



# **HHSC: Task Force on Infectious Disease (IDTF) Preparedness and Response**

**September 21, 2021**



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

**Approval of Meeting Minutes** from June 29, 2021 - Task Force Members. The minutes were approved as written.

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

As of September 20, 2021 There has been a decline in hospitalizations in the past couple of weeks.

Total Cases:

- 3,283,785
- 7-day average for new daily cases is decreasing

Current Hospitalizations:

- 11,710 (trending down)

Total Fatalities:

- 60,832
- 7-day average of new fatalities is slowly decreasing

Molecular Positivity Rate: 15.65%

**DSHS Roles during the Pandemic**

- Coordinate state and local public health efforts.
- Deploy medical staffing to hospitals, nursing facilities, and other healthcare entities.
- Source and allocate therapeutics, medical supplies, and personal protective equipment.
- Maintain public awareness and knowledge through multi-media platforms.
- Provide guidance for individuals, businesses, and elected leaders.
- Manage lab testing and capacity.
- Collect, analyze, and report data.
- Develop the infrastructure for equitable COVID-19 vaccine distribution.

**Medical Surge Staff**

- DSHS has mobilized 7,456 medical surge staff across Texas (Over 8,000 will be deployed by 9/17/2021)

- 158 medical surge staff have been deployed to children's hospitals to support increased COVID-19 pediatric patients
- 112 medical surge staff have been placed in Labor & Delivery units in hospitals across the state

Durable Medical Equipment. DSHS has deployed durable medical equipment (DME) to 196 facilities across Texas • 3,390 total DME deployed to hospitals including:

- 209 Cardiac Monitors
- 311 High Flow Oxygen System
- 572 IV Pumps • 594 O2 Concentrators
- 1,037 Ventilators
- 9 Trailers deployed across Texas
- 2 ambulances to support EMS

2339 vaccines administered to homebound individuals and household members

#### DSHS Support Activities

DSHS COVID-19 Hotline: 2-1-1 Option 6 or [coronavirus@dshs.Texas.gov](mailto:coronavirus@dshs.Texas.gov)

- Operates Monday – Friday 8 AM – 5 PM CST, Saturday 8 AM – 1 PM CST, closed on Sundays
- 3,273 calls received from 6/26/21 – 9/14/21
- 2,638 emails received from 6/26/21 – 9/14/21

Provider Webinars Tuesday & Thursdays

Bi-weekly Tuesday Statewide Calls for local and regional healthcare professional

#### **Monoclonal Antibody Therapy**

DSHS Regional Infusion Centers (RICs)

- 13,877 total infusions administered at DSHS RICs
- Additional state infusion centers and +200 private infusion centers

Criteria to receive monoclonal antibody therapy:

- Doctor's order
- Pediatric patients 12 – 17 years and weighing at least 40 kg

Supply at the federal level has decreased, and shipments to states will decrease



- Federal allocations to states based on population, cases and hospitalizations, and adherence to reporting
- DSHS implementing an equitable allocation strategy

DSHS Therapeutics Hotline for Providers: • [therapeutics@dshtexas.gov](mailto:therapeutics@dshtexas.gov)

### **Texas School Data**

TEA School Data Reported to DSHS between 7/27/2020 - 8/29/2021

- 1,086 reported outbreaks • 143,563 number of students infected
- 55,145 staff infected
- 198,708 total number of cases

### **Data Reporting Limitations**

- Time lapse in reporting
- Variability in reporting, frequency, and completeness

Texas Public Schools COVID-19 Data Dashboard--[Texas Public Schools COVID-19 Data](#)

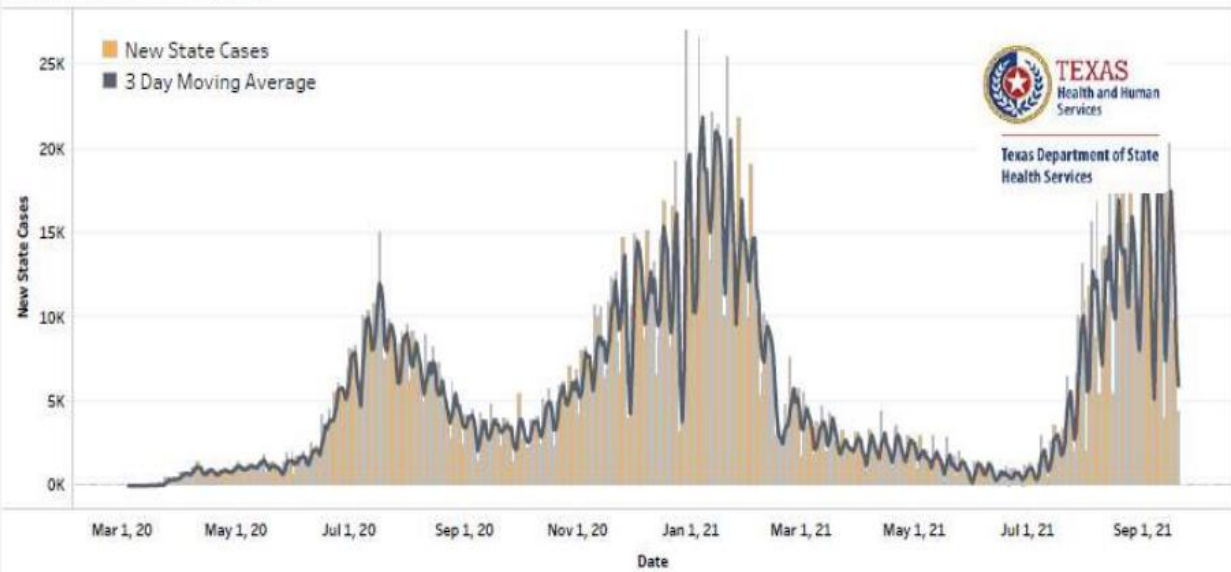
DSHS was awarded approximately \$800 million in grants for public and private schools to:

- Support screening testing to reopen and keep schools operating safely
- Note: Houston received their own grant award

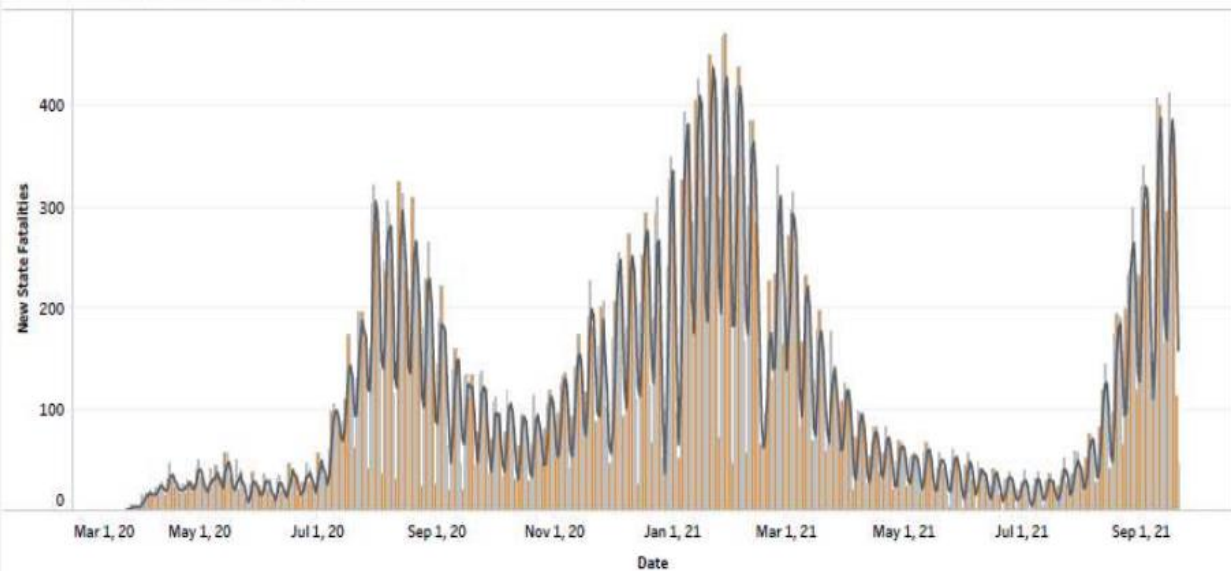
DSHS and Texas Education Agency have been working closely to develop an implementation strategy

School systems will have access to vendors to provide both rapid antigen and PCR test and staffing support.

