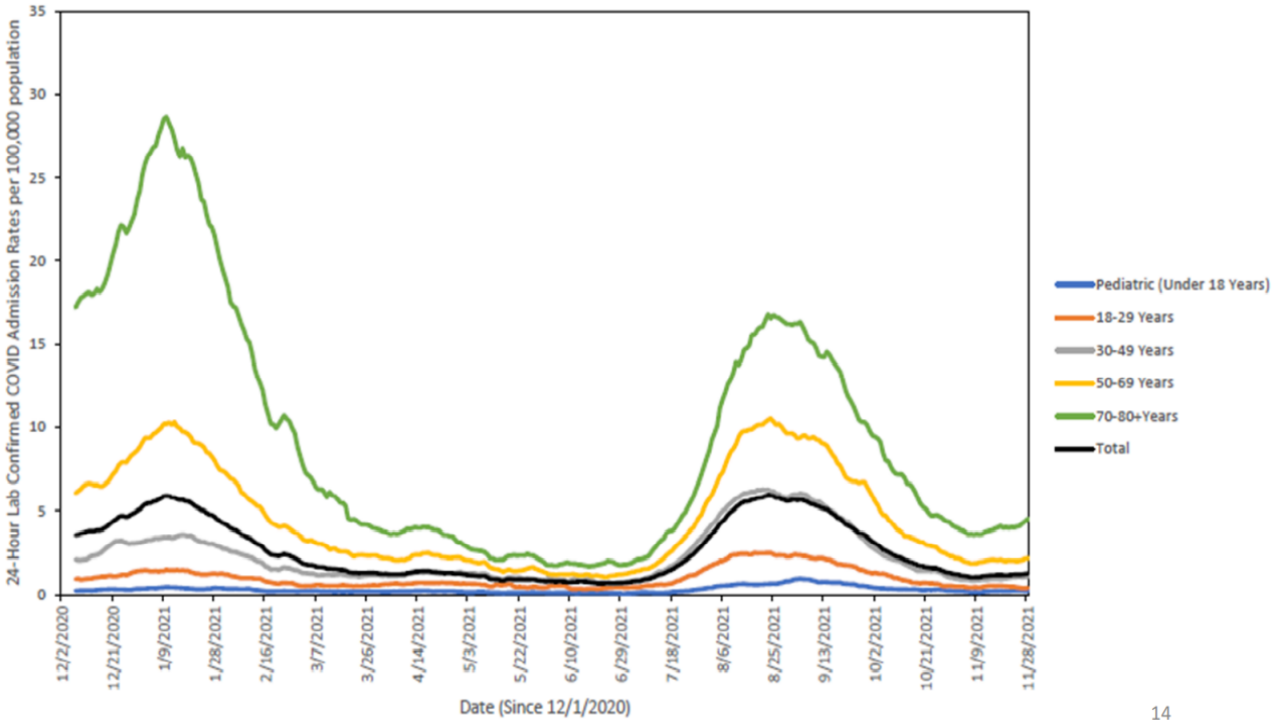

COVID-19 Activity in US, 12/1/2021
Community Transmission in US by County
Total
Percent
% Change
High 2210 68.59% -5.56%
Substantial 436 13.53% 0.84%
Moderate 389 12.07% 1.43%
Low 181 5.62% 3.29%
How is community transmission calculated?
11



Blue line is 7 Day Moving Average. Δ is the change in the 7 Day Moving Average over a 7 or 14 day period.
These preliminary data are current as of Tue Nov 30 13:30:18 2021



Statewide: 7-Day Rolling Average of 24-Hour Lab Confirmed COVID Hospital Admission Rate by Age per 100,000 population

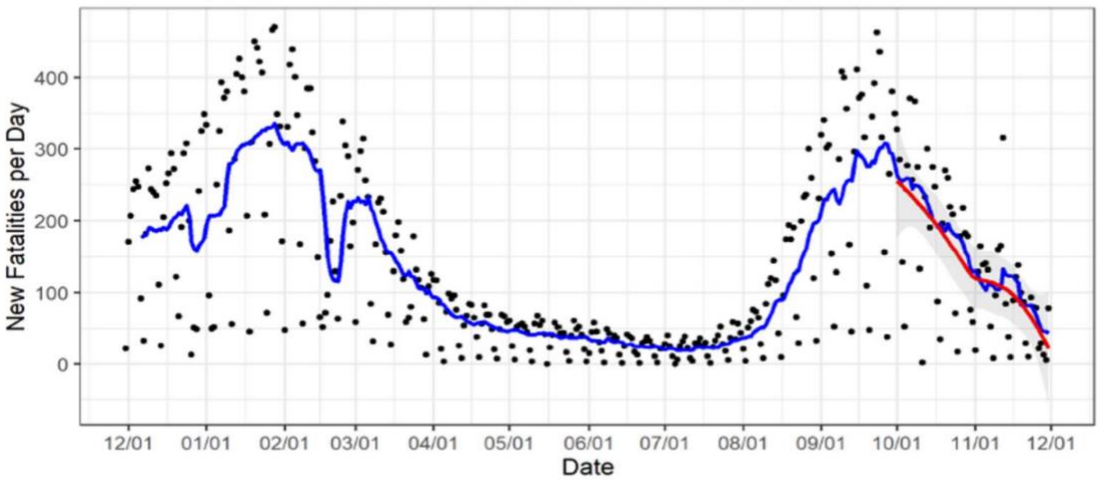


14

Health Services

Texas New Fatalities per Day

Pop: 29.7M; Slope: -6.4; 100k: 0; 7 Day Avg: 43.7; 7/14 Day Avg Δ: -5.5/-5.4

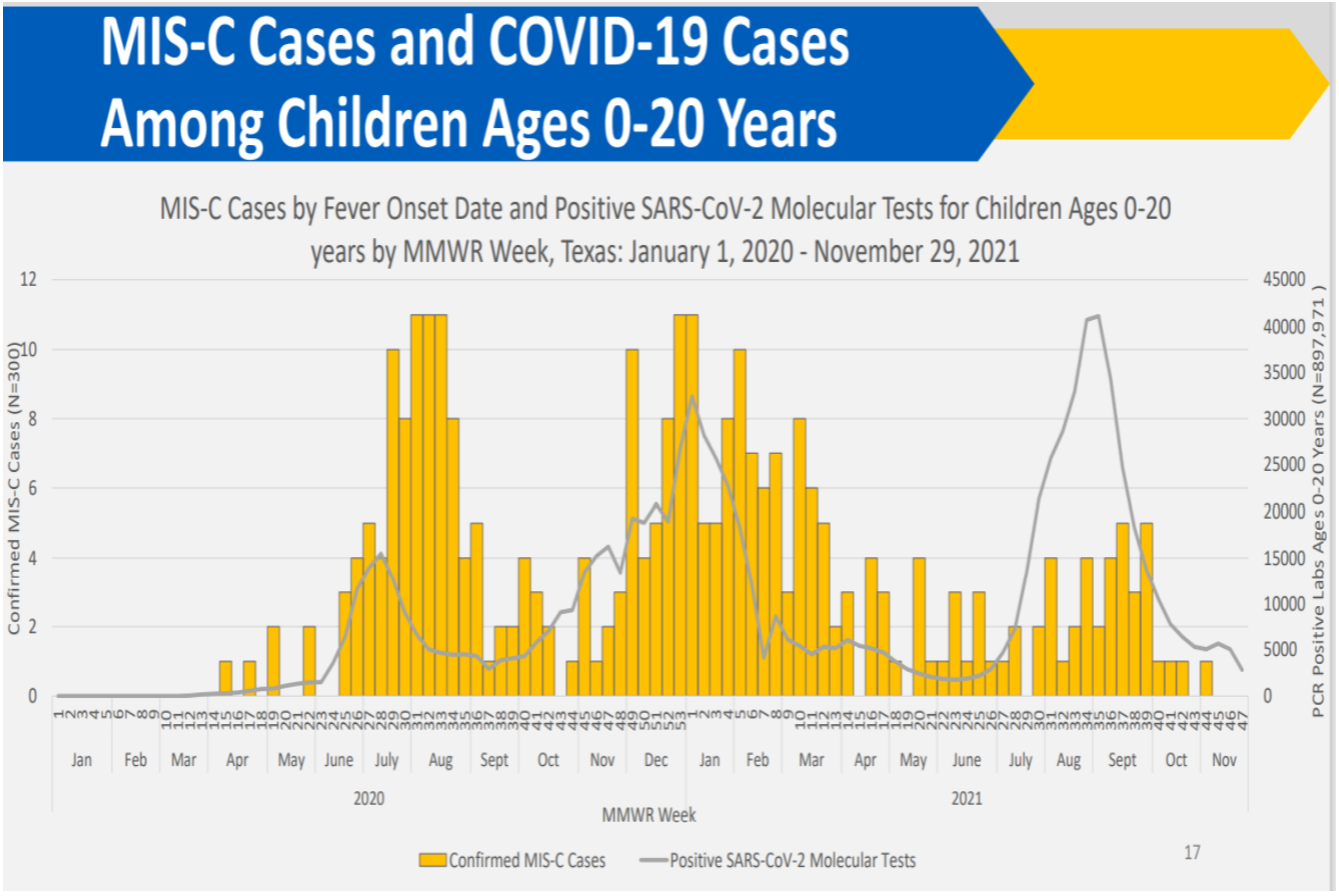


Blue line is 7 Day Moving Average. Δ is the change in the 7 Day Moving Average over a 7 or 14 day period.
Preliminary data as of 11/30/2021. Data source are New Fatalities by Date Recorded.
Last date of data is 11/30/2021

Multisystem Inflammatory Syndrome in Children (MIS-C), Texas (N=300)*

- Median Age (Range): 9 years (1 month-18 years)
- Sex: 196 Male (65%), 104 Female (35%)
- Race/Ethnicity: 159 Hispanic (53%), 68 Black (23%), 55 White (18%), 7 Asian (2%), 11 Unknown (4%)
- MIS-C Symptom Onset (fever) Date Range: 4/5/2020-11/5/2021
- Public Health Region: PHR 1 (9), PHR 2/3 (136), PHR 4/5N (8), PHR 6/5S (54), PHR 7 (35), PHR 8 (6), PHR 9/10 (1), PHR 11 (51)
- Hospital and ICU Admission: 300 Hospitalized (100%), 200 ICU Admission (67%)
- Outcome: 263 Discharged (88%), 3 Died (1%), 34 Unknown/Lost to Follow-up (11%)

*Data as of November 29, 2021



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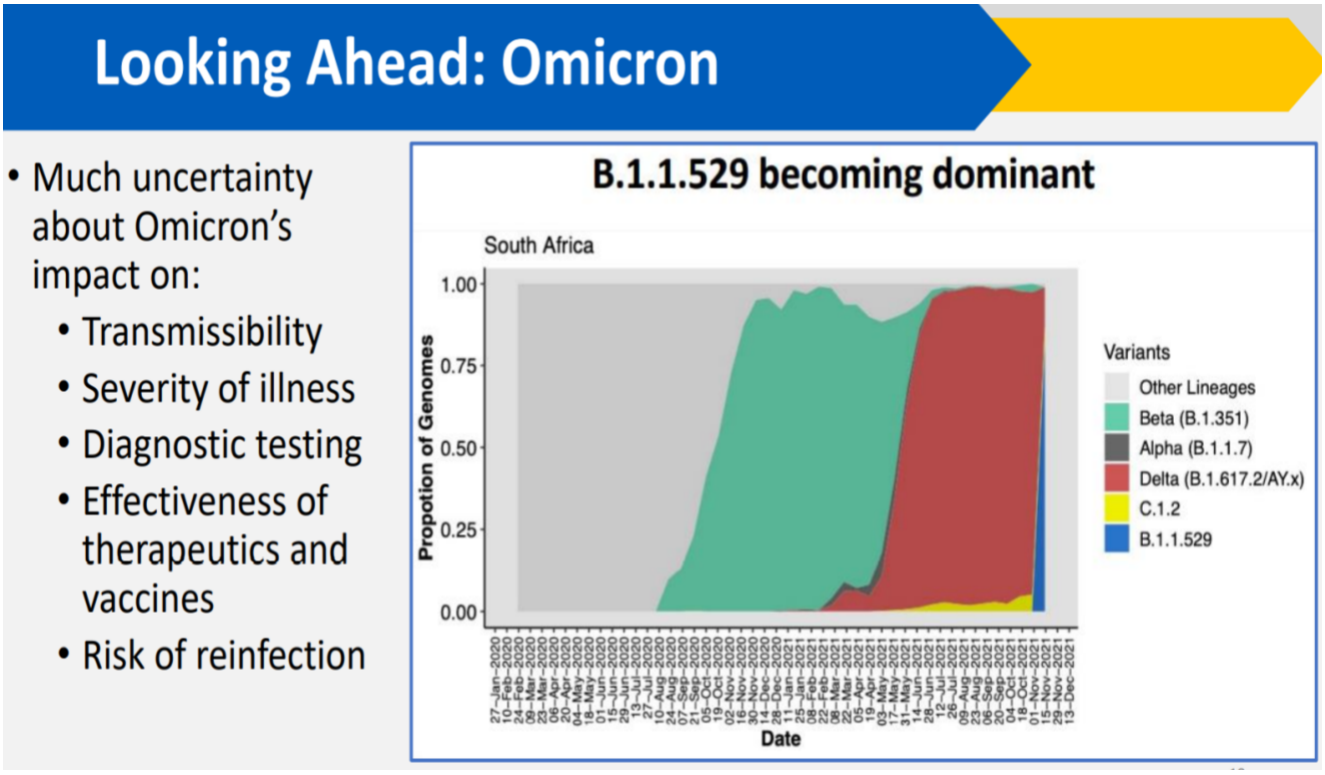
Omicron

