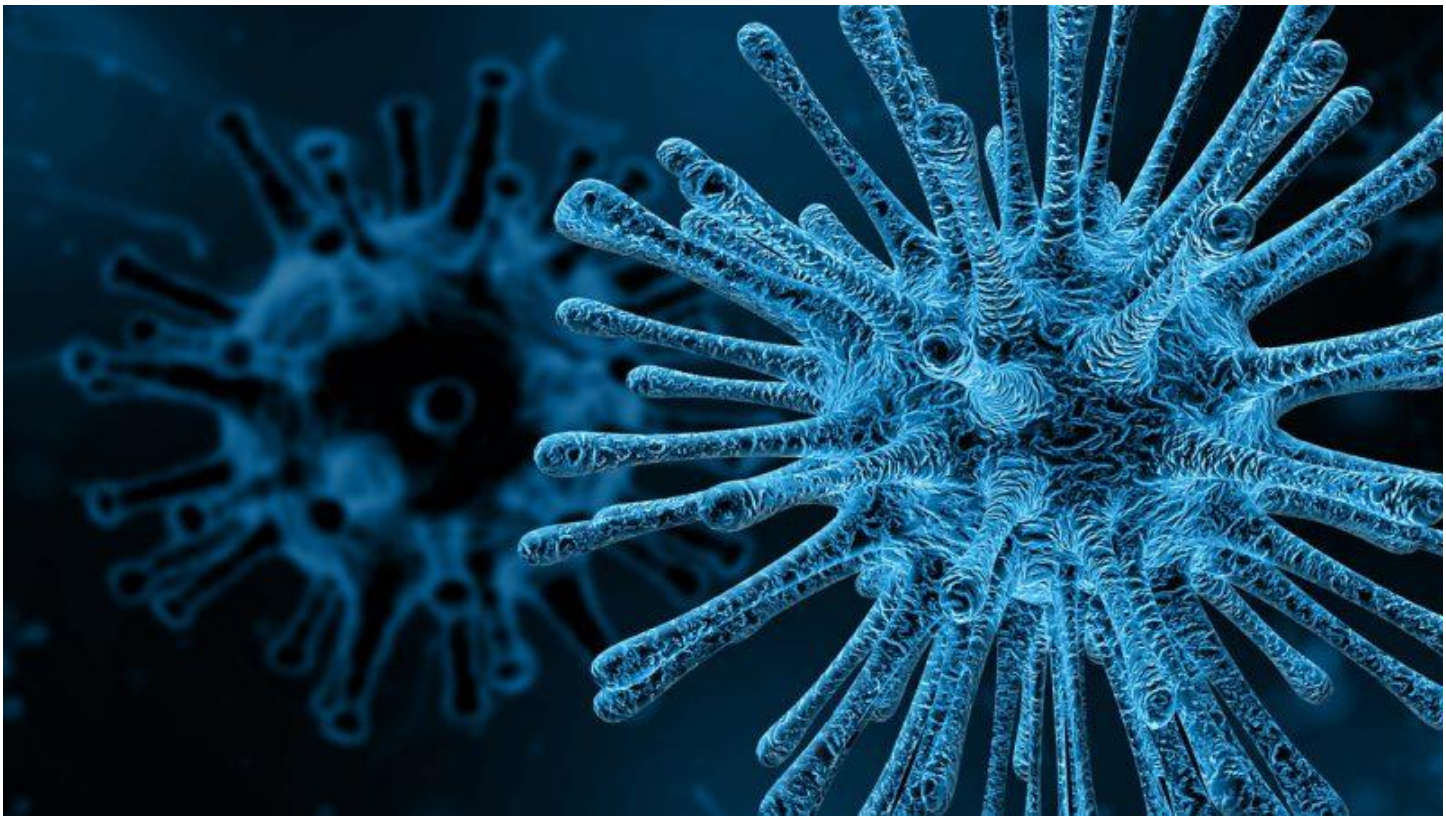


Task Force on Infectious Disease Preparedness and Response

February 22, 2022

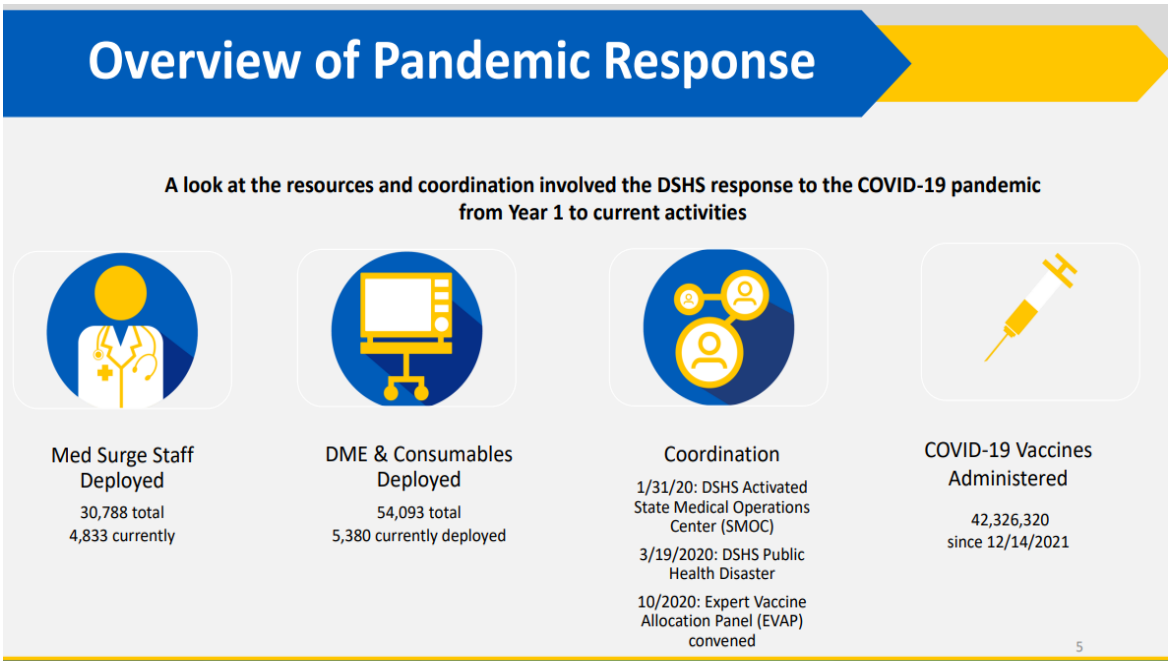
Task Force on Infectious Disease Preparedness and Response provides expert, evidence-based assessments, protocols, and recommendations related to state responses to infectious diseases and serves as a reliable and transparent source of information and education for Texas leadership and citizens. Task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