### New Texas Cases by Day

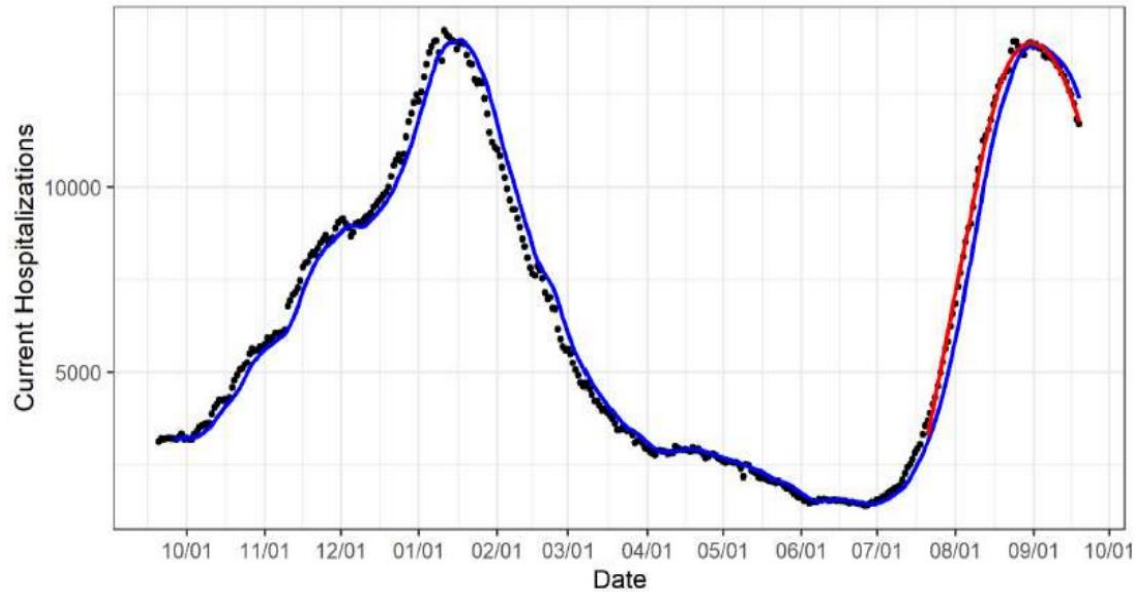


### New Texas Fatalities by Day



## Texas Hospitalizations Over Time

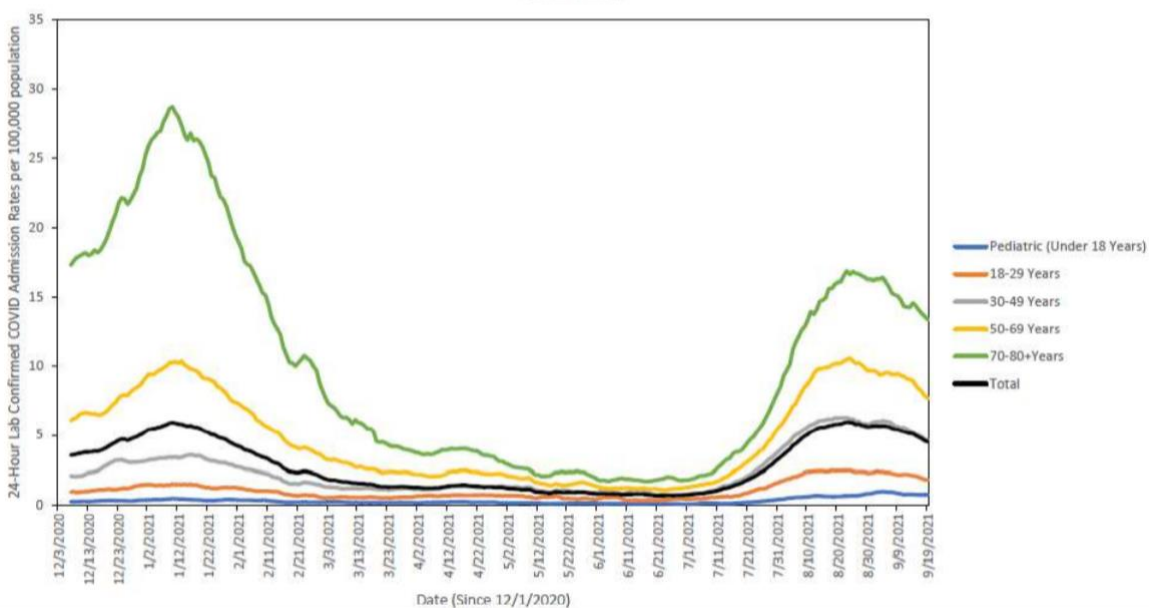
Pop: 29.7M; Slope: -188.2; 100k: -0.6; 7 Day Avg: 12,379.4; 7/14 Day Avg  $\Delta$ : -150.5/-98.4



Blue line is 7 Day Moving Average.  $\Delta$  is the change in the 7 Day Moving Average over a 7 or 14 day period.  
These preliminary data are current as of Mon Sep 20 13:16:37 202118

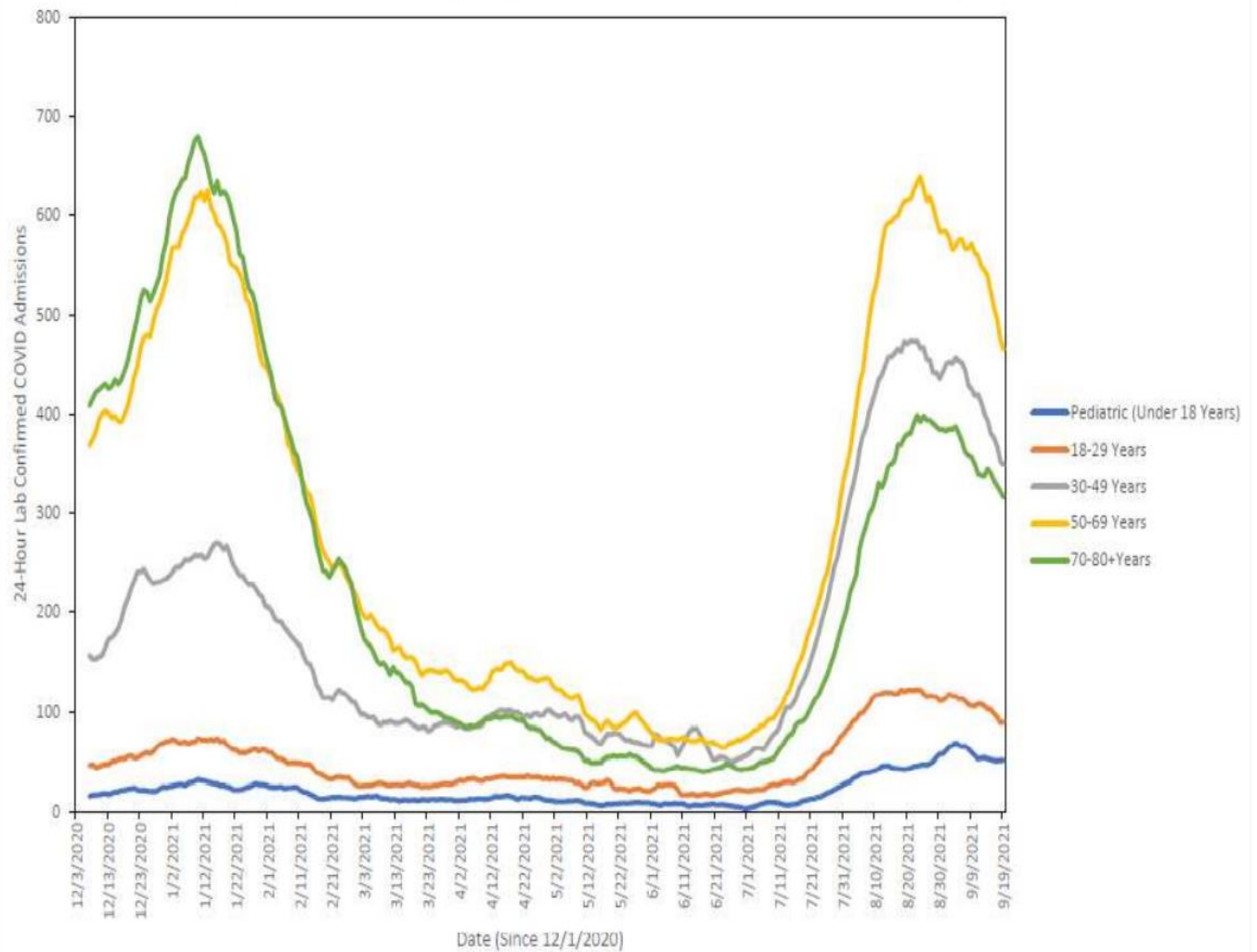
## New Hospital Admission Rates by Age

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



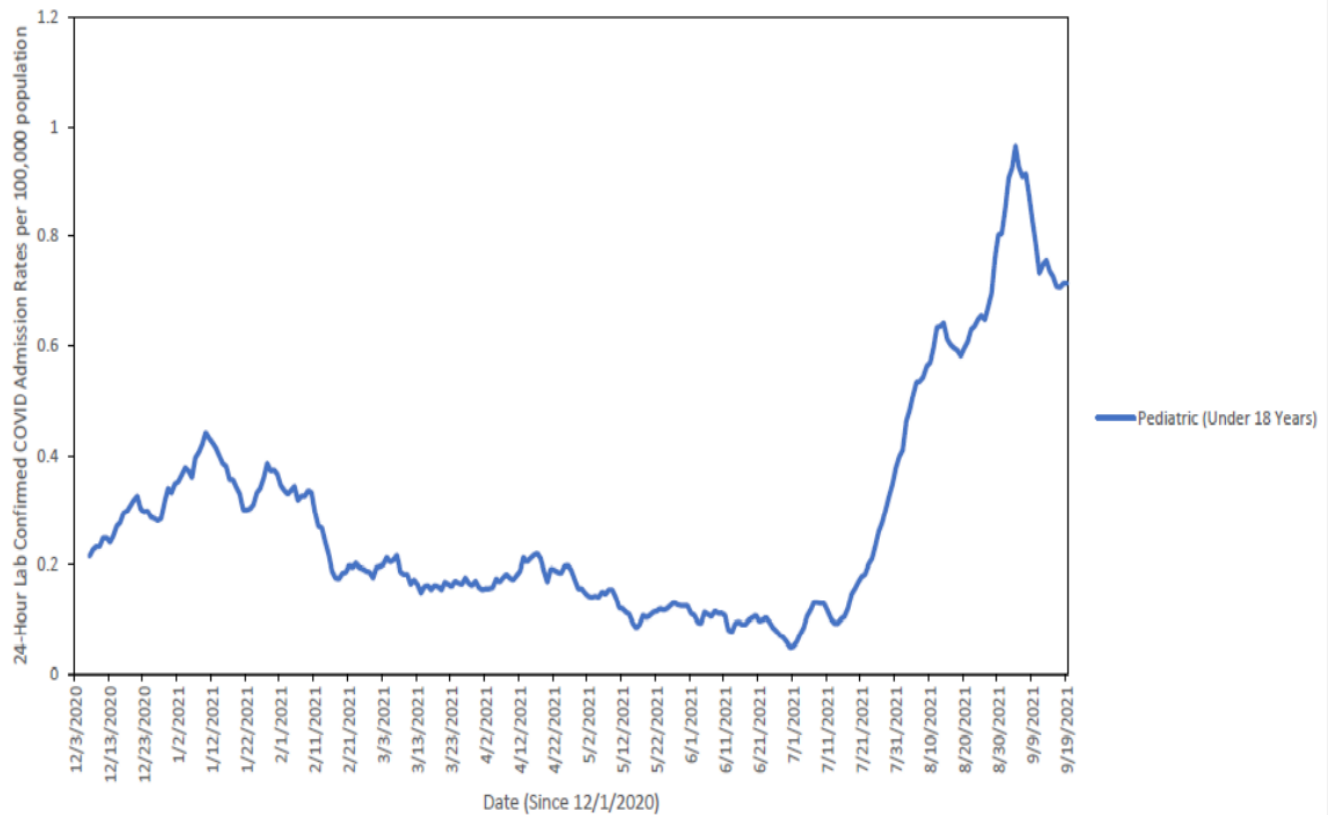


**Statewide: 7-Day Rolling Average of 24-Hour Lab Confirmed COVID Admissions by Age**



# Pediatric Hospitalizations

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





#### Hospitalizations Over Time

Total Texas Proportion of Lab-Confirmed COVID-19 Occupancy of General and ICU Beds out of Total Hospital Beds as of:

Monday, September 13, 2021 Totals

Lab Confirmed COVID-19 in General

8,987

Notes:

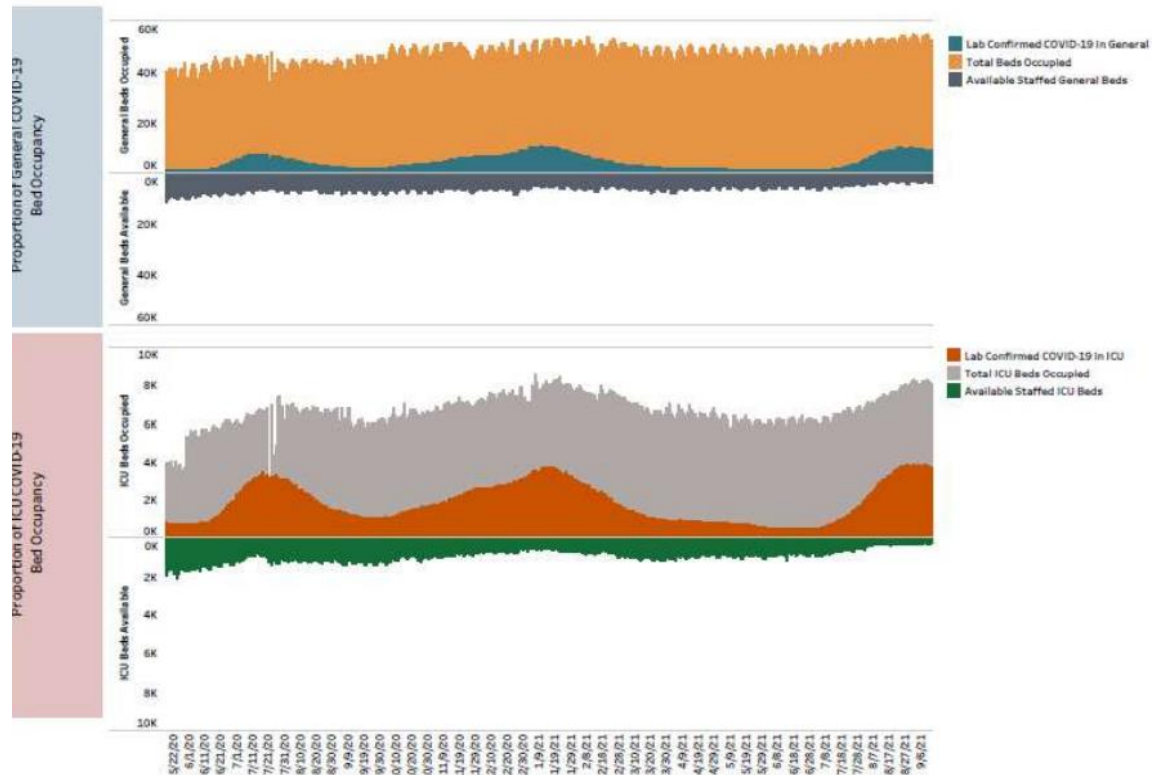
Lab Confirmed COVID-19 in ICU

3,712

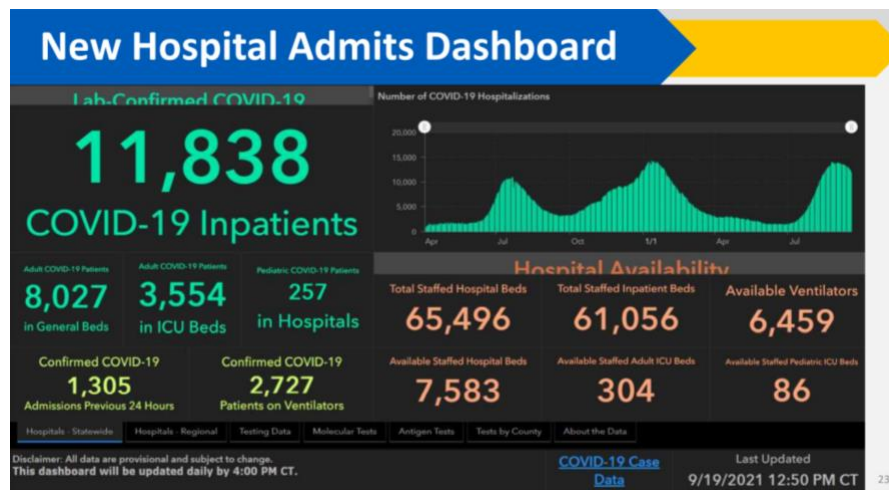
Total Lab Confirmed COVID-19 Gen + ICU

12,699

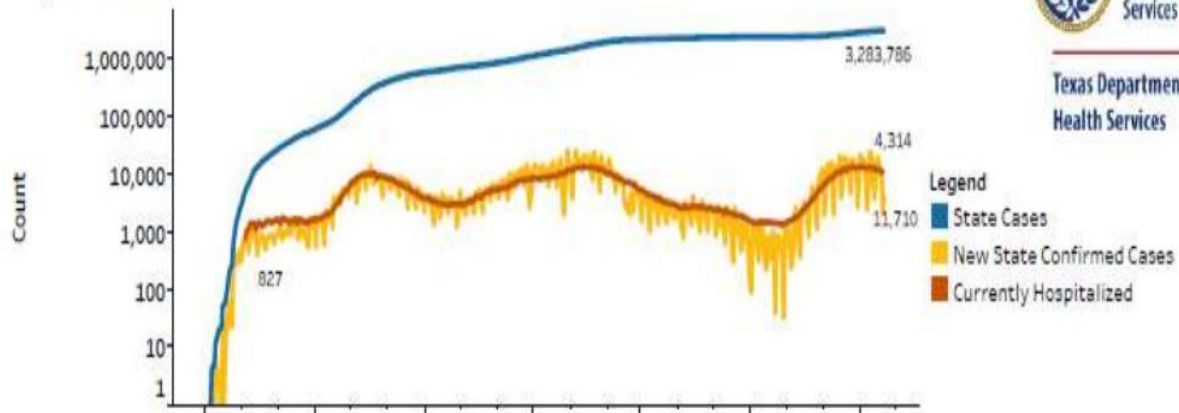
- The most recent hospital data is reported for the day prior.
- After 7/23/2020, USHS reported incomplete hospitalization numbers due to a transition in reporting to comply with new federal requirements.
- Hospitalization data are missing or incomplete for 5/10/2021 and 5/31/2021.



These preliminary data are current as of 1:00pm on 9/14/2021.



## Total Texas Covid-19 Confirmed Cases, Confirmed New Cases, and Current Confirmed Hospitalizations

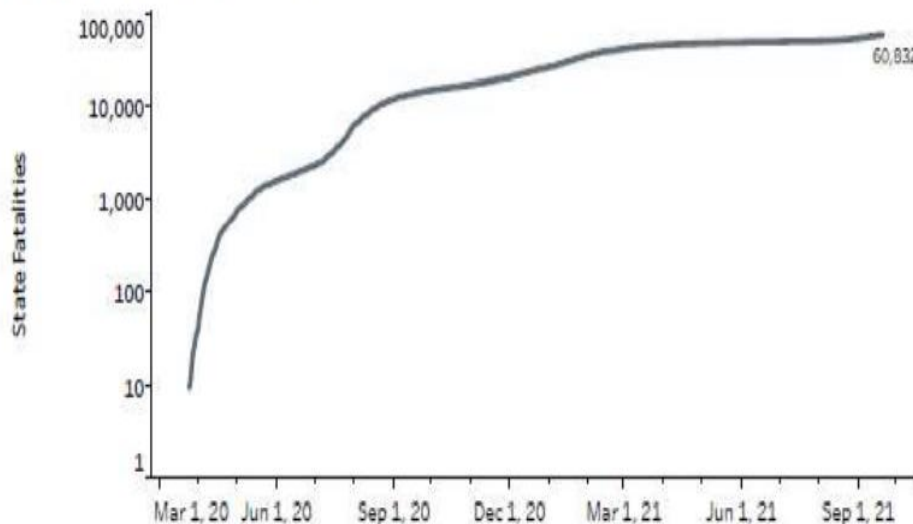


These preliminary data are current as of 1:00pm on 9/20/2021.

### Notes:

- After 7/23/2020, DSHS reported incomplete hospitalization numbers due to a transition in reporting to comply with new federal requirements. As of 8/19/2020, 91% of hospitals were reporting.
- During the week of Feb. 14-Feb. 21, 2021, case and fatality reporting was significantly impacted across the majority of Texas counties due to weather-related issues.
- Hospitalization data are missing or incomplete for 5/10/2021 and 5/11/2021.

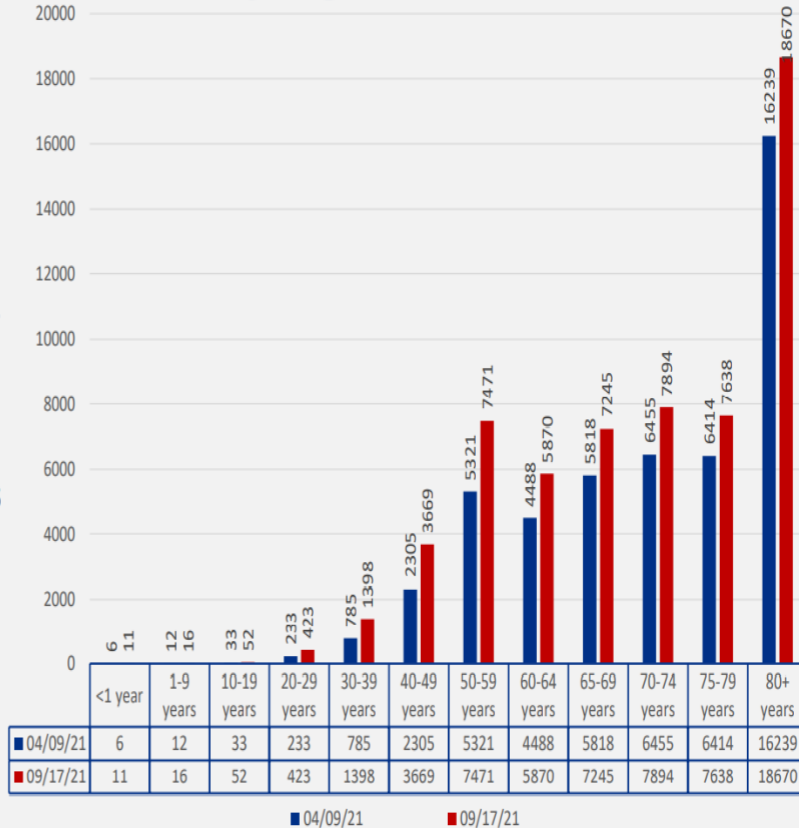
## Total Texas Covid-19 Fatalities



Note: As of July 27, 2020, 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).