- Omicron is a newly described variant
  - Identified in Botswana on 11/11/2021, now identified in >20 countries
  - First US case identified 12/1/2021 in California
  - Most early cases travel-related, but now indication of community transmission
- Has ~30 mutations within the spike protein
  - Important region for determining how well the virus infects cells
  - Target for therapeutics and for antibodies that have been developed in response to prior infection or vaccination
  - Most divergent variant to have significant spread



Response to Omicron

• US response

- Presidential proclamation/travel requirements
- Increased sequencing

• DSHS response

- Increased sequencing
  - DSHS lab

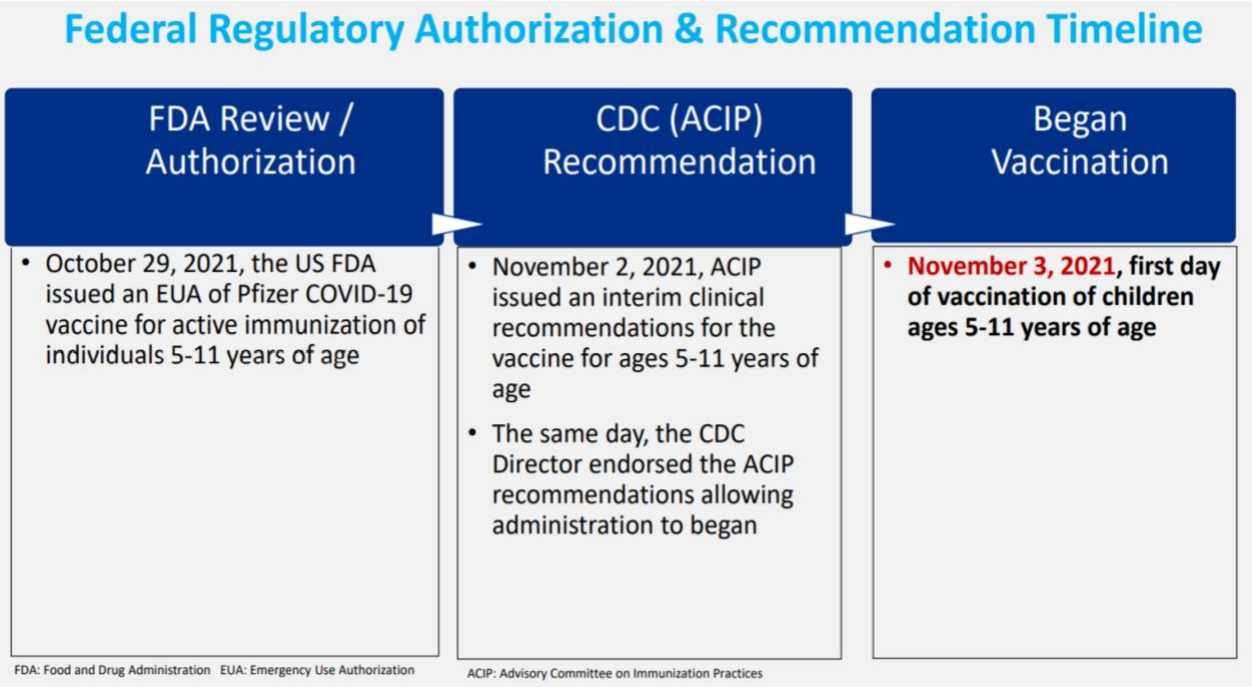
    - Sequencing Partnership
- Communications
    - Prevention strategies, including vaccination

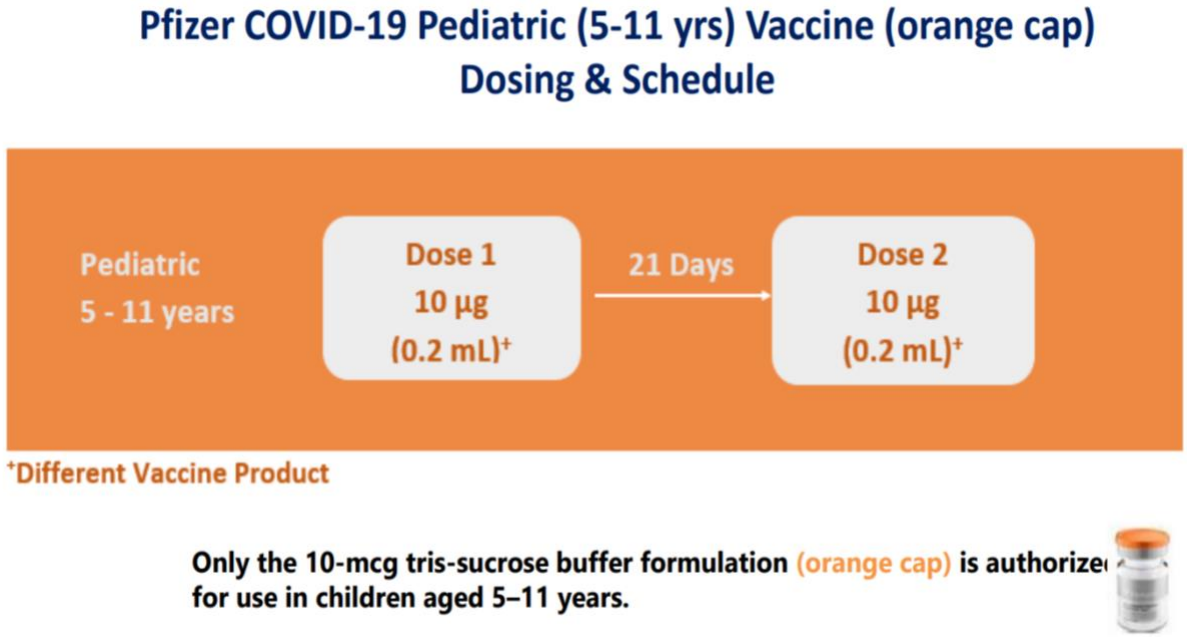
DSHS Data Tools

Texas COVID-19 Data Tools
• COVID-19 Texas Case Counts
• County by county data
• Filters display probable cases, estimated active, estimated recovered cases, and demographic fatality data
• ArcGIS Dashboards
• Texas Hospital Data Dashboard
• Texas Data Vaccine Dashboard
• Displays vaccine administration throughout the state
• Tabs display demographic data, vaccines allocated, and sites of vaccinations
• Workbook: COVID-19 Vaccine in Texas (Dashboard)
• Information for Hospital and Healthcare Professionals
• Various FAQs and resources for providers on topics ranging from COVID-19 vaccines to COVID-19 Therapeutics
• https://dshs.texas.gov/coronavirus/healthprof.aspx#thera
• COVID-19 Variants Tracker
• https://dshs.texas.gov/news/updates.shtm#coronavirus

For more information see Agenda Item 3_COVID-19 Situation Update 12.2.21 (3).pdf

4. COVID-19 Vaccine Recommendations Update - Saroj Rai, Ph.D.





Pfizer COVID-19 Vaccine Formulations

Pfizer COVID-19 Vaccine	Pediatric Formulation (100 doses/pack)	Adolescent/Adult Formulation (1,170 doses/pack)
Age Group	5 to 11 years	12 years and older
Vial Cap Color	ORANGE 	PURPLE 
Dilution Needed	YES	YES
Dose (after dilution)	0.2 mL (10 mcg)	0.3 mL (30 mcg)
Total Doses per Vial (after dilution)	10 doses	6 doses

STORAGE OPTIONS		
Thermal Shipper	X	30 Days*
Ultra-Low Temperature Freezer	6 months	9 months
Freezer	X	2 weeks
Refrigerator	10 weeks	1 month
Room Temperature (after dilution)	12 hours	6 hours

*Dry ice replenishment every 5 days

TEXAS Health and Human Services | Texas Department of State Health Services

as of 11/1/21

Additional Pediatric COVID-19 Vaccine Updates

Pfizer-BioNTech

- Ongoing clinical trial in children 2-4 years of age
  - Dose 3 mcg
  - Two-dose regimen 21 days apart
  - Tentative timeline for data readout end of the year with anticipated submission to the FDA 1Q22
- Ongoing clinical trial in infants 6 months – 2 years of age

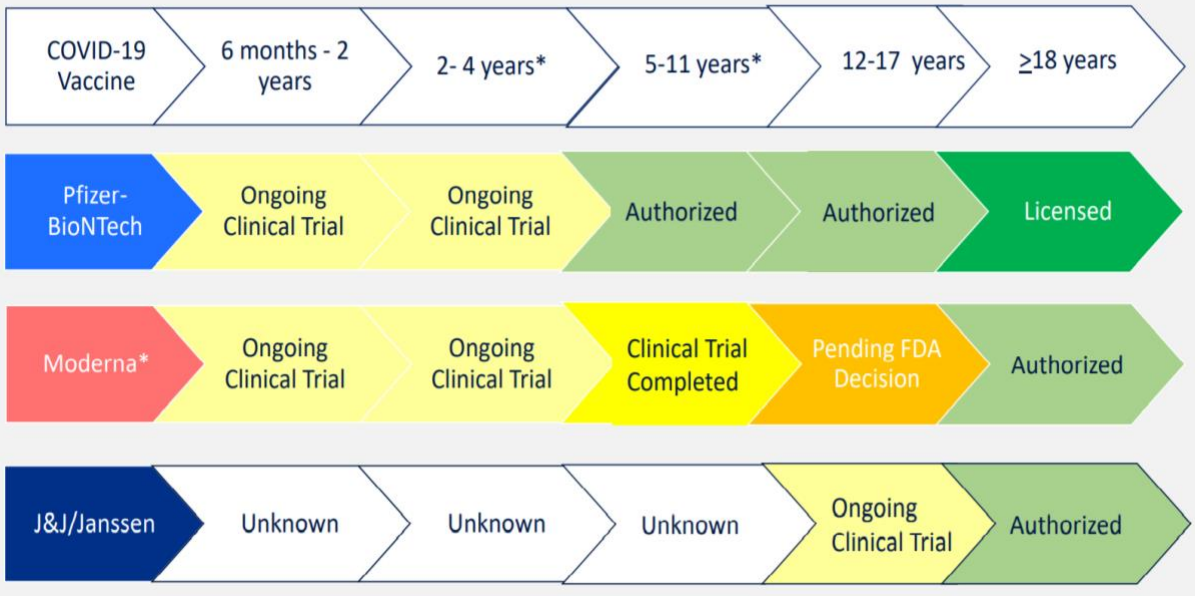
Moderna

- FDA decision pending on the request for an EUA expansion for ages 12-17 years of age
  - October 31, 2021, the FDA informed the company that it needs additional time (~January 2022) to evaluate the submission
- Clinical study completed in children 6 – 11 years of age
  - FDA submission on hold pending decision on 12-17 years of age
- Ongoing clinical trial in children younger than 6 years of age