1, Call to order and welcome remarks – The meeting was convened by DSHS Commissioner John Hellerstedt, M.D. A quorum was present.

2. Consideration of December 2, 2021, draft meeting minutes . The minutes were approved as written.

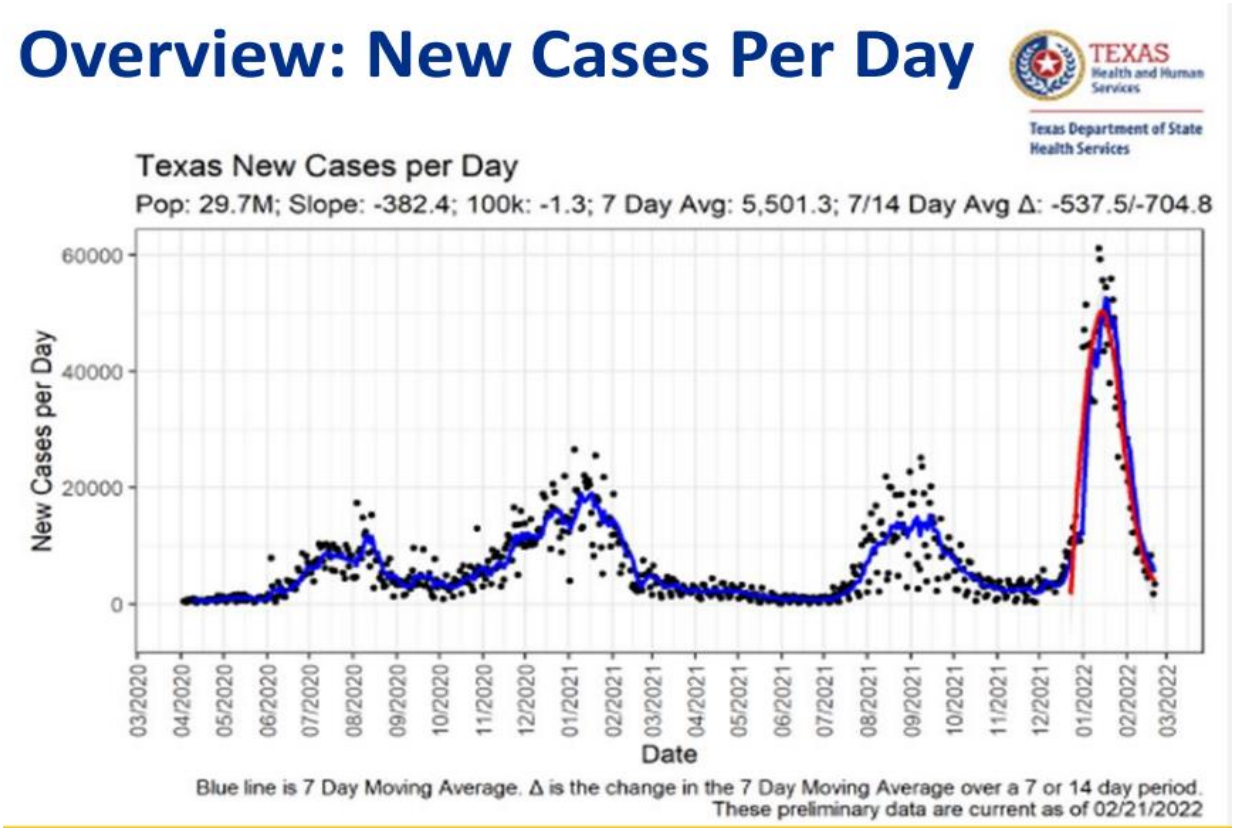
3. COVID-19 Situation Update - DSHS Commissioner John Hellerstedt, M.D.