## COVID-19 Fatalities by Age: N = 60,832

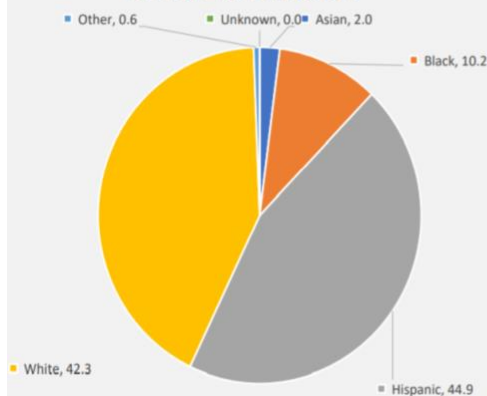
- Majority of COVID-19 associated fatalities are among Texans 50+
- Proportion of fatalities under 50 has grown since January
  - From May 16 to August 7, almost 20-percent of fatalities were in individuals between 0 – 49 years



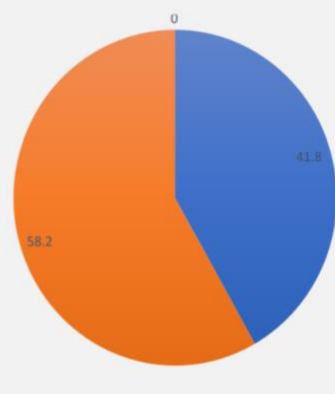
\*as of September 17, 2021

## COVID-19 Fatalities Demographics

**Race/Ethnicity as a Percentage of COVID-19 Fatalities**



**Gender as a Percentage of COVID-19 Fatalities**



\*as of September 17, 2021

### **Reinfections in Texas**

- When an individual becomes infected with COVID-19, and then becomes reinfected. Most reinfection cases in Texas are in individuals 50 years and under
- Variability of natural immunity; protection that vaccines offer is preferred
- A total of 1,078 confirmed reinfections reported to DSHS between 1/1/2021 – 9/8/2021
  - 8.9% of total cases were hospitalized during their reinfection
  - 117 total reinfection cases in 0 – 19 years of age
  - 168 total reinfection cases in 20 – 29 years of age (highest rate)

### **Vaccine Breakthrough Cases in Texas**

- Fully vaccinated status is 14 days after completion of vaccine primary series and is required to meet criteria to be considered a vaccine breakthrough
- As the number of people who are vaccinated increases, the number of breakthrough cases is also expected to increase
- DSHS collects information on breakthrough cases that require hospitalization or result in fatality (per new CDC reporting request)
- 693 confirmed vaccine breakthrough cases of heightened public health interest (clinically severe) that resulted in hospitalization
  - Most were 60 and older
  - 119 fatalities: 101 were in those 60 and older, and 89 had reported a known underlying health condition

### **Multisystem Inflammatory Syndrome in Children (MIS-C) in Texas**

- MIS-C in Texas as of 9/20/2021:
  - 231 total confirmed cases
  - Age range: 7 months-18 years old (median 9 years old)
  - Sex: 150 Male (65%), 81 Female (35%)
  - Race/Ethnicity: 121 Hispanic (52%), 55 Black (24%), 38 White (16%), 6 Asian (3%), 11 Unknown (5%)
- Hospital and ICU admission:
  - 231 Hospitalized
  - 155 ICU admission (67%)
- Outcome:
  - 207 Discharged (90%)
  - 1 fatality
  - 23 unknown/lost to follow-up (10%)

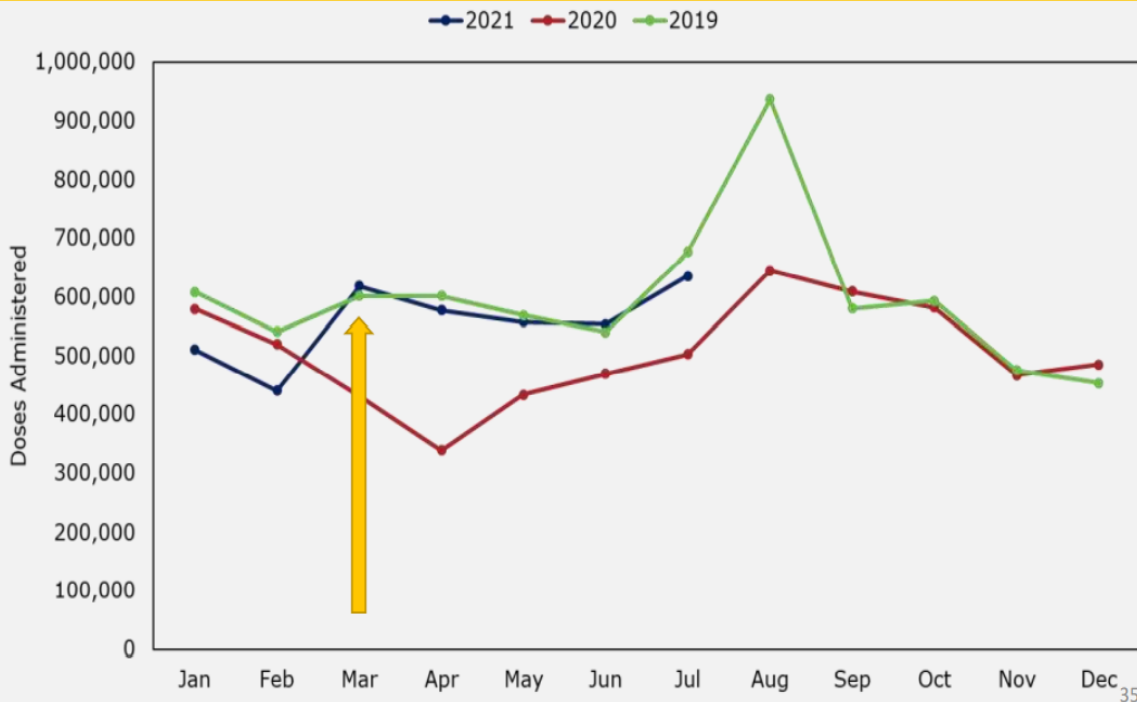
## SARS-CoV-2 Variants



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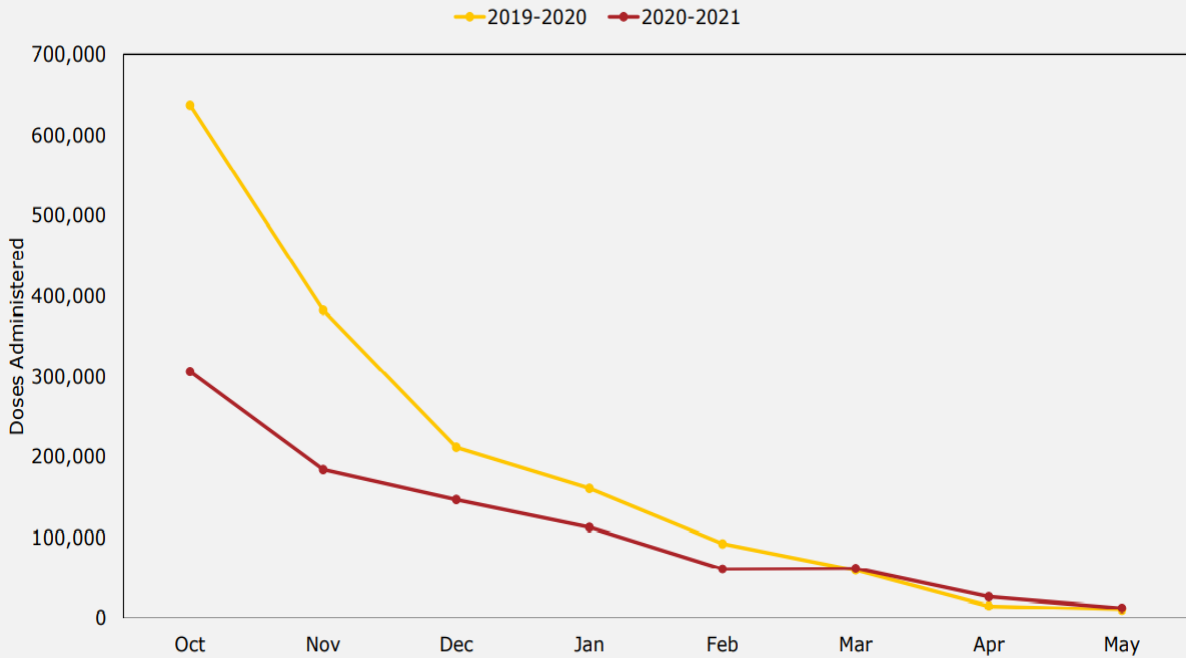
COVID has impacted the vaccine efforts negatively in other programs.

# Texas Vaccines for Children (TVFC) Childhood Non-Flu Vaccines

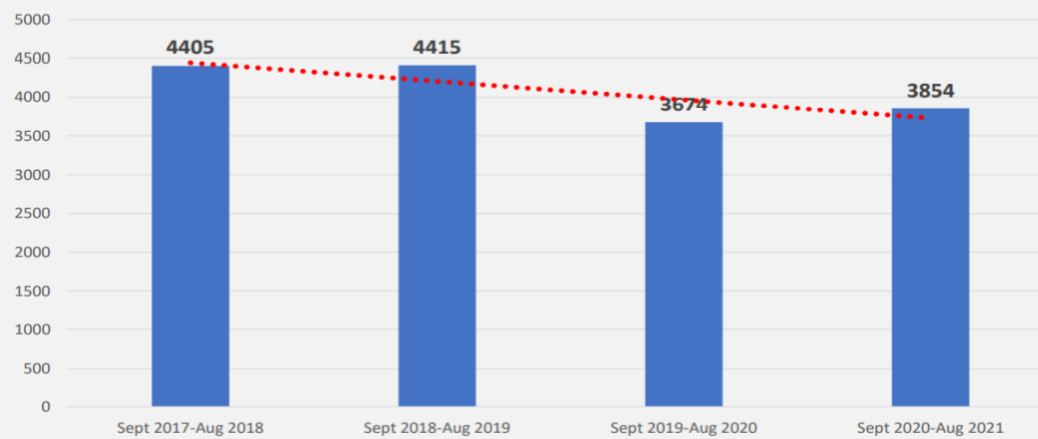




## ImmTrac2 Flu Vaccine Administration by Flu Season



## Texas HIV Diagnoses (Sept-Aug rolling year)\*



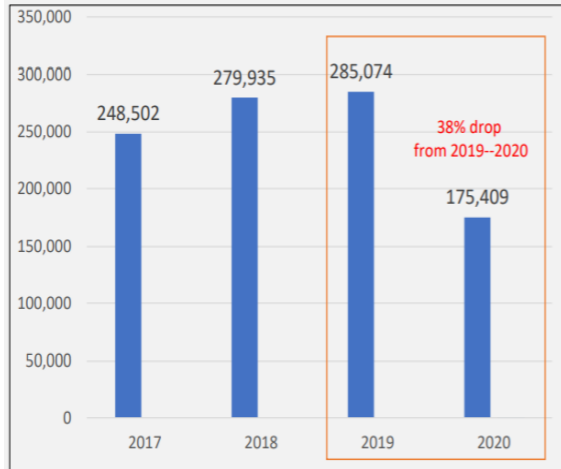
\*Provisional Data pulled from eHARS

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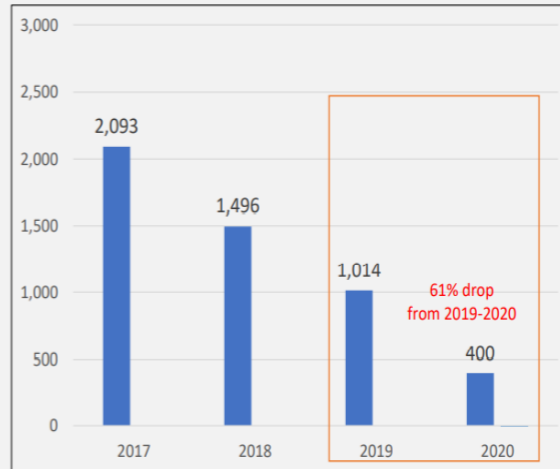


## Changes in DSHS-funded HIV Testing Programs

**Testing by HIV prevention contractors,  
2017-2018**



**Partner testing during HIV or syphilis,  
2017 -2020**



### Congenital Syphilis

In 2020, Public Health Follow-Up (PHFU) programs reported:

- 60% experienced 50%-100% staff reassignment to COVID-19 related activities
- 50% did not conduct field activities, limiting the number of timely notifications and field-testing opportunities
- Over 50% reported local STI clinic closures or operating at reduced capacity, impacting timely treatment for persons with an infection and those exposed to an infection

PHFU programs continue to report:

- Pregnant persons hesitant when seeking prenatal care, delaying early engagement in prenatal care and third trimester testing
- Clients reporting concerns with access to emergency departments when penicillin desensitization is necessary to administer adequate treatment
- Limited access to hospital medical records impacted timely identification of CS cases

### 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) [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>

### Questions/Answers/Comments

Has there been an increase in RSV. DSHS stated that there has been an increase and in the wrong season. RSV is not a reportable illness so data is voluntarily reported and may be under reported.