J&J/Janssen

- Ongoing clinical trials in 12-17 years of age

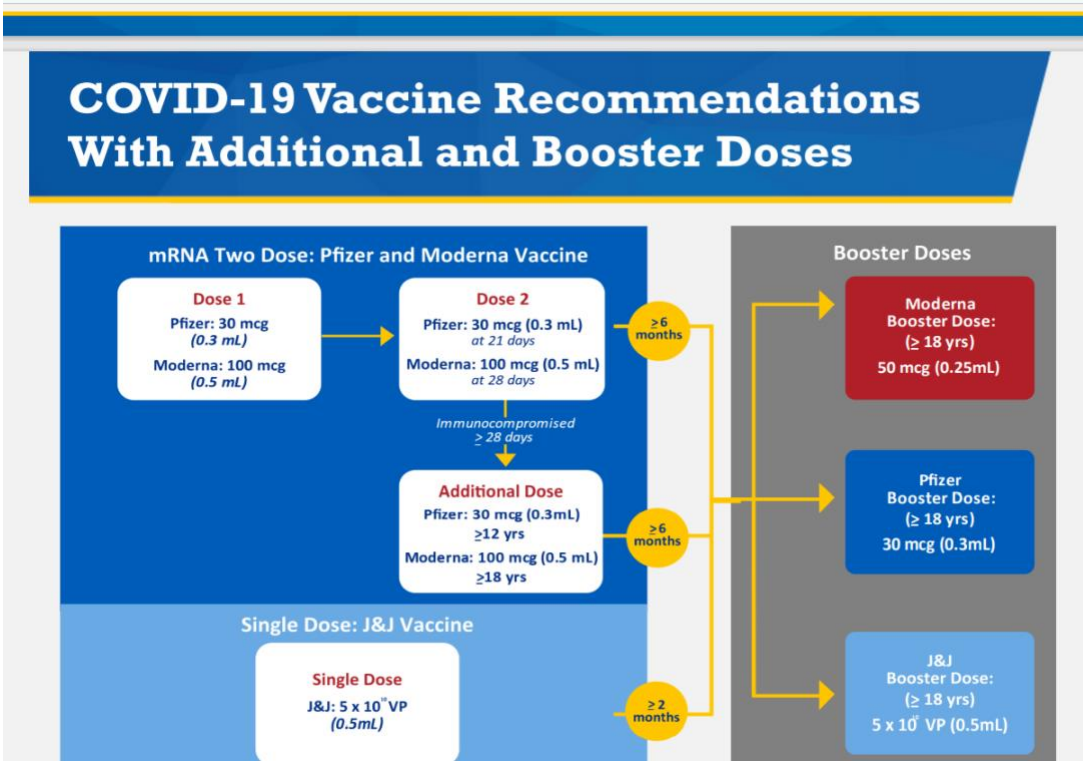
Summary of Pediatric COVID-19 Vaccine Age Authorization in the U.S.



Rolling COVID-19 Vaccine Booster Recommendations

November 29, 2021	**Everyone ≥18 years should get a booster dose** 6 months post 2nd shot of Pfizer or Moderna vaccine 2 months post single dose of J&J vaccine Mix-and Match			
November 19, 2021	**Pfizer & Moderna COVID-19 Booster** **≥50 Yrs** + certain populations 6 months post 2nd dose	**J&J COVID-19 Booster** **≥18 Yrs** 2 months post 1st dose	**Immunocompromised ≥18 yrs** Booster dose (4th dose mRNA) 6 months post 3rd dose	**Mix-and-Match**
October 21, 2021	**Pfizer & Moderna COVID-19 Booster** **≥65 Yrs** + certain populations 6 months post 2nd dose	**J&J COVID-19 Booster** **≥18 Yrs** 2 months post 1st dose	**Immunocompromised ≥18 yrs** Booster dose (4th dose mRNA) 6 months post 3rd dose	**Mix-and-Match**
September 24, 2021	**Pfizer COVID-19 Booster** **≥65 Yrs** + certain populations 6 months post 2nd dose			

11



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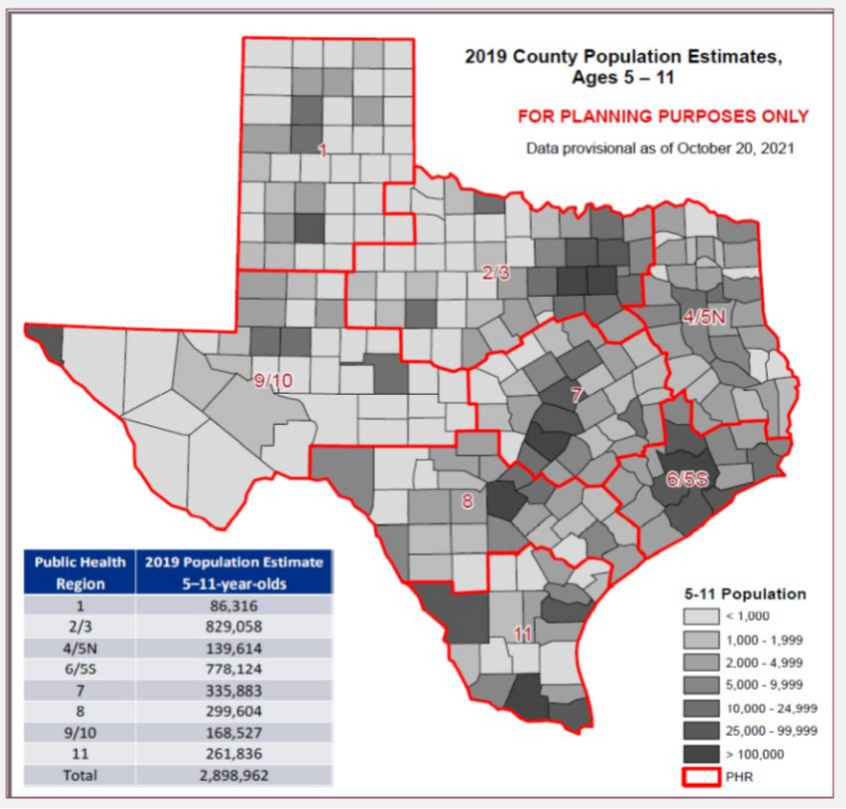
COVID-19 Vaccine Boosters

- November 29, 2021, in response to the Omicron variant, United Kingdom recommended boosters to all individuals 18 years and older at a reduced minimum of 3 months post completion of the primary series.
- November 30, 2021, Pfizer has submitted a request to the FDA to expand the booster dose to all individuals 16 years and older.

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

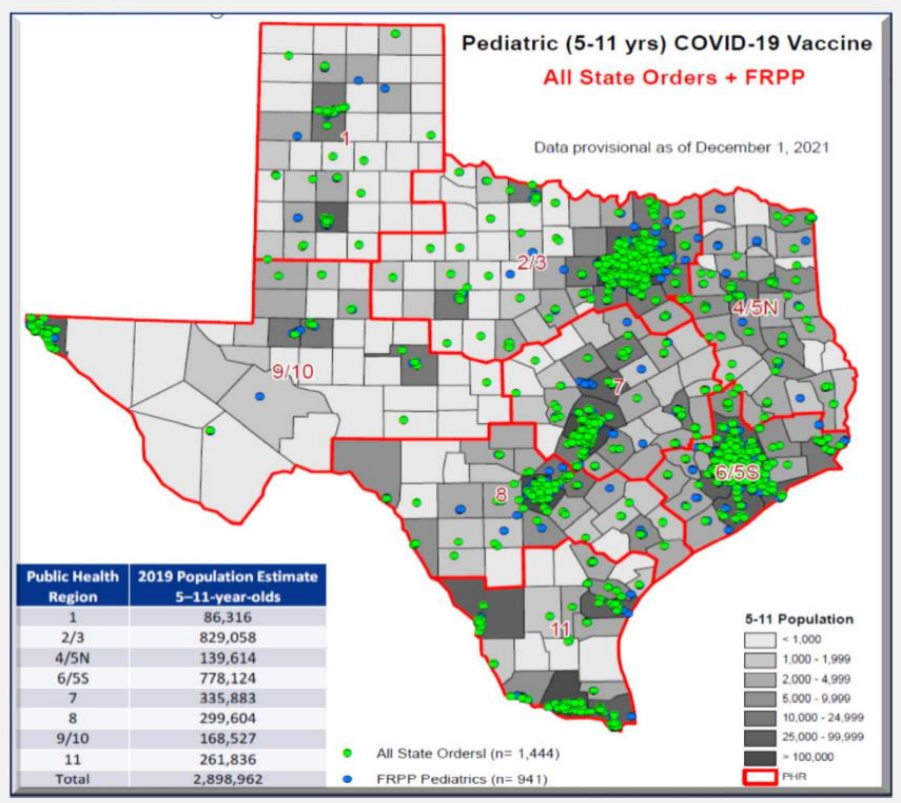
5. Vaccine Update and COVID-19 Vaccine Distribution Plan - Imelda Garcia, MPH



Public Health Region	2019 Population Estimate 5–11-year-olds
1	86,316
2/3	829,058
4/5N	139,614
6/5S	778,124
7	335,883
8	299,604
9/10	168,527
11	261,836
Total	2,898,962

Pfizer COVID-19 Vaccine Pediatric (5-11 yrs.) Order & Distribution

- Similar to the start of the COVID-19 vaccination efforts last year, the pediatric vaccine was under allocation at launch on November 2, 2021
- Texas received 1,010,700 doses of allocation at launch
- There were additional federal doses as a part of the Federal Retail Pharmacy Program (FRPP)
- To date, a total of 2,207,820 (1,405,420 state doses & 802,400 federal doses) pediatric vaccine doses have been shipped to Texas providers
- Currently, providers can order as much or as little as 1 vial (10 doses) of the pediatric vaccine