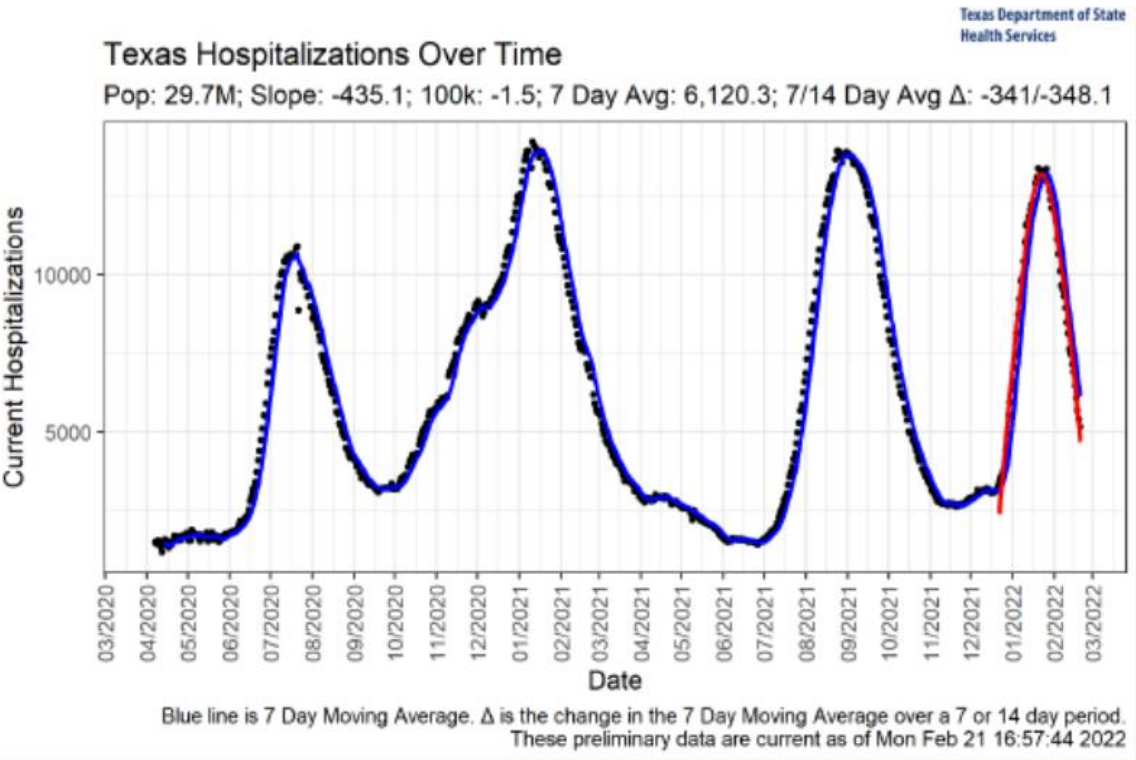
Snapshot. As of February 22, 2022
Total Cases: 5,415,212 , 7-day average for new daily cases is increasing
Current Hospitalizations: 4,970 (decreasing)
Total Fatalities: • 82,627, 7-day average of new fatalities is slowly increasing
Molecular Positivity Rate: 7.40% (decreasing)