Inquired about the deaths after April/May illustrating deaths related to vaccine resistant groups. The decline in childhood vaccinations during COVID. could possibly not bounce back. DSHS stated that there have been changing demographics since April/May and a closer look is being conducted. In July minority deaths demonstrated an increase.

Dr. Hellerstedt stated it would be good to see who is getting vaccinated now.

**COVID-19 Vaccine Update** - Saroj Rai, Ph.D. The information presented today is based on CDC's recent guidance and MAY change. September 21, 2021

### COVID-19 Vaccines BLA Status (Biologics Licensure Application)

August 23, 2021, the Food and Drug Administration (FDA) approved the first COVID-19 vaccine for ages 16 years and older.

- Marketed as Comirnaty™
- Emergency use authorized for 12-15 years of age
- Emergency use authorized for an additional dose in immunocompromised persons
- Emergency use authorized for a booster dose in persons >65 years of age and those at severe risk of COVID-19?

### COVID-19 Vaccines BLA Status Full Approval (Biologics Licensure Application)

Moderna has also submitted a biologics licensure application with the FDA. However, the FDA has not yet provided a PDUFA\* date ( \* Prescription Drug User Fee Act (PDUFA) date: Once the FDA accepts a filing for the approval of a drug, the agency must complete its review process a specified time period. The date at the end of the review period is referred to as the PDUFA date)

J&J/Janssen has not yet begun their submission of their BLA with the FDA. Tentative timeline 4Q21



#### Interim Estimates of COVID-19 Vaccine Effectiveness Against COVID-19–Associated Emergency Department or Urgent Care Clinic Encounters and Hospitalizations Among Adults During SARS-CoV-2 B.1.617.2 (Delta) Variant Predominance — Nine States, June–August 2021

- CDC used the VISION Network\* to examine medical encounters (32,867) from 187 hospitals and 221 emergency departments (EDs) and urgent care (UC) clinics across nine states during June–August 2021, beginning on the date the Delta variant accounted for >50% of sequenced isolates in each medical facility's state.
- Among fully vaccinated patients, the proportion who had received each vaccine product among hospitalizations and ED/UC encounters, respectively, were Pfizer-BioNTech, 55.3% and 53.6%; Moderna, 38.8% and 36.1%; and Janssen, 6.0% and 10.3%.
- The median interval from becoming fully vaccinated to the hospital admission or ED/UC encounter, respectively, were 110 and 93 days (Pfizer-BioNTech), 106 and 96 days (Moderna), and 94 and 94 days (Janssen).
- Overall, VE against COVID-19 hospitalization was 86% (95% CI = 82%–89%).
- VE was significantly lower among adults aged ≥75 years (76%) than among those aged 18–74 years (89%) (Table). The difference in VE point estimates between age groups was similar for Pfizer-BioNTech and Moderna vaccines.
- Across all ages, VE was significantly higher among Moderna vaccine recipients (95%) than among Pfizer-BioNTech (80%) or Janssen (60%) vaccine recipients.

\*Columbia University Irving Medical Center (New York), HealthPartners (Minnesota and Wisconsin), Intermountain Healthcare (Utah), Kaiser Permanente Northern California (California), Kaiser Permanente Northwest (Oregon and Washington), Regeneron Institute (Indiana), and University of Colorado (Colorado).

[https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e2.htm?cid=mm7037e2\\_e&ACSTrackingID=USCDC\\_921-DM65565&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20September%2010%2C%202021&deliveryName=USCDC\\_921-DM65565](https://www.cdc.gov/mmwr/volumes/70/wr/mm7037e2.htm?cid=mm7037e2_e&ACSTrackingID=USCDC_921-DM65565&ACSTrackingLabel=MMWR%20Early%20Release%20-%20Vol.%2070%2C%20September%2010%2C%202021&deliveryName=USCDC_921-DM65565)

TABLE. COVID-19 vaccine effectiveness\* against laboratory-confirmed COVID-19–associated emergency department and urgent care clinic encounters and hospitalizations† among adults during SARS-CoV-2 B.1.617.2 (Delta) variant predominance,‡ by outcome, age group, and vaccine — nine states,§ June–August 2021

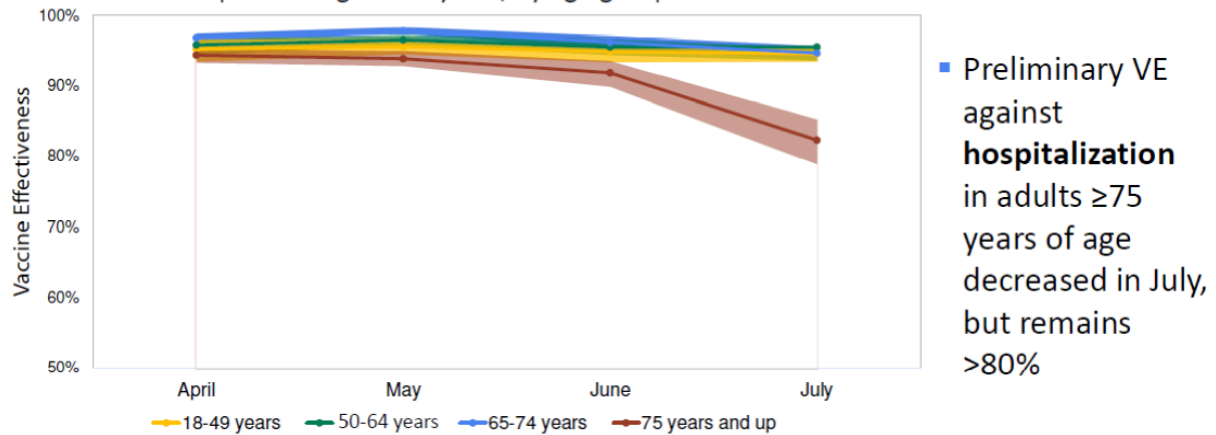
Outcome	Total	No. of SARS-CoV-2-positive tests (row %)	VE, % (95% CI)
<b>All adults (aged ≥18 yrs), any COVID-19 vaccine</b>			
<b>COVID-19 hospitalizations</b>			
Unvaccinated (ref)	6,960	1,316 (18.9)	—
Fully vaccinated**	7,676	235 (3.1)	86 (82–89)
<b>COVID-19 ED/UC encounters</b>			
Unvaccinated (ref)	10,872	3,145 (28.9)	—
Fully vaccinated**	7,359	512 (7.0)	82 (81–84)
<b>COVID-19 hospitalizations, any COVID-19 vaccine, by age</b>			
<b>Age group = 18–74 yrs</b>			
Unvaccinated (ref)	5,708	1,185 (20.8)	—
Fully vaccinated**	4,551	134 (2.9)	89 (85–92)
<b>Age group = ≥75 yrs</b>			
Unvaccinated (ref)	1,252	131 (10.5)	—
Fully vaccinated**	3,125	101 (3.2)	76 (64–84)
<b>COVID-19 hospitalizations by COVID-19 vaccine</b>			
<b>BNT162b2 (Pfizer-BioNTech)</b>			
Unvaccinated (ref)	6,960	1,316 (18.9)	—
Fully vaccinated**	4,243	135 (3.2)	80 (73–85)
<b>mRNA-1273 (Moderna)</b>			
Unvaccinated (ref)	6,960	1,316 (18.9)	—
Fully vaccinated**	2,975	70 (2.4)	95 (92–97)
<b>Ad26.COV2.S (Janssen)</b>			
Unvaccinated (ref)	6,960	1,316 (18.9)	—
Fully vaccinated**	458	30 (6.5)	60 (31–77)
<b>COVID-19 ED/UC encounters by COVID-19 vaccine</b>			
<b>BNT162b2 (Pfizer-BioNTech)</b>			
Unvaccinated (ref)	10,872	3,145 (28.9)	—
Fully vaccinated**	3,946	314 (8.0)	77 (74–80)
<b>mRNA-1273 (Moderna)</b>			
Unvaccinated (ref)	10,872	3,145 (28.9)	—
Fully vaccinated**	2,656	98 (3.7)	92 (89–93)
<b>Ad26.COV2.S (Janssen)</b>			
Unvaccinated (ref)	10,872	3,145 (28.9)	—
Fully vaccinated**	757	100 (13.2)	65 (56–72)

## COVID-19 Vaccine Boosters

### Booster doses of COVID-19 vaccines: Adults $\geq 65$ years of age



Preliminary VE against COVID-19–associated hospitalization among fully vaccinated† patients aged  $\geq 18$  years, by age group and month — COVID-NET

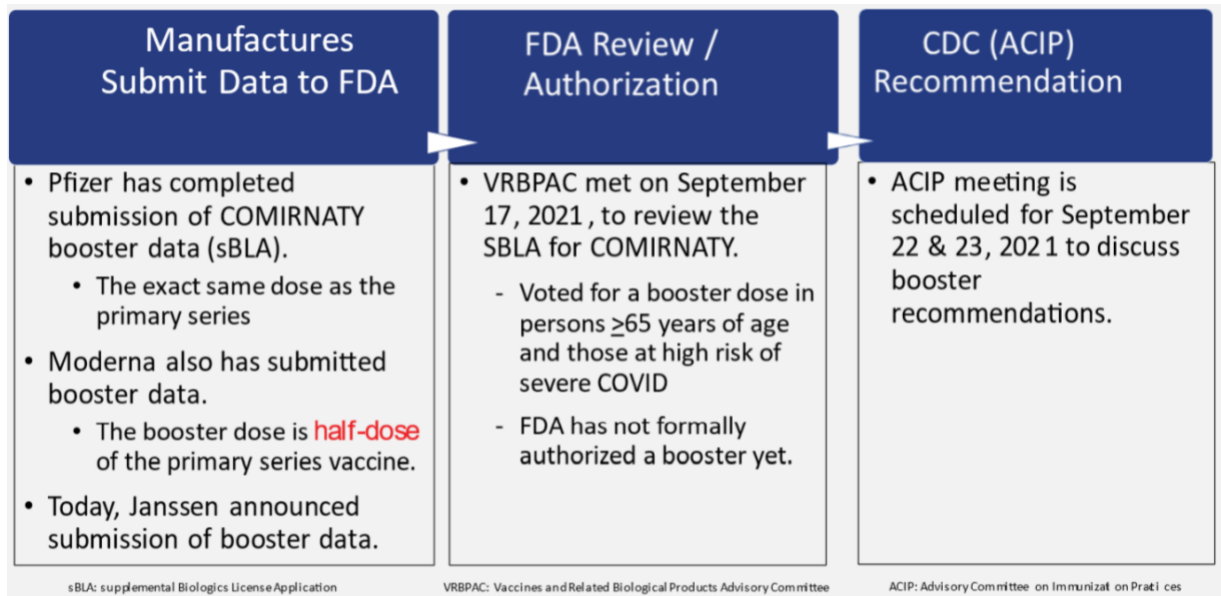


Source: Unpublished COVID-NET data

†Fully vaccinated patients received both doses of Moderna or Pfizer-BioNTech vaccine, with second dose received  $\geq 14$  days before hospitalization, or a single dose of Janssen (Johnson & Johnson) vaccine  $\geq 14$  days before hospitalization