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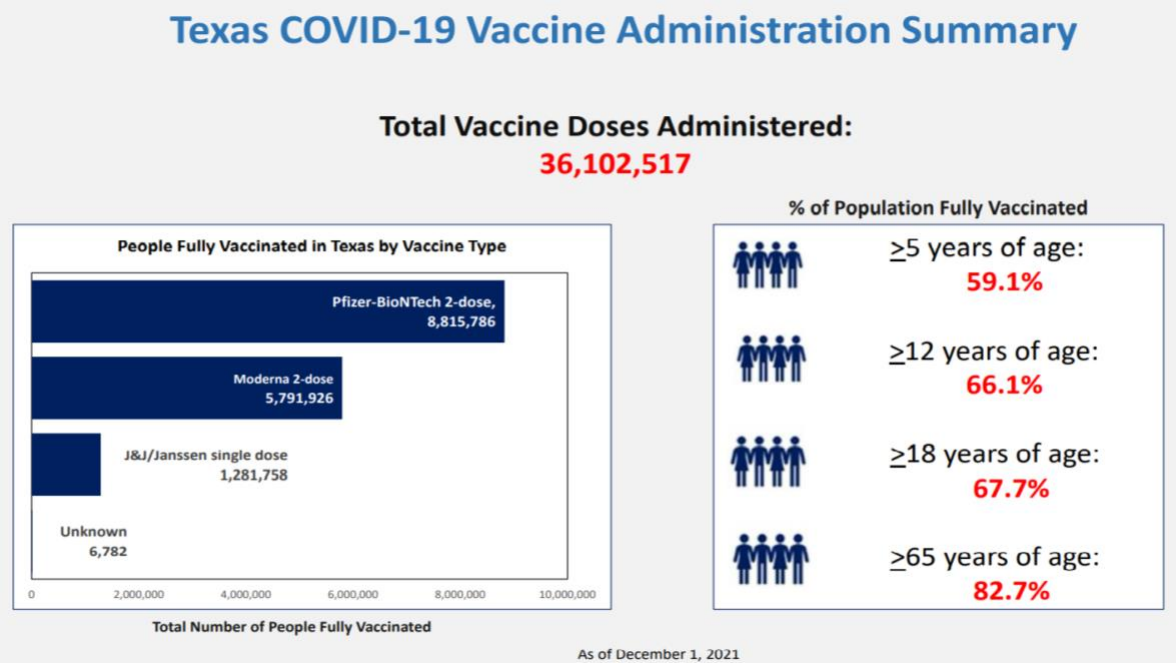
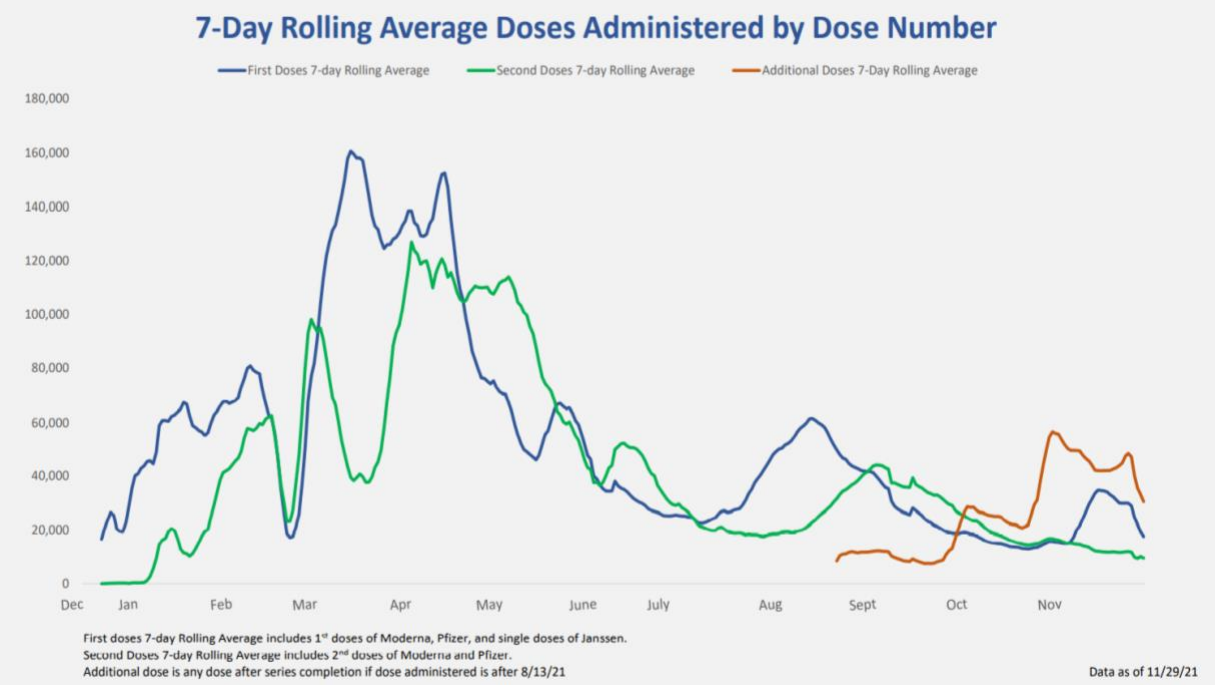
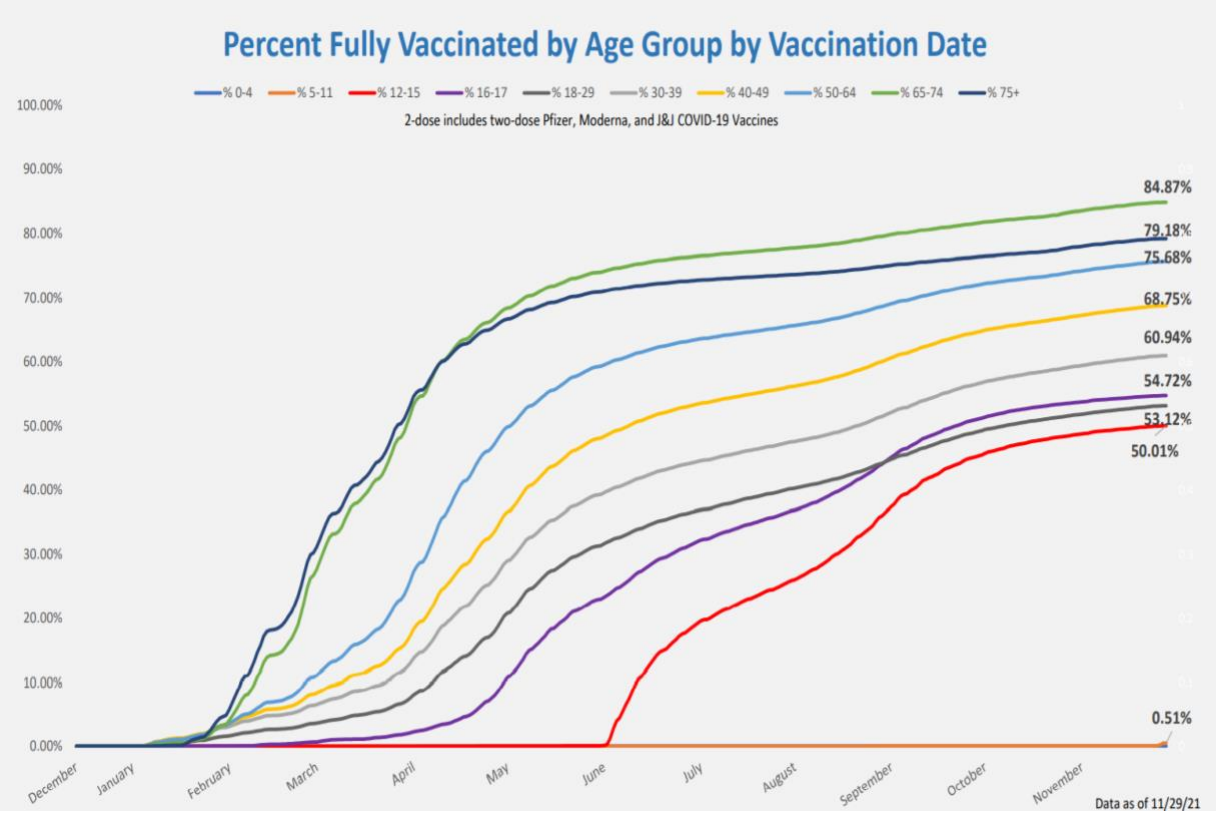
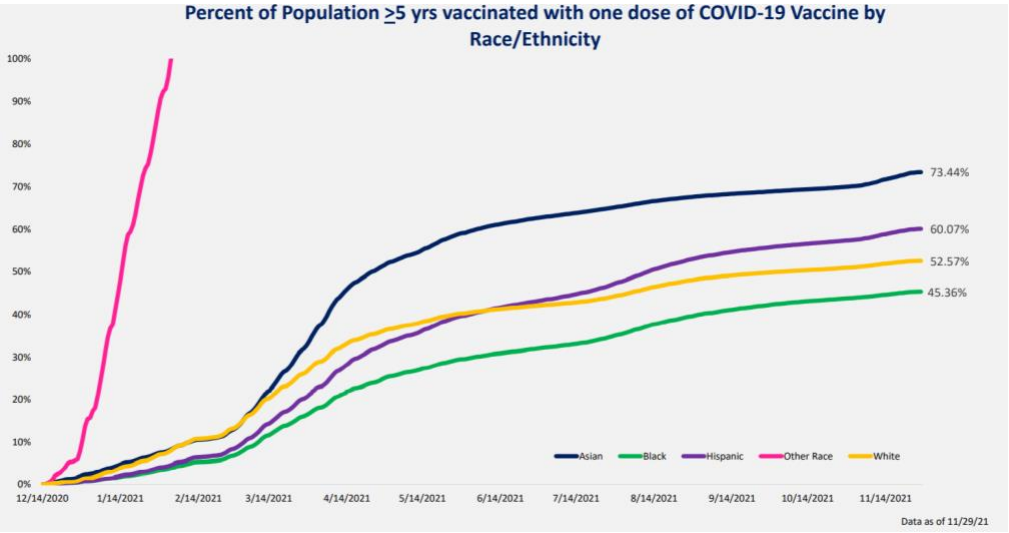
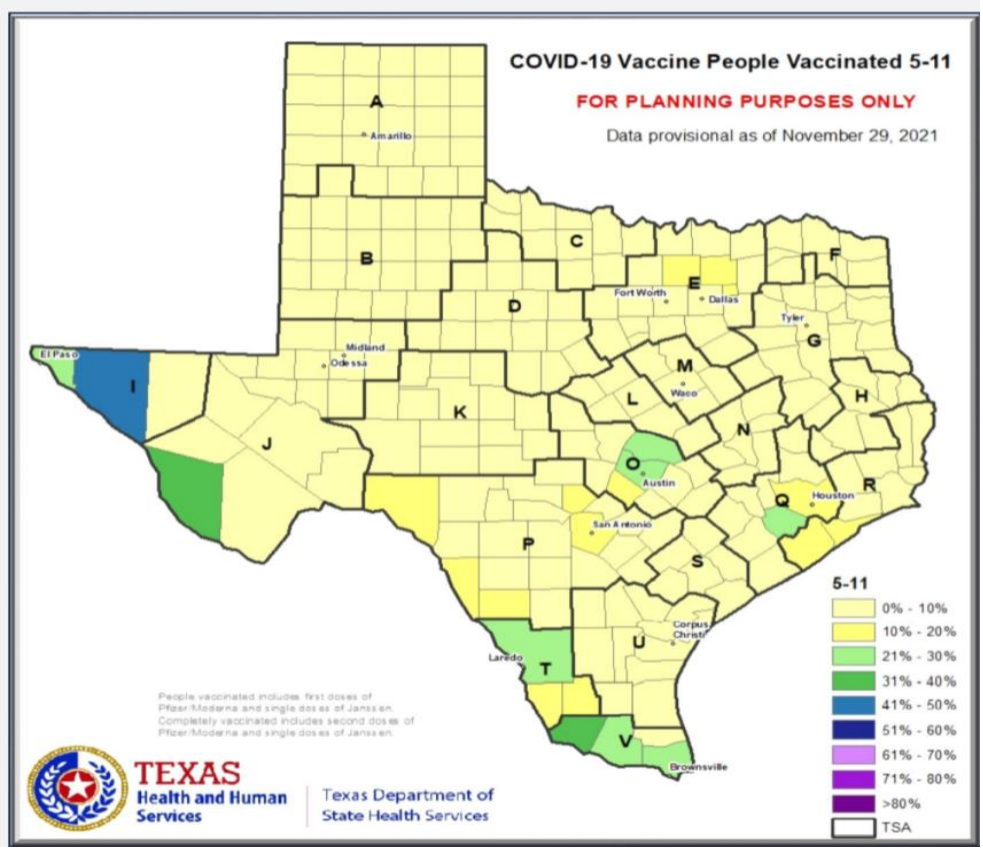
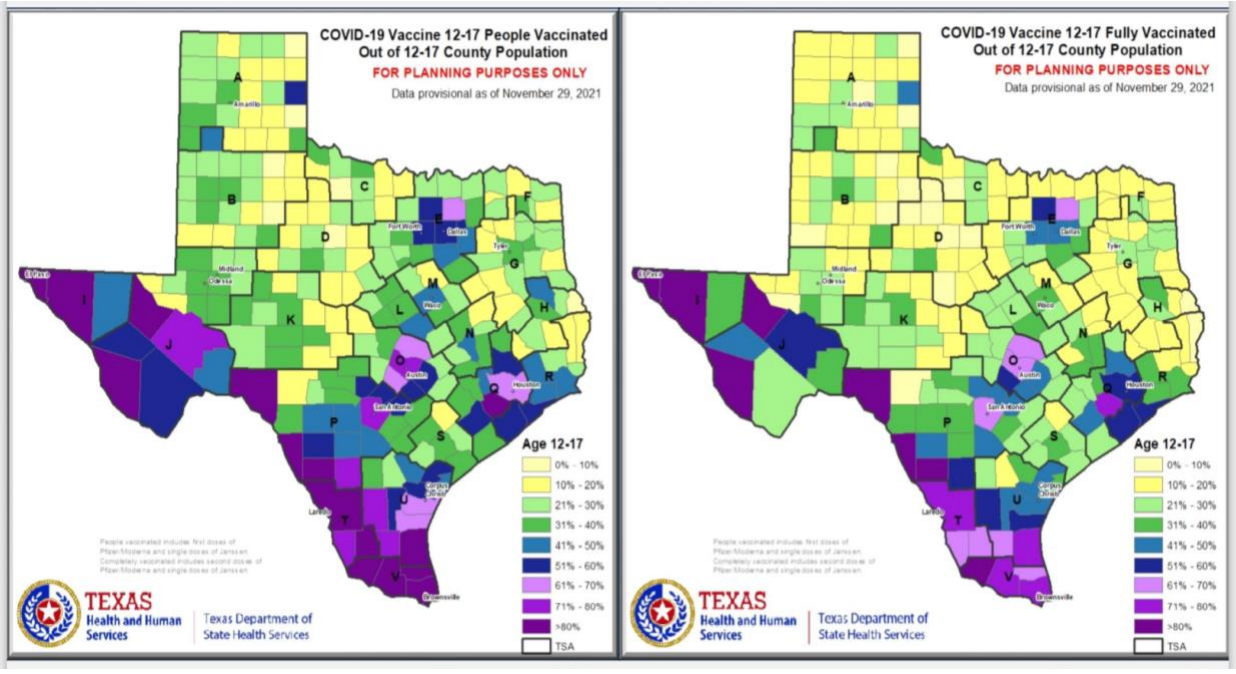