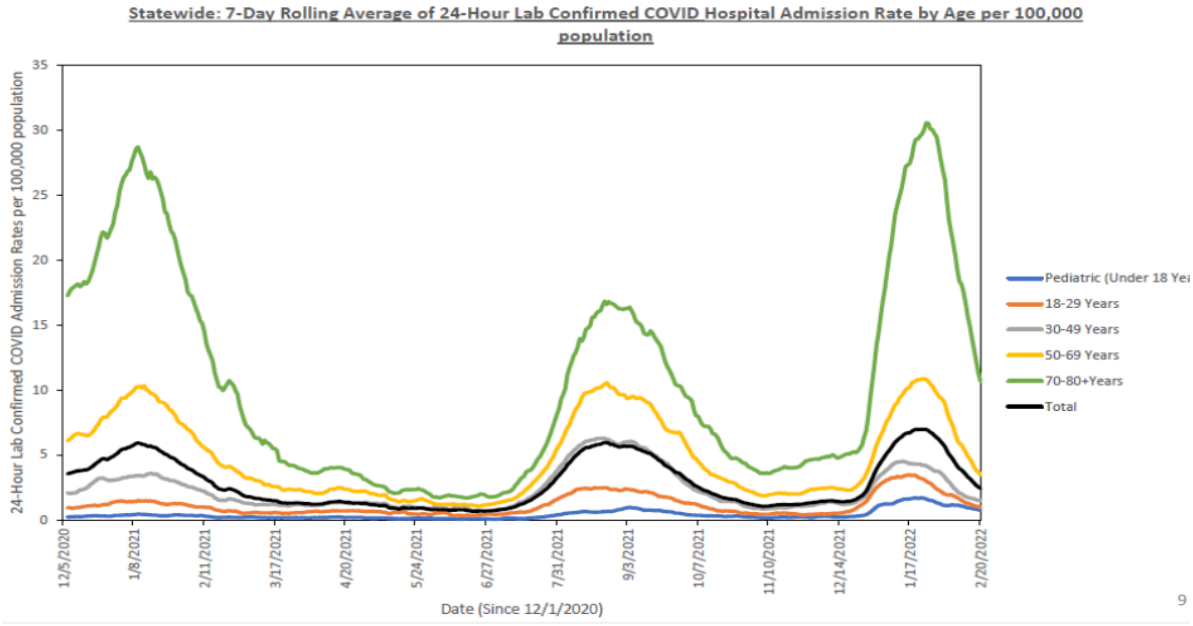


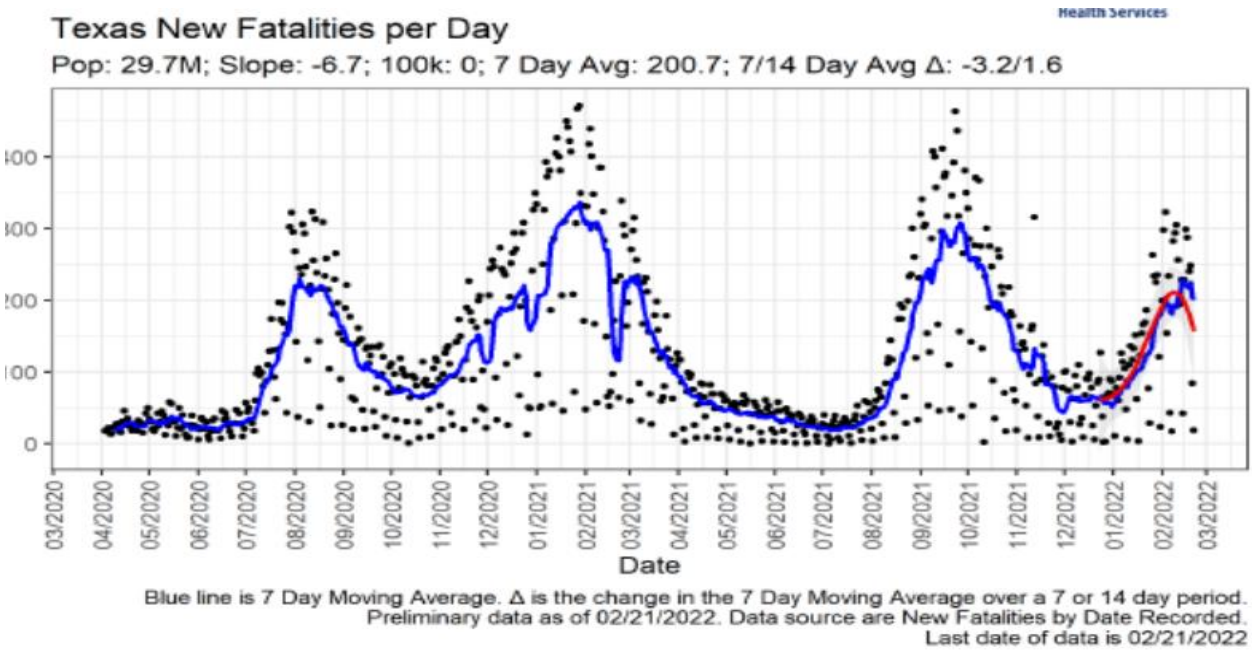
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

COVID-19 Trends

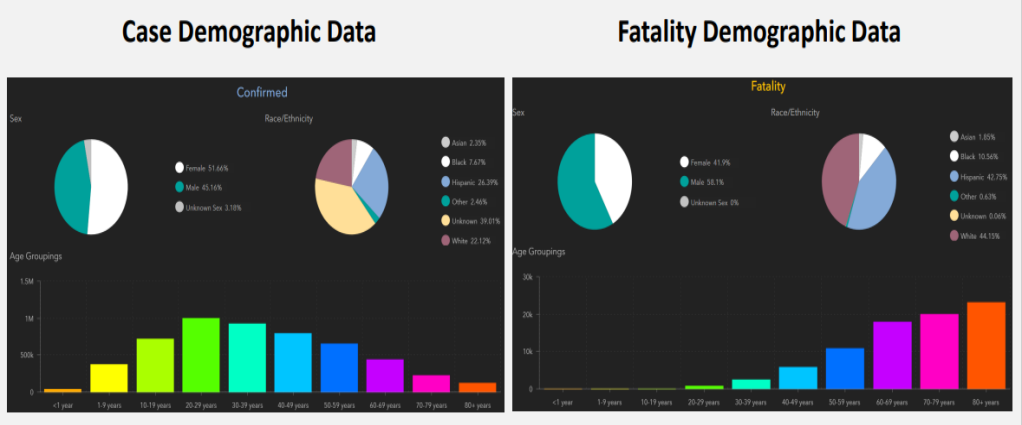



Texas Department of State Health Services
Texas Hospitalizations Over Time
Pop: 29.7M; Slope: -435.1; 100k: -1.5; 7 Day Avg: 6,120.3; 7/14 Day Avg Δ: -341/-348.1
Current Hospitalizations
10000
5000
03/2020
04/2020
05/2020
06/2020
07/2020
08/2020
09/2020
10/2020
11/2020
12/2020
01/2021
02/2021
03/2021
04/2021
05/2021
06/2021
07/2021
08/2021
09/2021
10/2021
11/2021
12/2021
01/2022
02/2022
03/2022
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 Mon Feb 21 16:57:44 2022


Statewide: 7-Day Rolling Average of 24-Hour Lab Confirmed COVID Hospital Admission Rate by Age per 100,000 population
24-Hour Lab Confirmed COVID Admission Rates per 100,000 population
35
30
25
20
15
10
5
0
12/5/2020
1/8/2021
2/11/2021
3/17/2021
4/20/2021
5/24/2021
6/27/2021
7/31/2021
9/3/2021
10/7/2021
11/10/2021
12/14/2021
1/17/2022
2/20/2022
Date (Since 12/1/2020)
Pediatric (Under 18 Ye
18-29 Years
30-49 Years
50-69 Years
70-80+Years
Total
9