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## Path to Booster Dose Recommendation






## COVID-19 Vaccine for Pediatric Population

- COVID-19 vaccination of children is important to reduce transmission of SARS-CoV-2 and reduce disruptions to in-person learning.
- Focused efforts needed to vaccinate children aged 5-11 years
  - Emergency Use Authorization (EUA) of Pfizer-BioNTech COVID-19 vaccine in this age group is uncertain
  - For planning purposes, projecting as early as Q4/2021
  - Additional planning may be needed for <5-year population in the coming months

## Approach for Reaching Children

Augment existing public health infrastructure and add new channels



	Category	Approach
	Providers serving children & primary care	<ul style="list-style-type: none"> <li>Utilize primary care and health department sites as trusted providers to notify, schedule, and vaccinate their patients, including managing routine immunizations</li> </ul>
	Pharmacies and HRSA sites <sup>1</sup>	<ul style="list-style-type: none"> <li>Leverage broad pharmacy footprint to administer COVID-19 vaccine to children, as feasible</li> </ul>
	School-based vaccination	<ul style="list-style-type: none"> <li>Partner with Federally Qualified Health Centers, pharmacies, public health, and pediatric provider networks to hold targeted programs to ensure equity and coverage</li> </ul>



1. Health Resources and Services Administration (HRSA) sites including: Federally Qualified Health Centers (FQHCs), Rural Health Clinics, Community Health Centers

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### COVID-19 Vaccine Updates Children Younger than 11 Years of Age

September 10th, 2021, the FDA issued a statement outlining the status and the steps it will take to authorize COVID-19 vaccine for this age group.

- A follow-up period of at least about two months, to allow for proper safety monitoring following the administration of vaccine doses for at least half of the clinical trial vaccine recipients.
- After manufacturers analyze their clinical trial data, they will compile the information and may request an emergency use authorization (EUA) or submit for approval a biologics license application (BLA), as appropriate, for this young population to the FDA.
- When a completed request for EUA or approval has been received by the FDA, the agency will carefully, thoroughly and independently examine the data to evaluate benefits and risks and be prepared to complete its review as quickly as possible, likely in a matter of weeks rather than months. [FDA Will Follow the Science On COVID-19 Vaccines for Young Children | FDA](#)

Yesterday, **Pfizer** announced results from their Phase 2/3 study in children 5-11 years of age. The dose for 5-11 years being evaluated is 10 mcg (versus 30 mcg for adults), 2-dose series given 21 days apart.

- 2,268 participants randomized 2:1 (active vaccine: placebo)



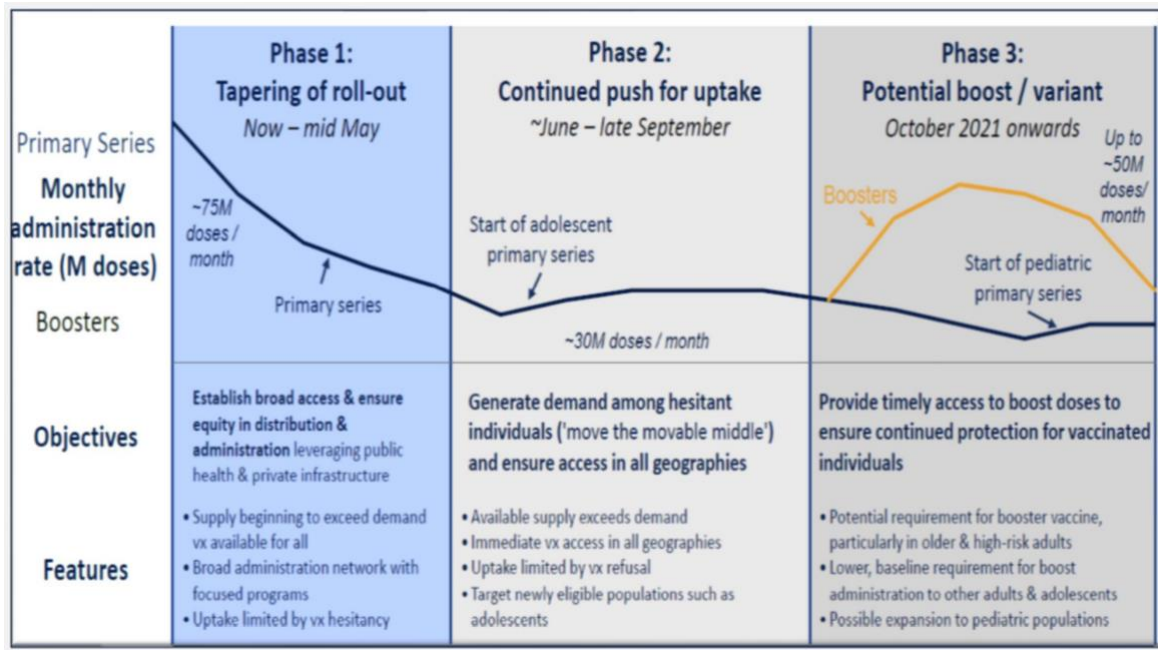
- “Showing a favorable safety profile and robust neutralizing antibody response”
- “Plan to submit them to the FDA and other regulators with urgency”

Pfizer is also studying the vaccine in children ages 6 months to 5 years of age.

- The dose for this younger age cohort being evaluated is 3 mcg.
- Anticipate timeline by 4Q21

**Moderna** COVID-19 vaccine (mRNA-1273) study in young children ages 6 months to 11 years is ongoing. The 6 years to < 6 years old and 6mos to less than 2 years.

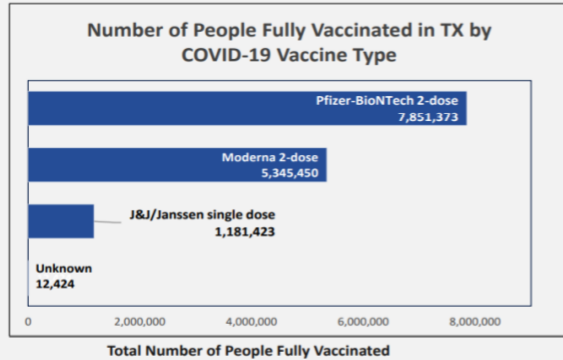
### **COVID-19 Vaccine Distribution Plan Update** - Imelda Garcia, MPH