Texas COVID-19 Vaccine Administration Summary
Total Vaccine Doses Administered:
36,102,517
People Fully Vaccinated in Texas by Vaccine Type
Pfizer-BioNTech 2-dose, 8,815,786
Moderna 2-dose 5,791,926
J&J/Janssen single dose 1,281,758
Unknown 6,782
0
2,000,000
4,000,000
6,000,000
8,000,000
10,000,000
Total Number of People Fully Vaccinated
% of Population Fully Vaccinated
≥5 years of age: 59.1%
≥12 years of age: 66.1%
≥18 years of age: 67.7%
≥65 years of age: 82.7%
As of December 1, 2021

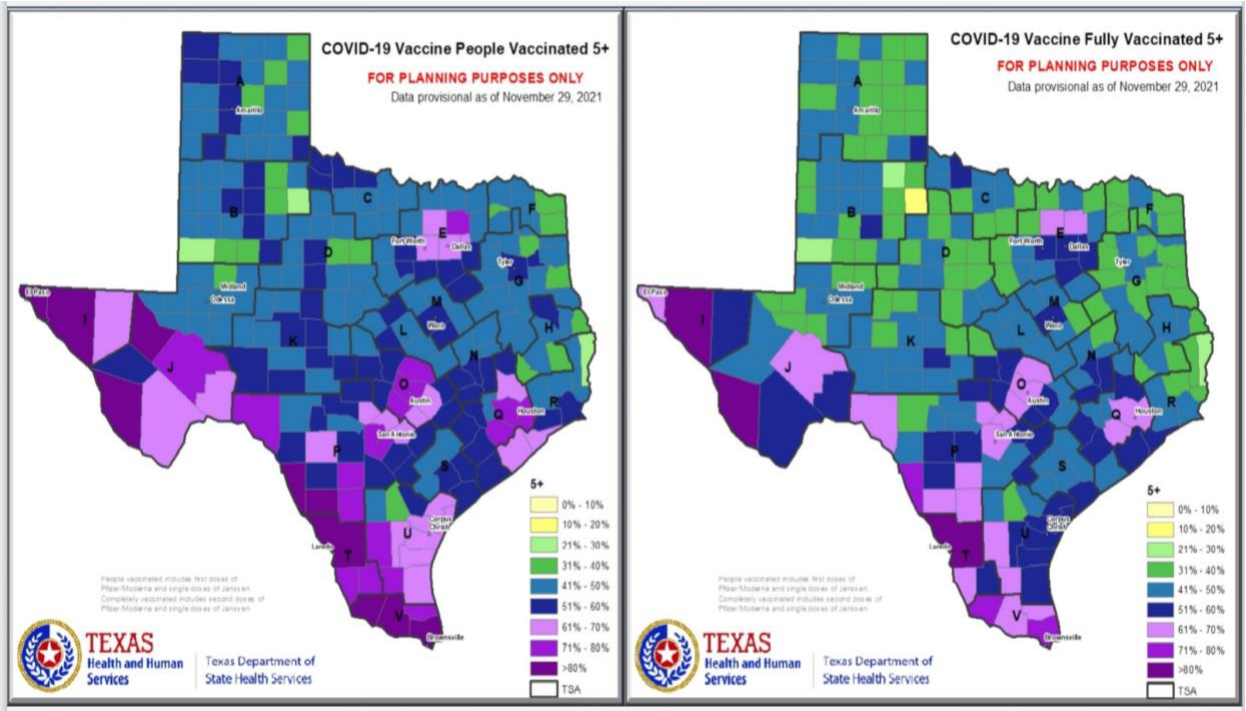

7-Day Rolling Average Doses Administered by Dose Number
First Doses 7-day Rolling Average
Second Doses 7-day Rolling Average
Additional Doses 7-Day Rolling Average
180,000
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
0
Dec
Jan
Feb
Mar
Apr
May
June
July
Aug
Sept
Oct
Nov
First doses 7-day Rolling Average includes 1st doses of Moderna, Pfizer, and single doses of Janssen.
Second Doses 7-day Rolling Average includes 2nd doses of Moderna and Pfizer.
Additional dose is any dose after series completion if dose administered is after 8/13/21
Data as of 11/29/21


Percent Fully Vaccinated by Age Group by Vaccination Date
% 0-4
% 5-11
% 12-15
% 16-17
% 18-29
% 30-39
% 40-49
% 50-64
% 65-74
% 75+
2-dose includes two-dose Pfizer, Moderna, and J&J COVID-19 Vaccines
100.00%
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
84.87%
79.18%
75.68%
68.75%
60.94%
54.72%
53.12%
50.01%
0.51%
December
January
February
March
April
May
June
July
August
September
October
November
Data as of 11/29/21


Percent of Population ≥5 yrs vaccinated with one dose of COVID-19 Vaccine by Race/Ethnicity
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
73.44%
60.07%
52.57%
45.36%
Asian
Black
Hispanic
Other Race
White
12/14/2020
1/14/2021
2/14/2021
3/14/2021
4/14/2021
5/14/2021
6/14/2021
7/14/2021
8/14/2021
9/14/2021
10/14/2021
11/14/2021
Data as of 11/29/21


COVID-19 Vaccine People Vaccinated 5-11
FOR PLANNING PURPOSES ONLY
Data provisional as of November 29, 2021
Amarillo
Fort Worth
Dallas
Tyler
Midland
Odessa
El Paso
Waco
Austin
Houston
San Antonio
Corpus Christi
Laredo
Brownsville
5-11
0% - 10%
10% - 20%
21% - 30%
31% - 40%
41% - 50%
51% - 60%
61% - 70%
71% - 80%
>80%
TSA
People vaccinated includes first doses of Pfizer/Moderna and single doses of Janssen.
Completely vaccinated includes second doses of Pfizer/Moderna and single doses of Janssen.
TEXAS Health and Human Services
Texas Department of State Health Services


COVID-19 Vaccine 12-17 People Vaccinated Out of 12-17 County Population
FOR PLANNING PURPOSES ONLY
Data provisional as of November 29, 2021
COVID-19 Vaccine 12-17 Fully Vaccinated Out of 12-17 County Population
FOR PLANNING PURPOSES ONLY
Data provisional as of November 29, 2021
Age 12-17
0% - 10%
10% - 20%
21% - 30%
31% - 40%
41% - 50%
51% - 60%
61% - 70%
71% - 80%
>80%
TSA
TEXAS Health and Human Services
Texas Department of State Health Services



Individuals Eligible for Booster by Month – All Vaccines

Month Eligible Individuals Due Booster Dose (All COVID-19 Vaccines)	Eligible Individuals ≥ 18 yrs	Eligible Individuals ≥65 yrs
21-Dec	8,934,347	1,489,672
22-Jan	480,488	40,104
22-Feb	720,757	60,783
22-Mar	792,865	64,558
22-Apr	419,381	52,149
22-May	245,852	38,006
Total	11,593,690	1,745,272

6-month projection based on FDA guidance (e.g., People fully vaccinated with Pfizer or Moderna in December, January, February & March projected due in September, people fully vaccinated with Pfizer or Moderna in April projected due in October, etc.). Individuals who received an additional dose between 8/13/21 and 12/1/21 are not included in the projection.

Eligible Individuals Who Received a Booster – All Vaccines

Age Group	2019 Texas Population	Total Eligible Individuals as of December Remaining Due for Booster Dose*	Eligible Individuals Received Booster Dose (%)
Age ≥18 yrs	21,596,071	8,934,347	2,938,390 (24.7%)
Age ≥ 65 yrs	3,734,229	1,489,672	1,323,266 (47.0%)

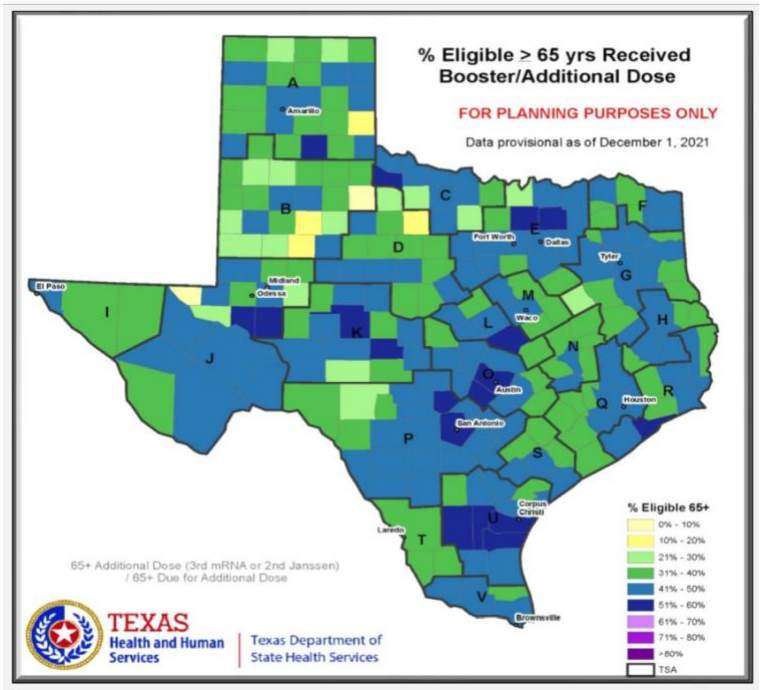
*Eligible population includes December 2020 to June 2021 for 2-dose vaccines and December 2020 to October 2021 for J&J vaccine. Individuals who have already received an additional dose between 8/13/21 and 12/1/21 are not included in the projection.

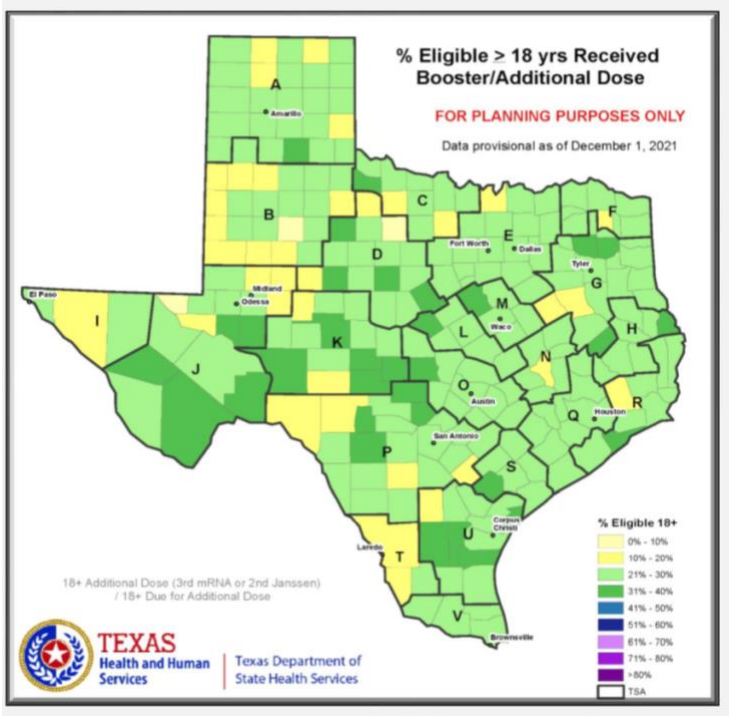
Data as of 12/1/21

People (>65 yrs.) Boosters Details for Selected Counties

Client County	2019 Population Estimate (≥ 65 yrs)	Total Eligible People (≥ 65 yrs) as of December Remaining Due for Booster	Eligible Individuals ≥ 65 yrs Received (%) Booster Dose
Bexar	247,843	87,525	100,773 (54%)
Collin	116,575	47,034	48,597 (51%)
Dallas	292,117	110,817	104,390 (49%)
Denton	93,499	36,376	41,009 (53%)
El Paso	105,175	52,411	38,527 (42%)
Harris	514,167	207,112	184,420 (47%)
Tarrant	244,511	94,223	94,431 (50%)
Travis	129,553	47,129	57,482 (55%)
Williamson	73,202	30,871	30,889 (50%)