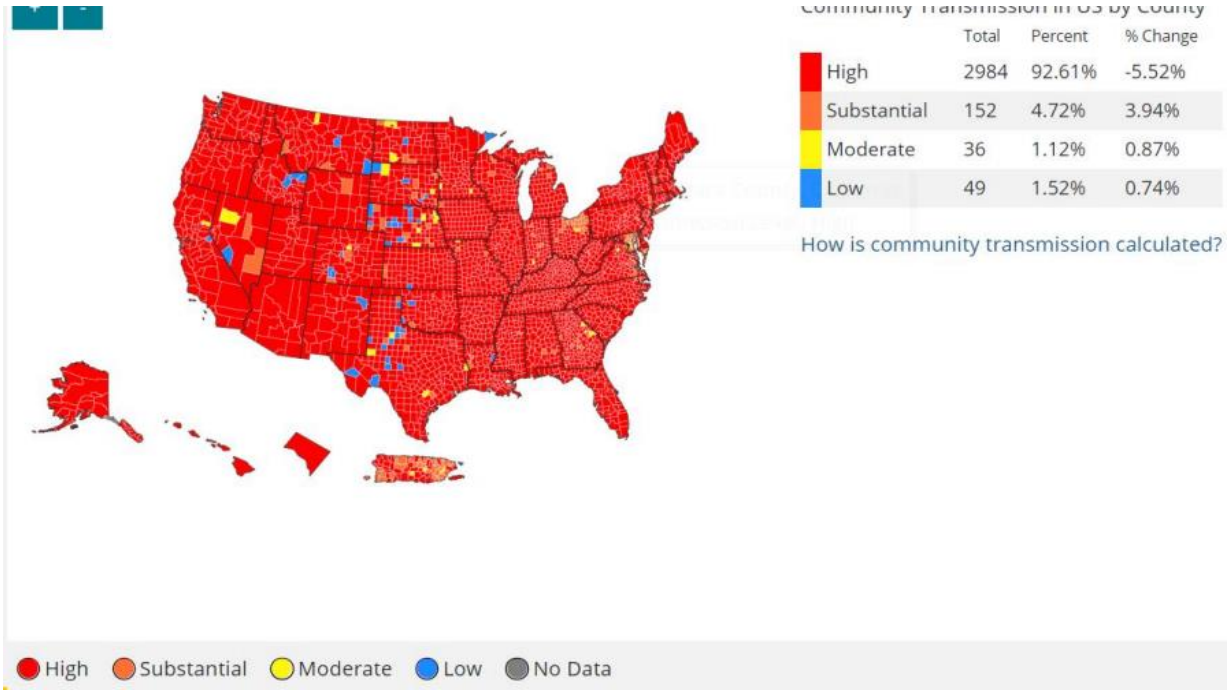


Demographic Data 2020 - 2021

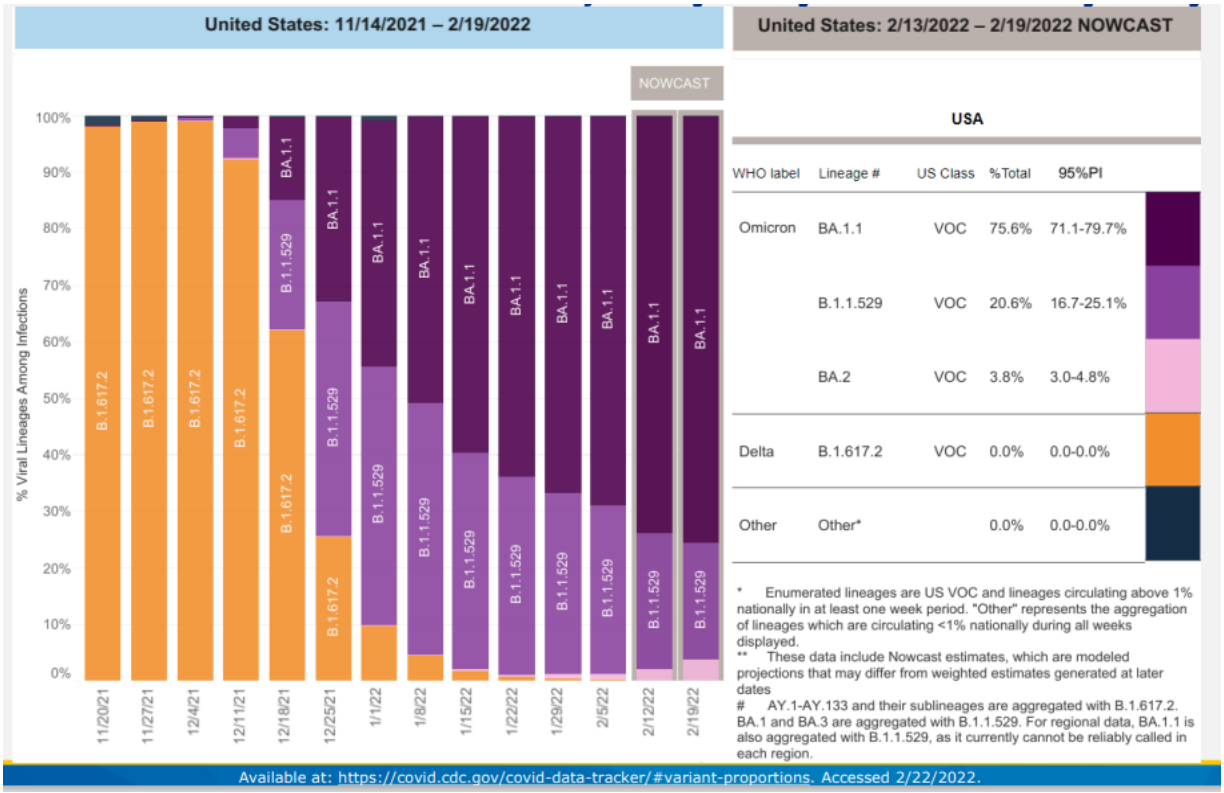


COVID-19 Activity in US, 2/18/2022

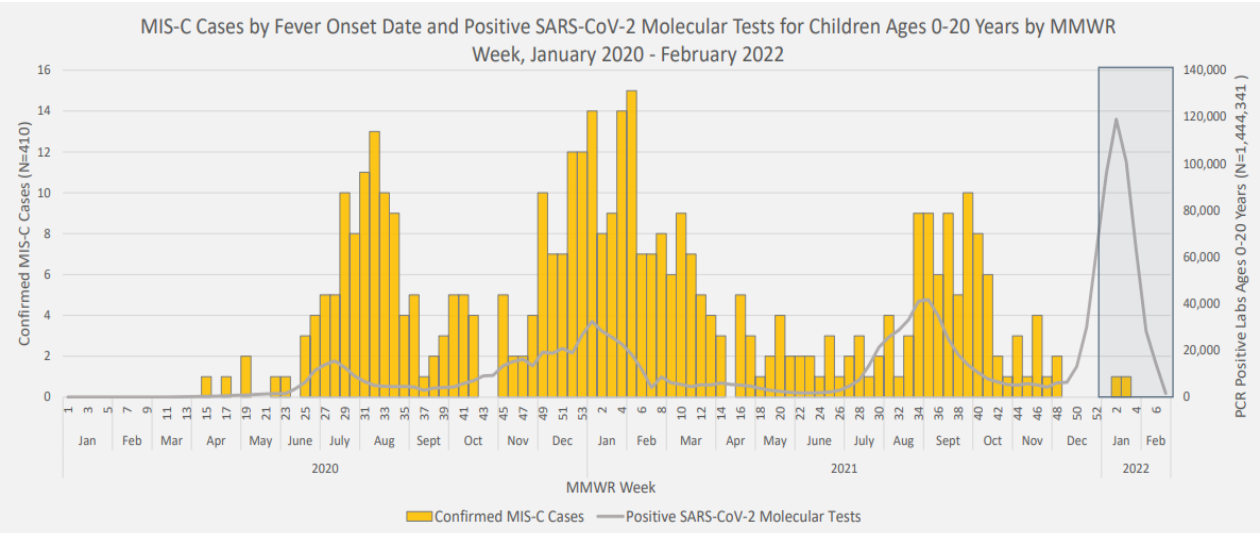
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM



Variants - National Data, 11/14/2021 – 2/19/2022



Variants - Texas Data, 11/7/2021 – 2/12/2022

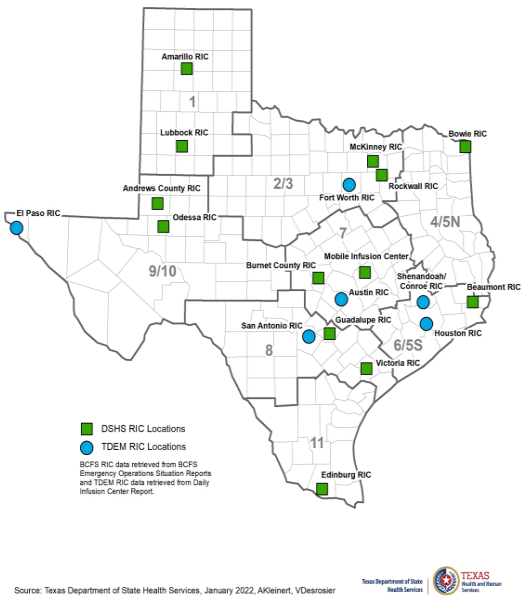


Data source: MIS-C cases reported to Central Office by local health departments; National Electronic Disease Surveillance System (NEDSS) ELRs. As of 02/18/2022.
Notes: Data is provisional and subject to change. Grayed-out area in the figure represents most recent weeks where MIS-C reporting may be incomplete.

Therapeutics

Regional Infusion Centers (RICs)

- DSHS RICs:
  - 52,156 infusions administered since 8/2021
- State RICs
  - 122,435 total infusions administered at DSHS and TDEM RICs



Therapeutics DSHS Orders & Allocates.