## Texas COVID-19 Vaccine Administration Summary

**Total Vaccine Doses Administered:**  
**30,172,764**



**% of Population Fully Vaccinated**



**≥12 years of age:**  
**60%**



**≥18 years of age:**  
**62%**

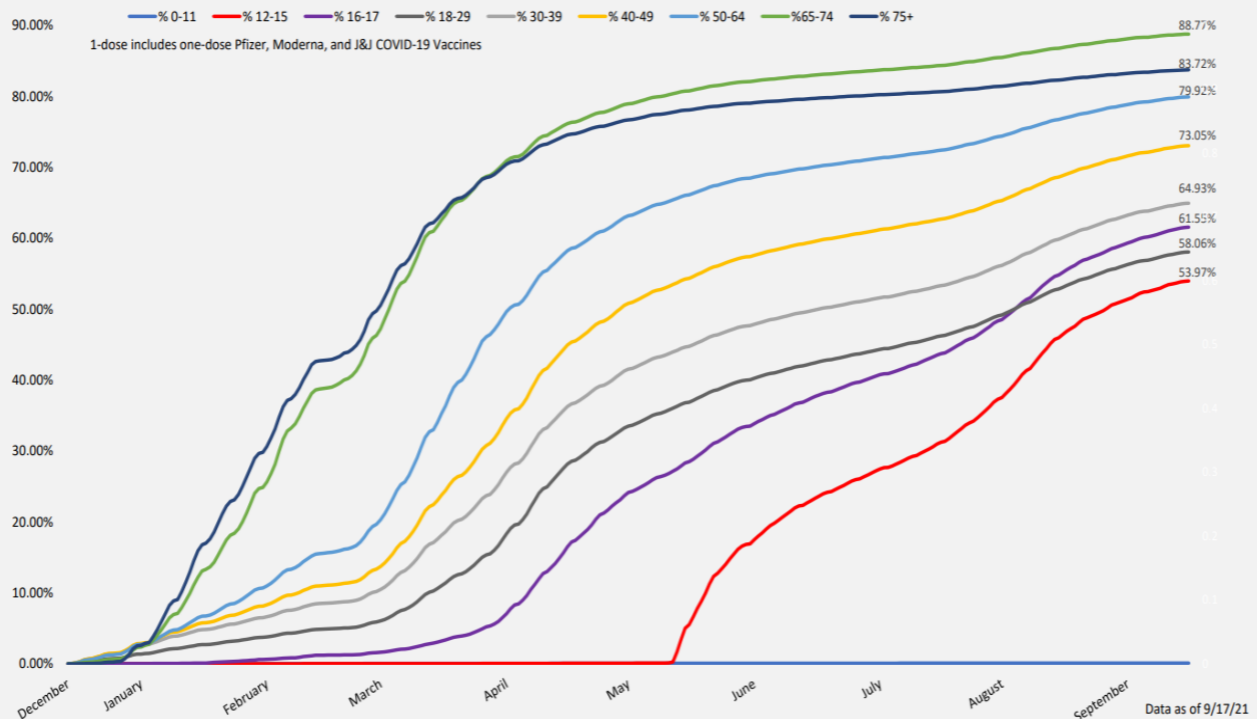


**≥65 years of age:**  
**78%**

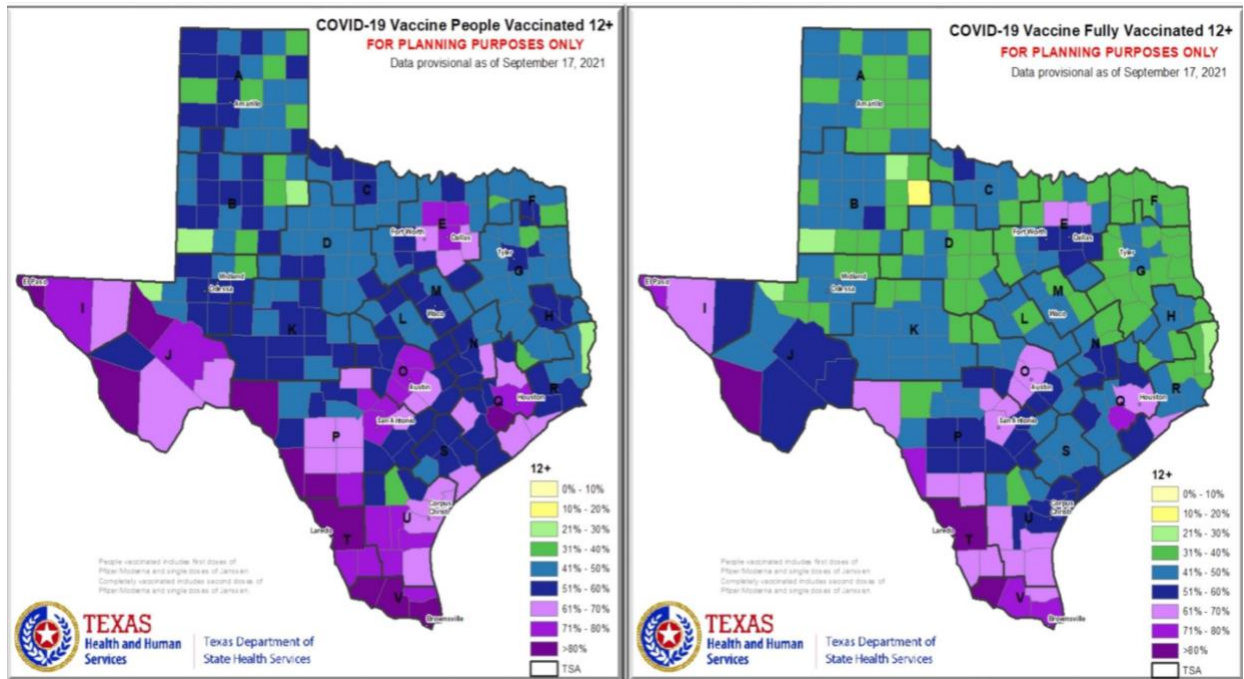
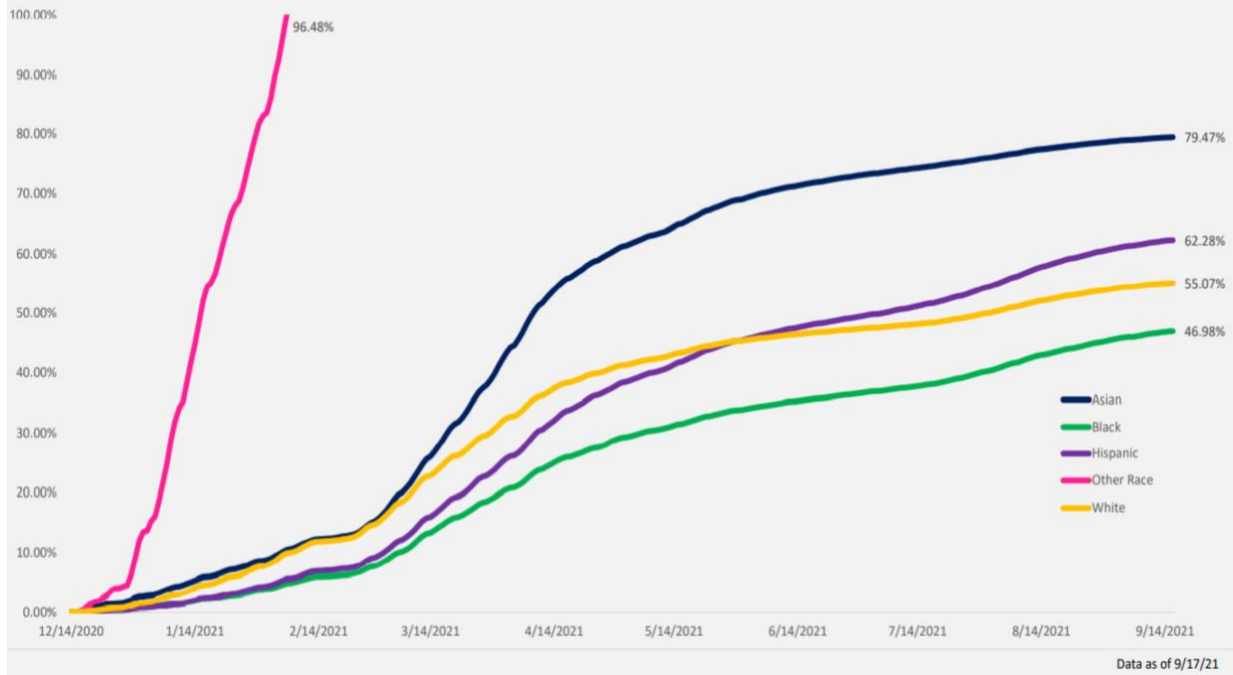
As of Sept. 17, 2021

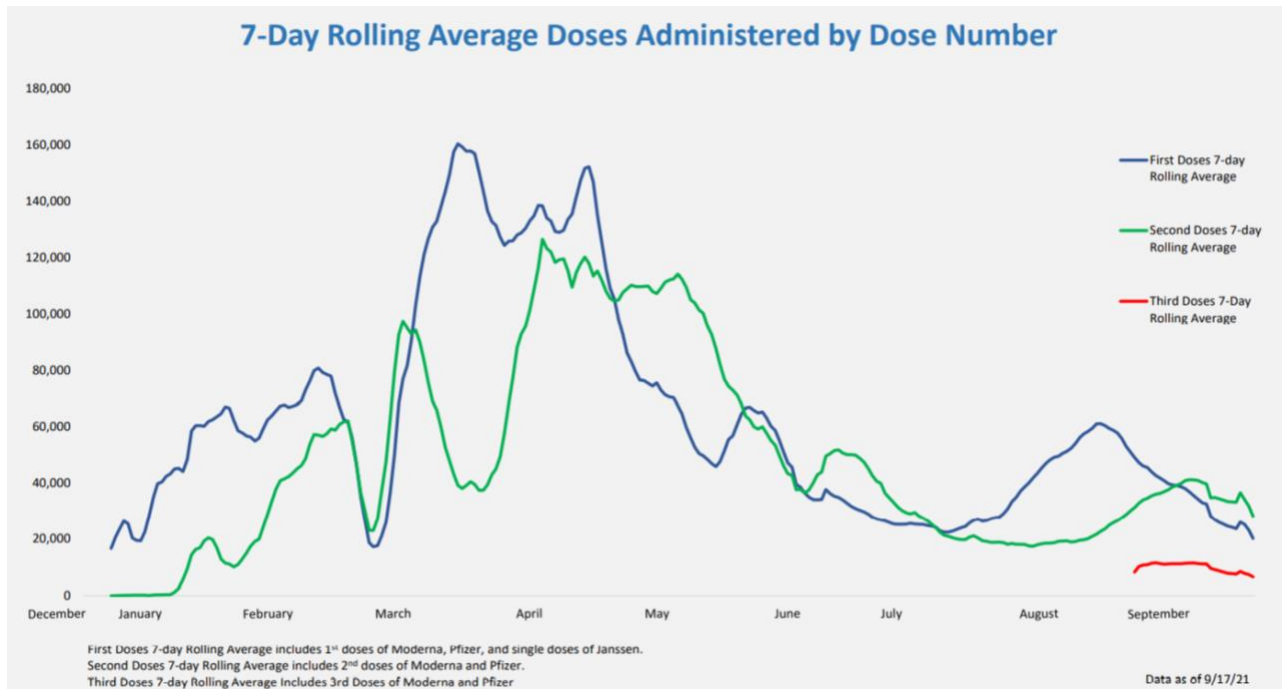
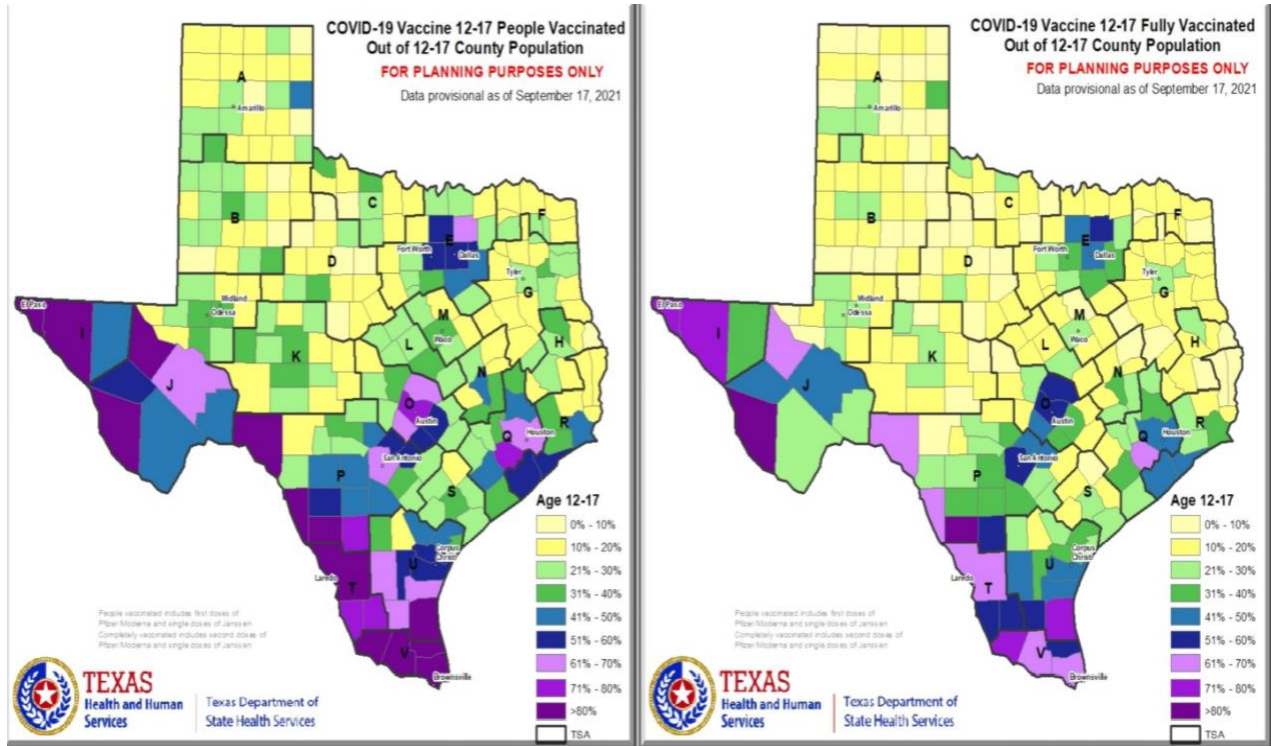
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## Percent People Vaccinated by Age Group by Vaccination Date