19

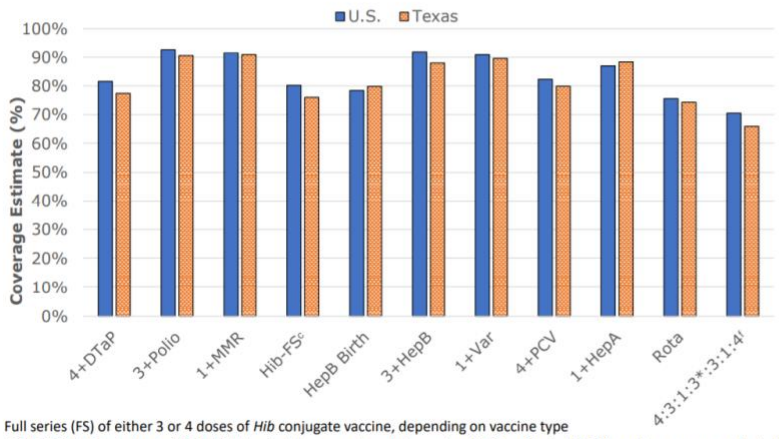




COVID-19 Vaccine Areas of Focus

1. Continued emphasis on vaccinating the unvaccinated ages 5 years and older
    - 9.66 Million eligible Texans are completely unvaccinated
2. Emphasis on boosters for eligible population
3. Planning for pediatric (2-4 years) vaccination

National Immunization Survey (NIS)-Child 2020

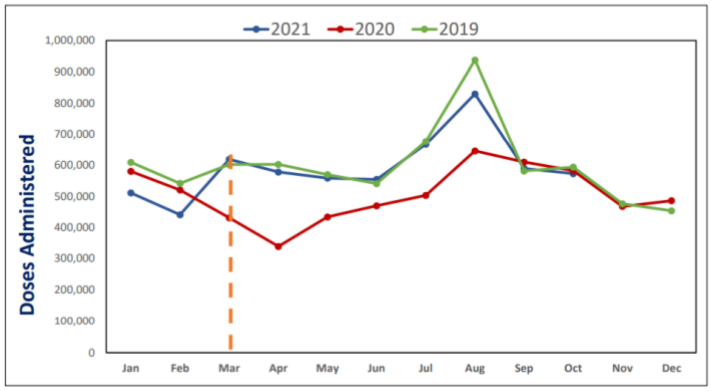


- The NIS is an annual survey and conduct early in the survey year for the previous year.
- In 2020, coverage in Texas was significantly lower than the U.S. average for some of the childhood vaccines - 4+DTaP, 3+Polio, 3+Hib, 3+HepB, and 4:3:1:3:3:1:4.
- The full impact of the pandemic will be assessed in NIS 2021.

Full series (FS) of either 3 or 4 doses of *Hib* conjugate vaccine, depending on vaccine type
4:3:1:3*:3:1:4 includes 4+ DTaP (diphtheria, tetanus, and acellular pertussis), 3+polio, 1+MMR (measles, mumps and rubella), 3 or 4 doses Hib, depending on vaccine type, 3+Hep B, 1+varicella, and 4+PCV

Texas Vaccines for Children (TVFC)

Childhood Vaccines (non-Flu) Doses Administered



- Doses administered by the TVFC program in 2020 were lower than 2019 due to the pandemic.
- TVFC providers reported comparable childhood vaccine doses in March 2021 to 2019 indicative of catch-up vaccination.

Data source from Texas Vaccines for Children Program administration data (EVI).

National Immunization Survey (NIS) – Influenza
Pediatric

Texas Pediatric Flu Vaccination Coverage Estimates

Age Groups	Texas 2019-20 Season	Texas 2020-21 Season	TX Percentage Point Difference
6 months – 17 years	62.9%	57.6%	-5.3%
6 months – 4 years	77.4%	64.9%	-12.5%
5-12 years	62.2%	59.5%	-2.7%
13-17 years	52.9%	48.2%	-4.7%

- Texas had decreases for all pediatric age groups from 2019-2020 versus 2020-2021 flu season with significant declines in the following age groups:
  - 6 months - 17 years (-5.3%)
  - 6 months - 4 years (-12.5%)

National Immunization Survey (NIS) – Influenza
Adults

Texas Adult Flu Vaccination Coverage Estimates

Age Groups	Texas 2019-20 Season	Texas 2020-21 Season	TX Percentage Point Difference
18+ years	42.2%	43.2%	1.0%
18-49 years	33.7%	31.&%	-2.0%
18-49 years at high risk	45.5%	36.3%	**-9.2%**
50-64 years	45.2%	48.1%	**2.9%**
65+ years	64.7%	72.3%	**7.6%**

- Decrease in coverage for some adult age groups from 2019-2020 versus 2020-2021 flu season.
  - At high-risk adults aged 18-49 years having the largest decline in coverage (-9.2%)
- Significant increase in coverage seen from 2019-2020 to 2020-2021 flu season for adults aged 65 years and older.

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The Commissioner stated that unequivocally, the unvaccinated, and in Texas those numbers are large, are at significant risk of catching COVID.

6. Respiratory Viruses Update- Jennifer Shuford, M.D.

Influenza/ Respiratory Syncytial Virus

Respiratory Syncytial Virus (RSV)

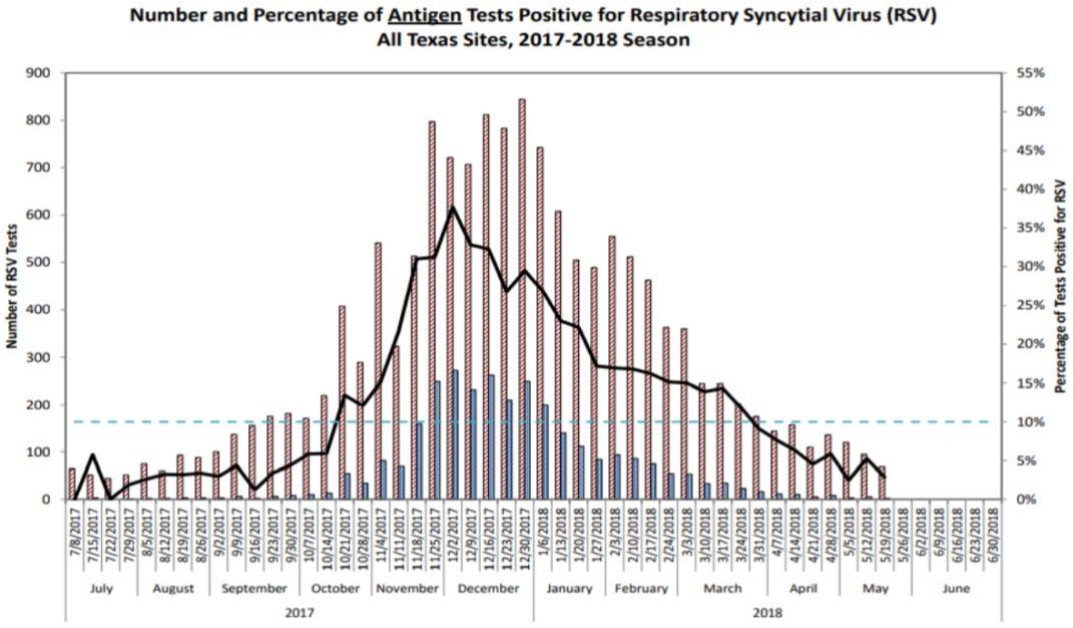
- RNA virus primarily spread via respiratory droplets when a person coughs or sneezes
- Most common cause of bronchiolitis and pneumonia in children under one year of age in the US
- Infants, young children, and older adults with chronic medical conditions are at risk of severe disease from RSV
- In the US, RSV infections usually occur during the fall and winter cold and flu season

RSV season is defined as:

- Antigen tests are > 10% positivity and/or PCR tests are > 3% positivity for two consecutive weeks

Palivizumab (Synagis) is a monoclonal antibody infusion that can be used during RSV season to prevent RSV in high-risk children

- costs about $2500 a dose
- High risk children typically require 5 (sometimes 6) doses per RSV season



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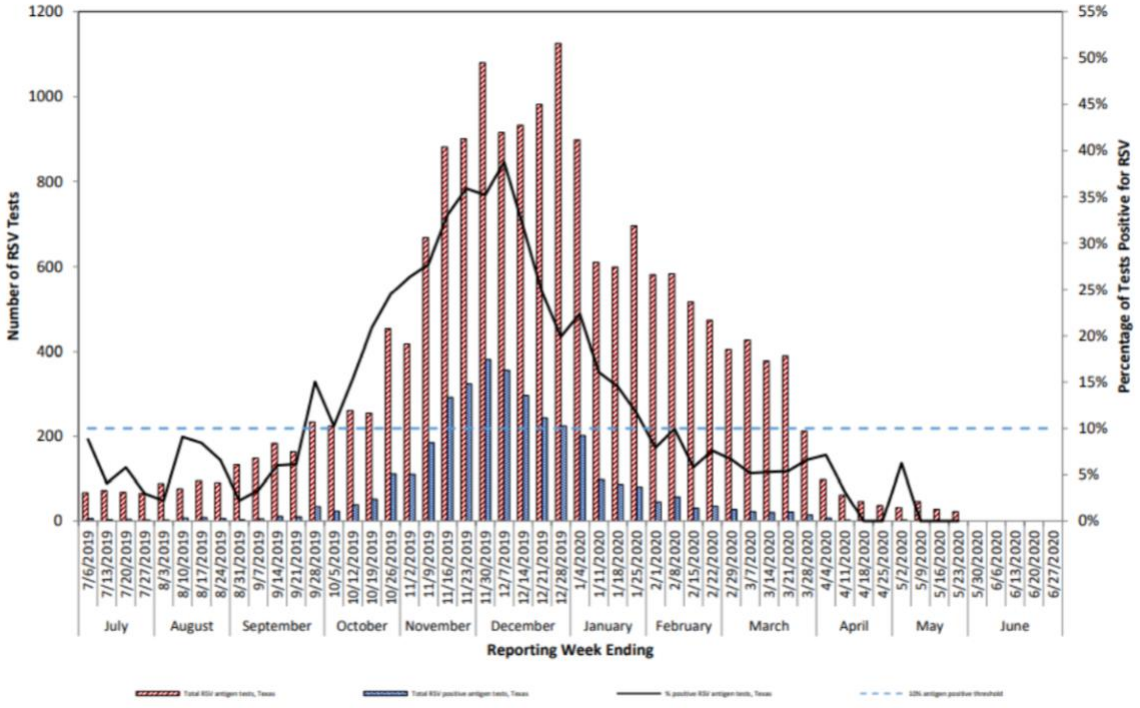
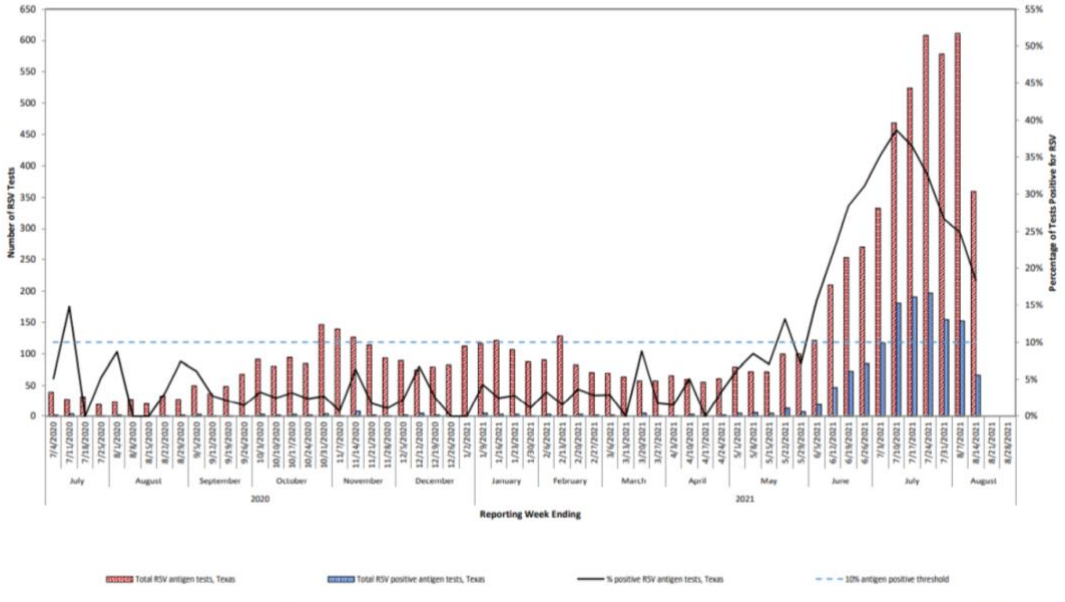
Number and Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
All Texas Sites, 2019-2020 Season