- Two monoclonal antibody treatments for high-risk patients-- Sotrovimab and Bebtelovimab (FDA issued an Emergency Use Authorization for Bebtelovimab on February 11, 2022)
- Two oral antiviral treatments for high-risk patients-- Paxlovid and Molnupiravir
- One pre-exposure monoclonal antibody for immunocompromised patients-- Evusheld

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Therapeutics Distributed Statewide

Courses Allocated to Texas: December 2021 - present					
week of	Molnupiravir	Paxlovid	Evusheld	Sotrovimab	Bebtelovimab
12/6/2021			3,912		
12/13/2021				2,694	
12/20/2021					
12/27/2021	19,800	4,240	3,960	2,280	
1/3/2022			3,888	2,406	
1/10/2022	26,360	6,540	5,832	4,014	
1/17/2022			5,832	3,648	
1/24/2022	26,380	6,560	5,880	4,032	
1/31/2022			5,880	4,272	
2/7/2022	26,328	6,540	3,912	4,416	
2/14/2022			4,032	4,776	4,330
2/21/2022	23,088	9,820	4,032	4,254	4,000
Total	121,956	33,700	47,160	36,792	8,330

Demand has decreased for the monoclonal antibody treatments but it still above the allocated amounts

Resources for Therapeutics Providers

- Information for COVID-19 Therapeutics Providers Texas Department of State Health Services
- therapeutics@dshs.texas.gov (DSHS Therapeutics Hotline for Providers)
- Updated CDC guidance Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC
    - COVID-19 vaccination does not need to be delayed following receipt of monoclonal antibody or convalescent plasma
- National HHS COVID-19 Therapeutics LocatorCOVID-19 Therapeutics Locator (arcgis.com)

DSHS Communications and Data Tools
Ongoing Public Awareness Campaigns

- DSHS has invested almost $15 million during the pandemic to provide information on COVID-19 and vaccines across Texas.
- DSHS is currently running advertisements to build vaccine confidence for:
    - Vaccine-hesitant adults
    - Parents of children aged 5-11
    - Pregnant or soon-to-be pregnant people
    - Messages promoting booster shots
- Campaign ads appear on social media, websites, online videos, and streaming TV platforms
- DSHS uses research-backed messages and data to reach audiences statewide and in under vaccinated zip codes and counties.

Texas Department of State Health Services - YouTube

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 (Live link not available)

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 COVID19 Therapeutics

• https://dshs.texas.gov/coronavirus/healthprof.aspx#thera

• https://dshs.texas.gov/coronavirus/therapeutics-providers.aspx

COVID-19 Variants Tracker

• https://dshs.texas.gov/news/updates.shtm#coronavirus

COVID-19 Cases and Deaths by Vaccination Status Dashboard

• https://www.dshs.texas.gov/immunize/covid19/data/vaccination-status.aspx

Discussion.

The Commissioner of Health stated that it is encouraging that the trends are going down.

Dr. Hotez inquired if there were any thought on where BA2 will go? It is up to two percent presently. It is hard to look at other countries because it is so varied. The Commissioner of Health stated they will have to wait and see unfortunately. There are so many variables involved. If it responds similar to the parent Omicron, then it might spread rapidly but not be as virulent. It will be a function of the virus itself. Texas has a lower incidence of BA2 than other countries and states.

What about the state laboratory capacity to monitor the strain as it evolves for COVID and other diseases? DSHS stated that the lab works with other labs to increase capacity if needed. Academic partners from across the state also contribute (UT School of Public Health). These relationships will serve us well with other pathogens as well.

What about fatalities in Omicron and vaccinated and unvaccinated? DSHS stated that they have been doing analyses on cases and fatalities with various vaccination statuses. The analysis and incidence rates are now on the DSHS dashboard. Vaccinations are reducing deaths and boosters reducing deaths even further.

Coronavirus Disease 2019 (COVID-19) (texas.gov)

4. COVID-19 Vaccine Update - Saroj Rai, Ph.D. (*The information presented is subject to change).*

Pfizer Pediatric (6 months - 4 years) COVID-19 Vaccine.
February 1, 2022, at the request of the U.S. Food and Drug Administration (FDA), Pfizer initiated a rolling submission for Emergency Use Authorization (EUA) of their COVID-19 vaccine in children 6 months through 4 years of age.

February 11, 2022, the FDA postponed its advisory committee meeting scheduled for Feb. 15th to discuss the authorization of Pfizer COVID-19 vaccine for children 6 months through 4 years of age.

- As part of its rolling submission, Pfizer recently notified the FDA of additional findings from its ongoing clinical trial.
- Based on the FDA's preliminary assessment, and to allow more time to evaluate additional data, the FDA believes additional information regarding the ongoing evaluation of a third dose should be considered as part of our decision-making for potential authorization.
- The FDA stated that an update on timing for the advisory committee meeting will be provided once they receive additional data on a third dose in this age group and have an opportunity to complete an updated evaluation.

Moderna COVID-19 Vaccine
On January 31, 2022, the FDA approved a second COVID-19 vaccine, the Moderna COVID-19 vaccine. The approved vaccine will be marketed as Spikevax for the prevention of COVID-19 in individuals 18 years and older.

- Pending the FDA's decision on the age expansion in adolescents 12-17 years of age submitted in June 2021.2
- Moderna COVID-19 vaccine is authorized for 12 years and older in multiple countries outside the United States including UK, Canada, and Australia.
- Most recently, Australia authorized the vaccine in children 6 through 11 years of age.