### Percent of Population ≥12 Years of Age Vaccinated by Race/Ethnicity





## 2nd-Dose Text Message Reminder

### COVID-19 Vaccination Second-Dose Analysis

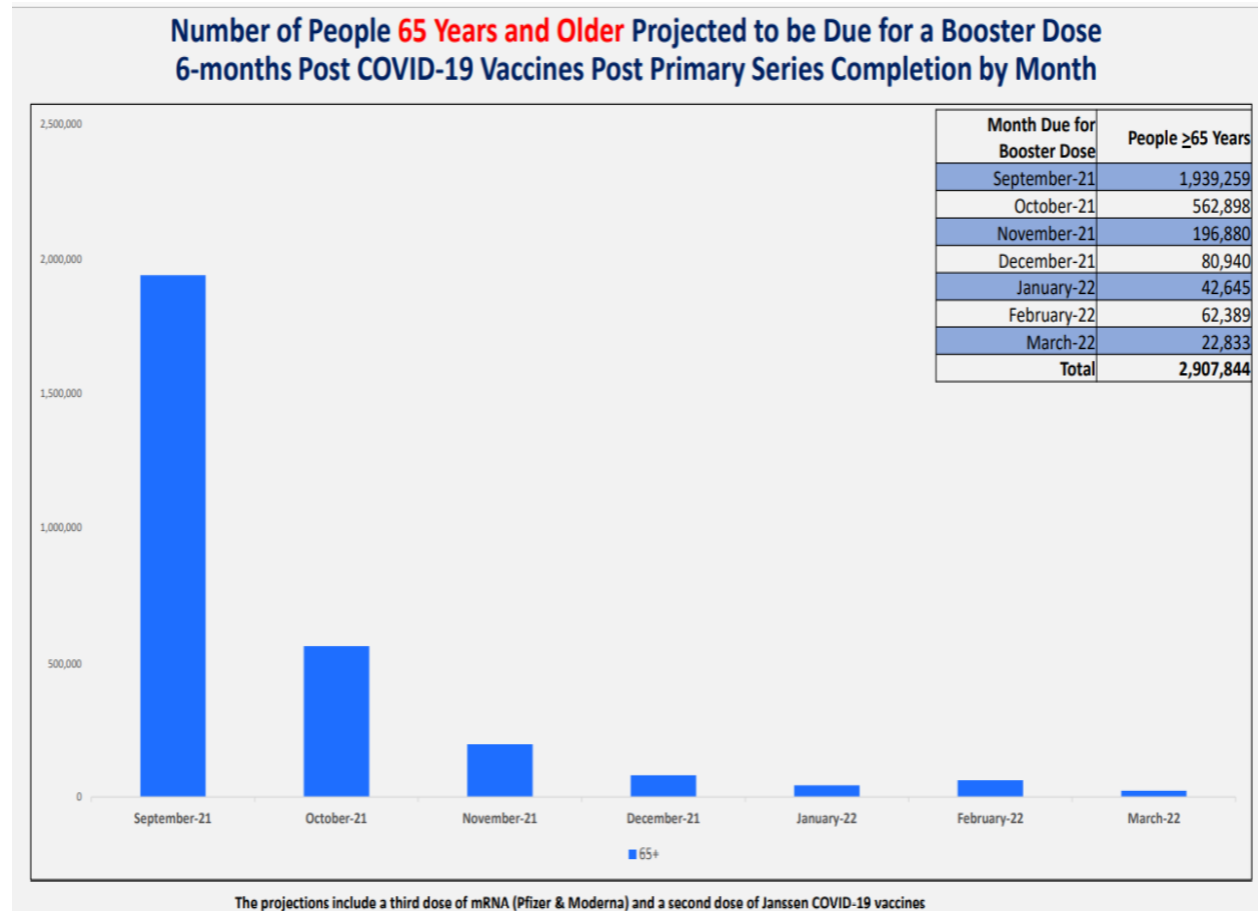
	Number of People	
<b>Total People Vaccinated</b>	<b>16,664,653</b>	
Total People Completed Vaccination	13,968,312	83.82%
People Up To Date	804,289	4.83%
<b>Total People Due for their Second Dose</b>	<b>1,891,986</b>	<b>11.35%</b>
People Due (<30 days since due date)	491,970	2.95%
People Due (30-59 days since due date)	135,319	0.81%
People Due (60-90 days since due date)	204,694	1.23%
People Due (>90 days since due date)	1,060,003	6.36%
Up to Date = Received one dose of Pfizer or Moderna COVID-19 vaccines and are in the second dose time interval (0-21 days Pfizer & 0-28 days Moderna).		

- 1.8M individuals in ImmTrac2 have only 1st dose documented of 2-dose series.
  - Of the 1.8M, 1.3M have a phone number on file (landline or mobile).
  - Of the 1.3M Texans with a phone number on file, there were 1,048,576 unduplicated phone numbers associated with at least one individual in ImmTrac2 with only 1st dose documented of 2-dose series.
- Text messages were sent to 1,048,576 phone numbers (September 7 - September 10, 2021).
  - Messages successfully delivered to 929,233 phone numbers (88.62% success rate).
  - Messages failed to be delivered to 119,343 phone numbers (11.38% failure rate).
- All messages were sent in English.

Hello!

This is a friendly reminder from the Texas Department of State Health Services that someone at this number may be due for the 2nd dose of the COVID-19 vaccine. Getting your 2nd dose will give you the best protection against COVID-19. If you need any help finding a vaccine appointment, please contact your doctor or reach out to the Texas Vaccine Support Center at 1-833-832-7067. You can also schedule an appointment by going to <https://getthevaccine.dshs.texas.gov/>. Thank you for helping keep Texans healthy and safe!

## COVID-19 Vaccination Booster Doses



## Federal Long-Term Care COVID-19 Vaccine Access Campaign

CDC will conduct outreach to ensure LTCFs' residents and staff know where to go to access vaccines, as follows:

1. Communicate with all LTCFs about where residents and staff can go in their communities to access vaccines.
2. Post web content communicating how residents and staff can access vaccines.
3. Provide additional support to Skilled Nursing Facilities (SNFs), if needed.
  - For SNFs indicating they need assistance through the National Healthcare Safety Network, state immunization programs will need to provide additional support.

- If a state immunization program determines that a facility is unable to obtain local access to vaccination support, CDC will match sites with pharmacy partners willing to help.

### **Long-Term Care COVID-19 Vaccination Texas Plan**

Step 1: Informational/Educational Messaging Encouraging LTCFs to Rely on Organic Relationships with Vaccine Providers

- DSHS sent a communication to all LTCFs to order vaccine and have vaccine inventory on-hand in anticipation of boosters.

Step 2: Survey to LTCFs

- Assessing the need for vaccinations

Step 3: HHSC submit STARs Based on Survey Results

Step 4: DSHS Coordinate the Deployment of Vaccine Teams to LTCFs

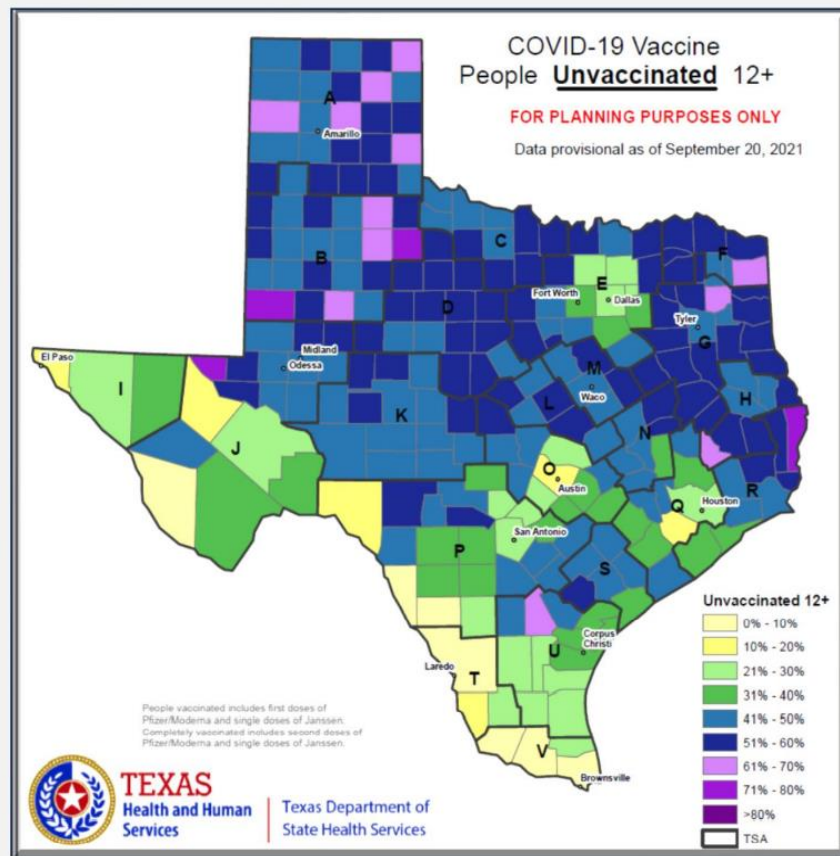
- TMD vaccine teams will be deployed first

### **Federal Mandates**

- These new requirements will cover 100 million Americans (2/3 of US workers).
- The Department of Labor (through OSHA) will issue an emergency rule in the coming weeks requiring all businesses with 100 employees or more to require COVID vaccinations or get tested weekly at minimum.
  - This will encompass 80 million U.S. workers. The Department of Labor will also require all businesses with 100 employees or more to provide PTO to employees to get vaccinated.
- President Biden signed an Executive Order to require all federal branch employees and contractors to be vaccinated.
  - No option for weekly testing.
- A new CMS rule will require all healthcare workers in most settings (homecare, hospitals, long term care, dialysis etc.) that receive Medicaid and Medicare reimbursements to get vaccinated.
  - This encompasses 50,000 providers and 17 million healthcare workers.
  - No option for weekly testing.



## Looking Forward



## COVID-19 Vaccine Areas of Focus

1. Continued emphasis on vaccinating the unvaccinated (Over 7 Million eligible Texans are completely unvaccinated)
2. Implementation of boosters for eligible population
3. Planning for pediatric (5-11 years) vaccination

## Questions/Answers/Comments

What is the impact of starting with one vaccine and getting a booster from a different vaccine? DSHS stated it is recommended you stick with the vaccine you started with. If one gets a booster from a



different vaccine, it is considered an adverse event had has to be reported to the Adverse Event Reporting System. There have been very few cross-vaccine incidents.

Personal observations in Galveston vaccinations have fallen off.

Our data is clear that the nonpharmaceutical interventions work (social distancing and other behavioral changes). Vaccines are additive.

When does the CMS rule go into effect? DSHS stated they believe it takes effect in October and the others take effect in November.

With the mandates allowing opting out, are the number of testing kits available a concern? Dr. Hellerstedt stated there is general concern that we do not have enough testing material. The Rapid Test is being purchased for the professional and the at home test. They are harder to access now. It is wrong to assume a negative test today is eternal and all you need.

**Public Comment.** No public comment was offered.

### **Planning and Discussion of Future Meeting Topics –**

- COVID Updates
- Other issues
- How will we catch up with the decline in vaccinations for other diseases
- Impact of border issues on public health
- Early December meeting

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

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