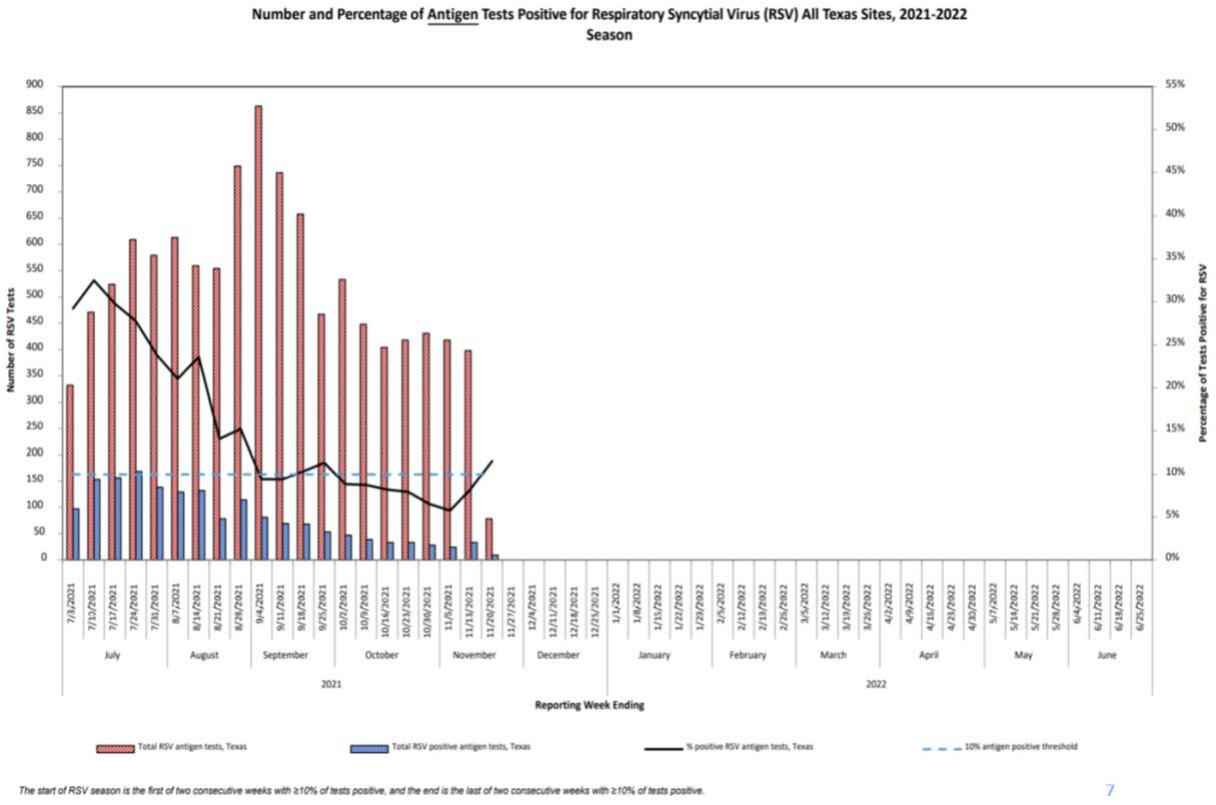


The start of RSV season is the first of two consecutive weeks with ≥10% of tests positive, and the end is the last of two consecutive weeks with ≥10% of tests positive.

Number and Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
All Texas Sites, 2020-2021 Season



The start of RSV season is the first of two consecutive weeks with ≥10% of tests positive, and the end is the last of two consecutive weeks with ≥10% of tests positive.



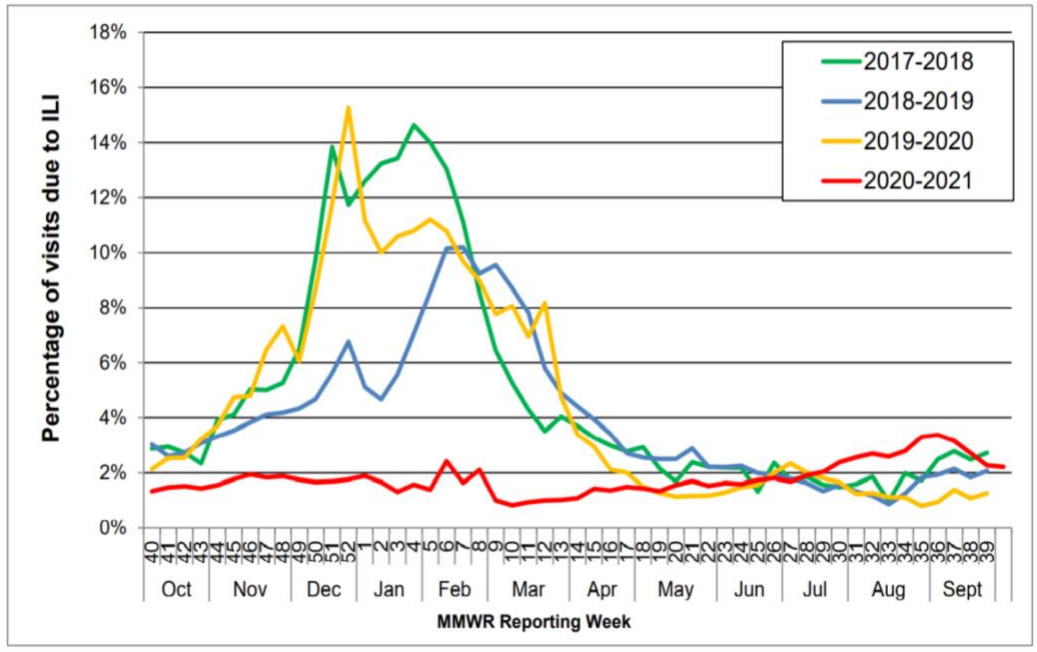
Follow this link for Health Advisories. [HEALTH ADVISORY: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Texas]

Influenza

- Respiratory infection caused by the influenza virus (Influenza A and Influenza B) • Seasonal epidemics from late fall through the spring
- ~5-20% of population may be infected in flu season
- Causes significant morbidity and mortality
- Flu is not a notifiable condition, except in the case of:
    - Pediatric flu deaths
    - Flu outbreaks
    - Novel influenza infections

Texas Influenza-like Illness 2017-2021

Figure 1: Percentage of Visits Due to Influenza-like Illness Reported by Texas ILINet Participants, 2017–2021 Seasons



Available at: https://www.dshs.texas.gov/IDCU/disease/influenza/surveillance/2021/21Wk39Oct11.pdf. Accessed 11/28/2021.

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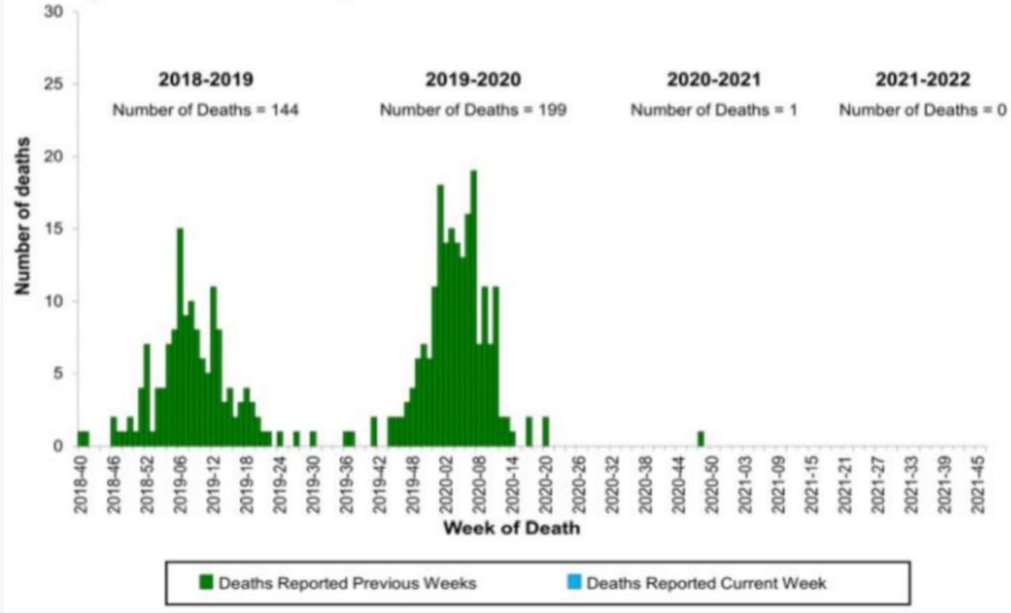
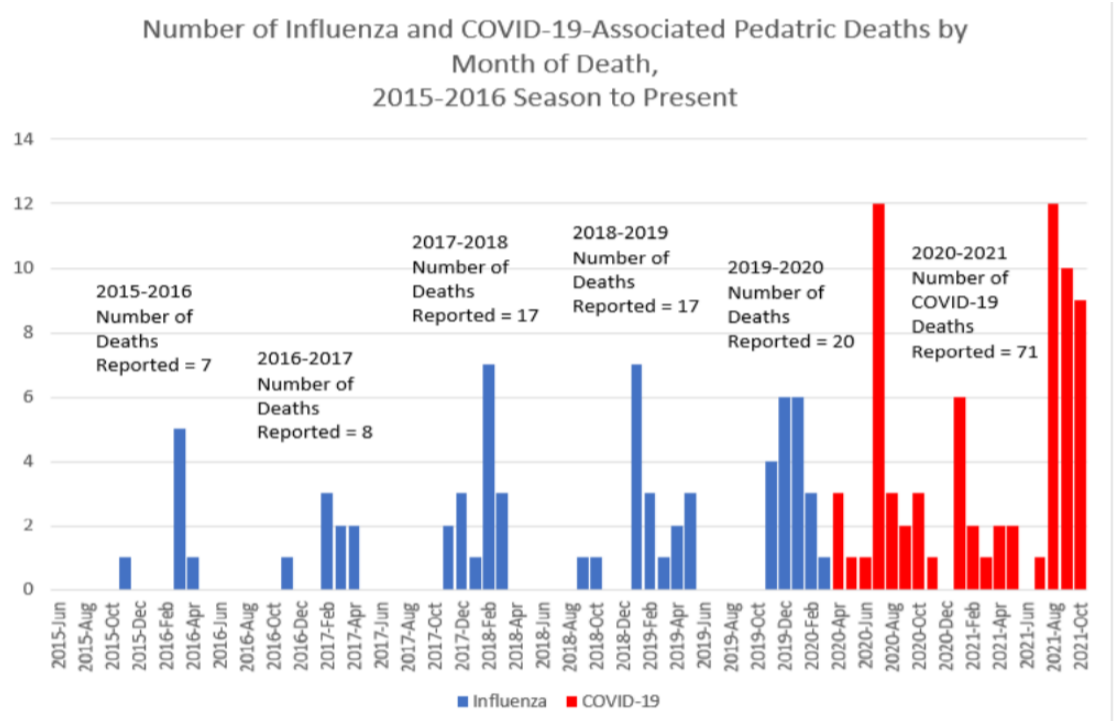
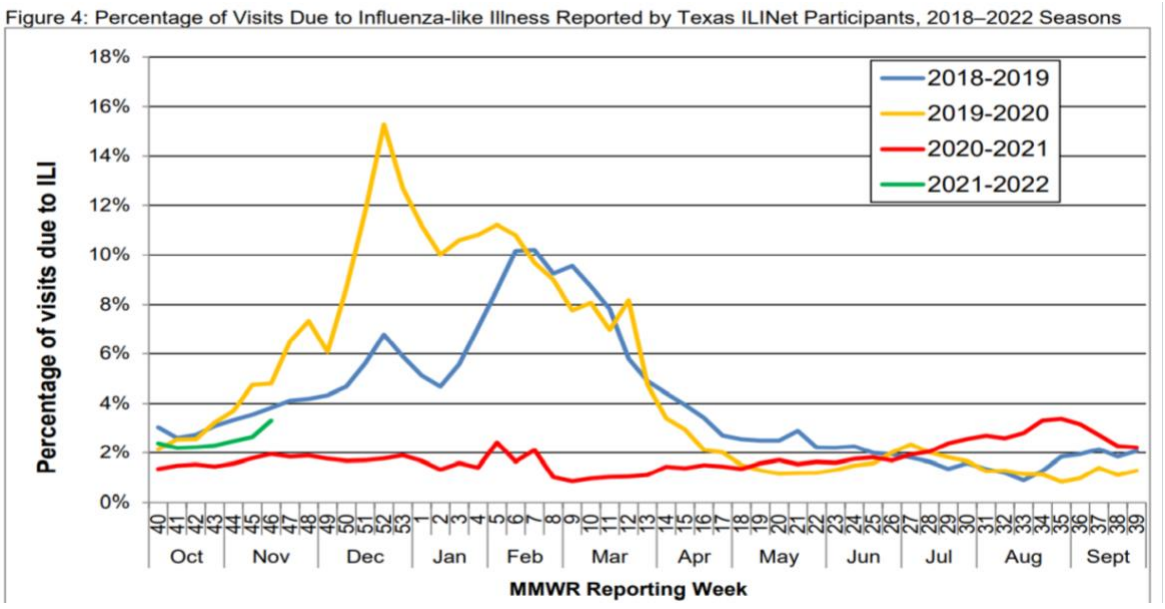
Influenza-Associated Pediatric Deaths by Week of Death, 2018-2019 season to 2021-2022 season



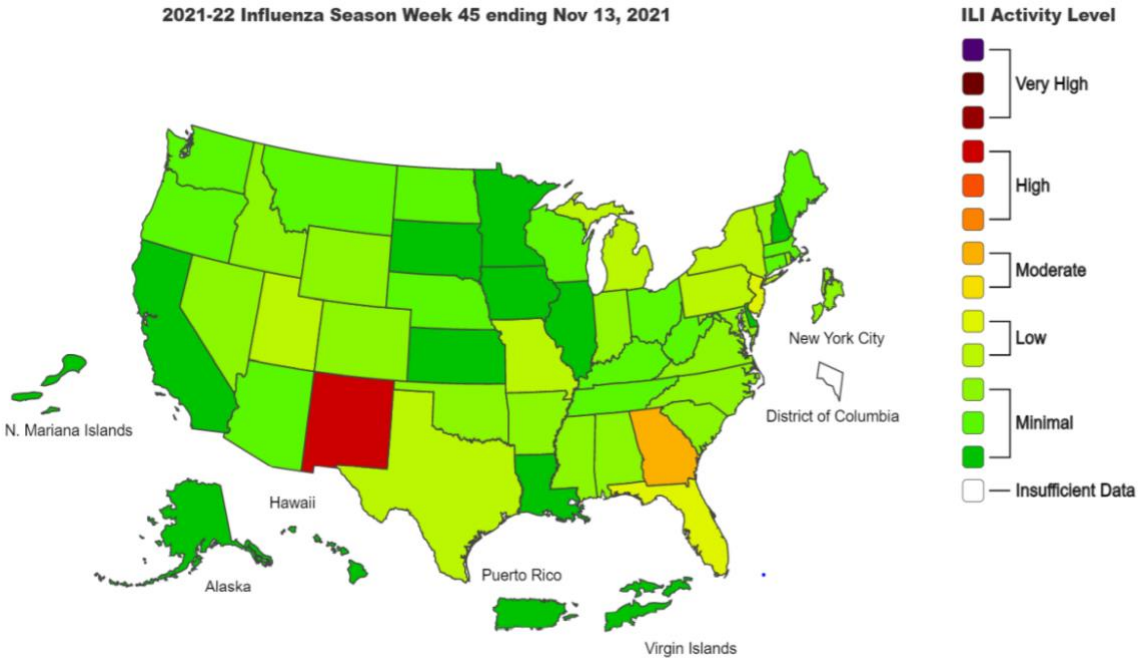
Texas Flu and COVID-19- Associated Pediatric Deaths, 2015-2022



Texas Influenza-like Illness 2018-2022



US Influenza-like Illness- 11/6/21-11/13/21



Texas Hospital Flu Testing Results- 2021-2022

Table 2: Influenza Testing Performed by Texas Hospital Laboratories for the Current Week

	Week 46	Season to Date Week Ending: Nov. 20, 2021
Number of labs reporting flu tests	14	
Number of specimens tested	4115	38695
Number of positive specimens (%)†	**20 (0.49%)**	**135 (0.35%)**
Percentage of total tests that were antigen detection tests	9.67%	
Positive specimens by type/subtype [n (%)]		
Influenza A	**14 (70.00%)**	**84 (62.22%)**
Subtyping performed	3 (21.43%)	9 (10.71%)
A (H1N1)	0 (0.00%)	3 (33.33%)
A (H3N2)	3 (100.00%)	6 (67.67%)
.78Subtyping not performed	11 (78.57%)	75 (89.29%)
Influenza B	**6 (30.00%)**	**51 (37.78%)**

US Clinical Flu Testing- 2021-2022

Clinical Laboratories

The results of tests performed by clinical laboratories nationwide are summarized below. Data from clinical laboratories (the percentage of specimens tested that are positive for influenza) are used to monitor whether influenza activity is increasing or decreasing.

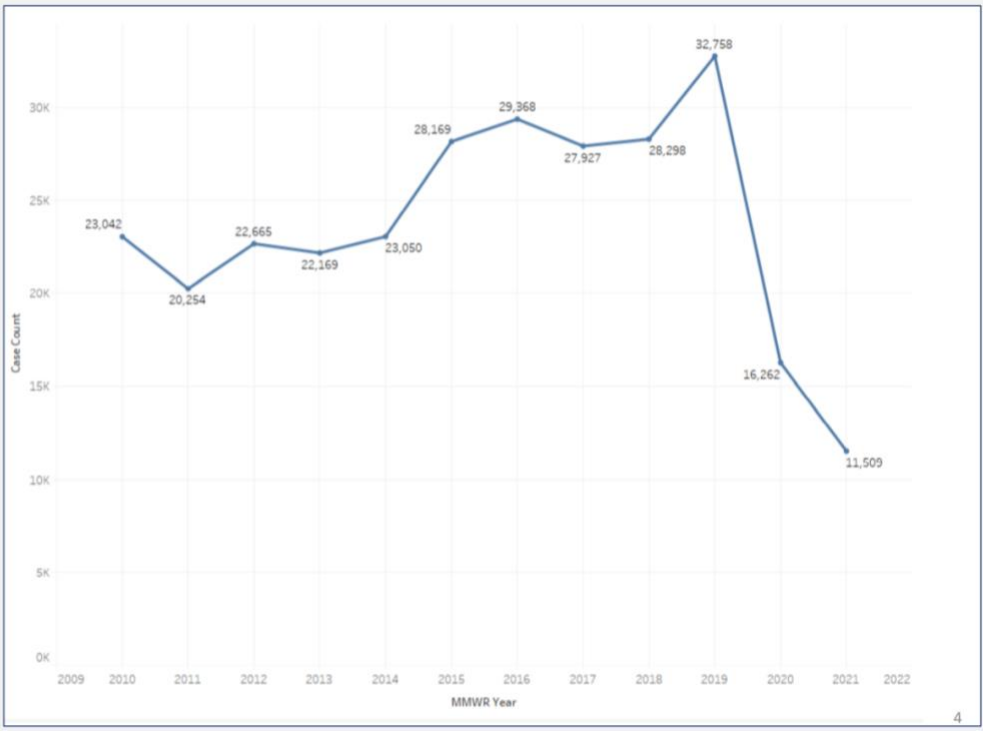
	Week 46	Data Cumulative since October 3, 2021 (Week 40)
No. of specimens tested	40,167	327,924
No. of positive specimens (%)	415 (1.0%)	1,193 (0.4%)
Positive specimens by type		
Influenza A	389 (93.7%)	977 (81.9%)
Influenza B	26 (6.3%)	216 (18.1%)

[HAN Archive - 00458 | Health Alert Network (HAN) (cdc.gov)](#) ***Increasing Seasonal Influenza A (H3N2) Activity, Especially Among Young Adults and in College and University Settings, During SARS-CoV-2 Co-Circulation***

7. Update on Other Infectious Diseases - Imelda Garcia, MPH

Texas Notifiable Disease Conditions in the National Electronic Disease Surveillance System (NEDSS)

Count of All Conditions in Texas by MMWR Year Reported in NEDSS (2010 – November 29, 2021)



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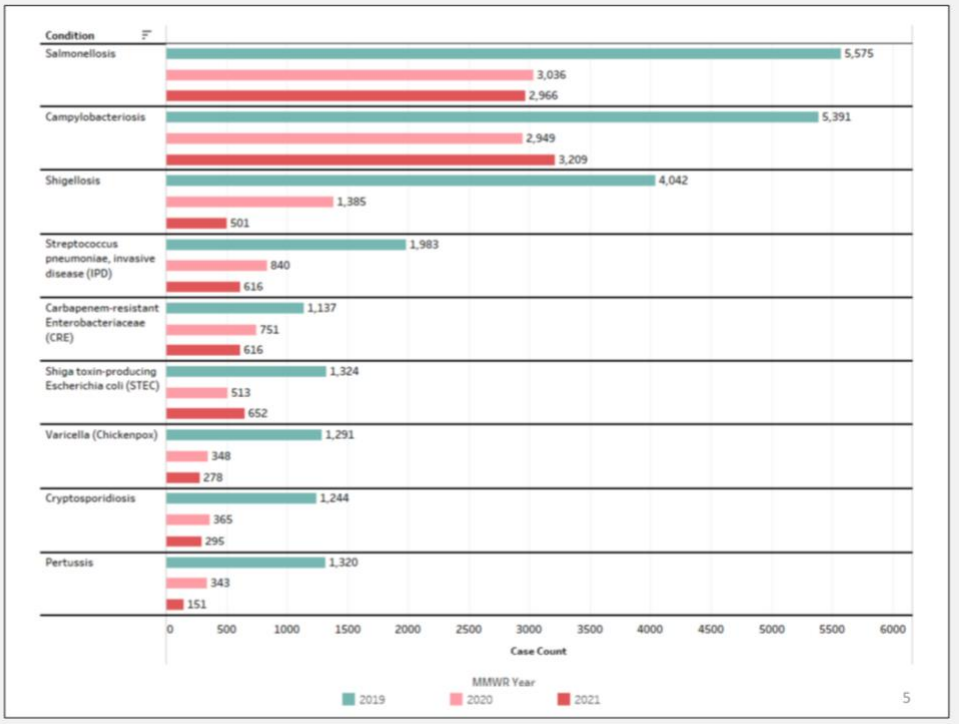
Top Notifiable Conditions in Texas in NEDSS (2019 – November 29, 2021)



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Comments from Members on topics reported above

DSHS was interested in increases in congenital syphilis and HIV. Is that still an issue? DSHS stated that there is no new data on these topics. They will check back with staff. There is a new high of congenital syphilis There has been an uptake in HIV testing.

Is there an opportunity with the new strain if the state shouldn't start a new aggressive campaign? DSHS stated they have researched messaging around vaccination hesitation. We must all play a role in changing the mindset. Omicron is an issue, but the majority of people hospitalized and dying are from Delta. It's a challenge to be trusted.

Public officials say they are for vaccines, but they qualify their statements which makes people feel a conflict. The freedom argument has been very destructive. Public officials should be educated on the damage they are causing.

The data in South Africa has shown Omicron reinfection. We should be telling people to get that third booster vaccination.

8. Public Comment There was no public comment provided

9. Planning and Discussion of Future Meeting Topics - Task Force Members

- COVID Updates
- Perhaps a meeting near Valentine's Day
- Report on tropical diseases and contractor publications

There were other items p[possibly discussed

10. Adjourn - DSHS Commissioner John Hellerstedt, M.D.

***

This summary contains supplemental information from third-party sources where that information provides clarity to the issues being discussed. Not every comment or statement from the speakers in these summaries is an exact transcription. For the purpose of brevity, their statements are often paraphrased. These documents should not be viewed as a word-for-word account of every meeting or hearing, but a summary. Every effort has been made to ensure the accuracy of these summaries. The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.