Coronavirus (COVID-19) Update: FDA Takes Key Action by Approving Second COVID-19 Vaccine | FDA

Moderna - Moderna Files for Emergency Use Authorization for its COVID-19 Vaccine in Adolescents in the United States (modernatx.com)

Moderna - Therapeutic Goods Administration of Australia Authorizes Moderna's Covid-19 Vaccine in Children (6-11 Years) (modernatx.com)

Novavax COVID-19 Vaccine

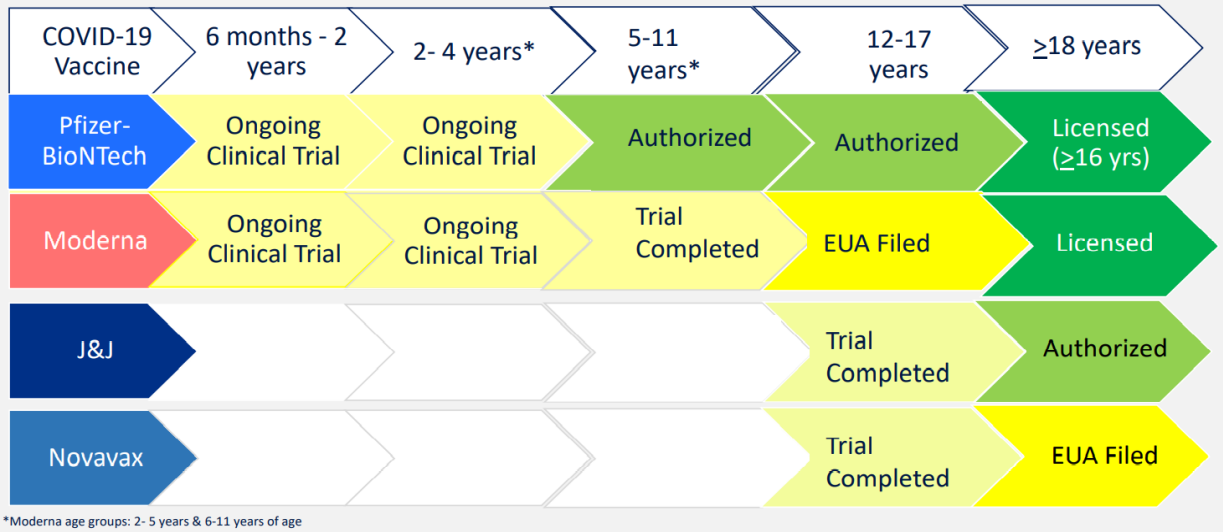
On January 31, 2022, Novavax submitted a request to the FDA for EUA for its COVID-19 vaccine (NVX-CoV273) for individuals 18 years and older. -- 2-dose series given 21 days apart

To date, NVX-CoV2373 has received authorization from multiple regulatory authorities globally, including European Commission, UK, Canada, Australia, and emergency use listing from the World Health Organization.

The Company has announced positive results of the vaccine in adolescents ages 12 through 17 and plans to submit the data to global regulatory agencies.

Novavax Submits Request to the U.S. FDA for Emergency Use Authorization of COVID-19 Vaccine - Jan 31, 2022

Summary of COVID-19 Vaccines Approvals/Authorization by Age Groups by the FDA



Omicron Variant & COVID-19 Vaccines

Vaccine effectiveness against symptomatic disease with the Omicron variant is significantly lower than compared with the Delta variant. However, protection against hospitalization remains high, particularly after a booster dose.

Table 2. Hazard ratios and vaccine effectiveness against hospitalisation (all vaccine brands combined). OR = odds ratio, HR = hazards ratio, VE = vaccine effectiveness

Dose	Interval after dose (weeks)	OR v symptomatic disease	HR vs hospitalisation	VE vs hospitalisation
1	4+	0.74 (0.72-0.76)	0.57 (0.38-0.85)	58% (37-72)
2	2 to 24	0.81 (0.8-0.82)	0.45 (0.36-0.56)	64% (54-71)
2	25+	0.94 (0.92-0.95)	0.6 (0.49-0.74)	44% (30-54)
3	2 to 4	0.32 (0.31-0.33)	0.26 (0.19-0.35)	92% (89-94)
3	5 to 9	0.42 (0.41-0.43)	0.29 (0.23-0.37)	88% (84-91)
3	10+	0.5 (0.49-0.51)	0.34 (0.26-0.44)	83% (78-87)

SARS-CoV-2 variants of concern and variants under investigation- Technical briefing 34 (publishing.service.gov.uk)

Moderna has initiated a study of Omicron-specific booster candidate (mRNA-1273.529) as a single booster dose in >18 yrs.

- Cohort 1: Previously received the two-dose primary series of mRNA-1273 with the second dose being at least six months ago
- Cohort 2: previously received the two-dose primary series and a 50mcg booster dose of mRNA-1273 with the booster dose being at least three months ago
- Additionally, Moderna is evaluating the inclusion of mRNA-1273.529 in its multivalent booster program.

Pfizer has initiated a study to evaluate an Omicron-based vaccine candidate in individuals ages 18 through 55 years.2

- Cohort 1: Received two doses of the current Pfizer COVID-19 vaccine 90-180 days prior to enrollment; in the study, participants will receive one or two doses of the Omicron-based vaccine
- Cohort 2: Received three doses of the current Pfizer-BioNTech COVID-19 vaccine 90-180 days prior to enrollment; in the study, participants will receive one dose of the current Pfizer-COVID-19 vaccine or the Omicron-based vaccine
- Cohort 3: Vaccine-naïve participants will receive three doses of the Omicron-based vaccine

Moderna - Moderna Announces First Participant Dosed in Phase 2 Study of Omicron-Specific Booster Candidate and Publication of Data on Booster Durability Against Omicron Variant (modernatx.com)

Pfizer and BioNTech Initiate Study to Evaluate Omicron-Based COVID-19 Vaccine in Adults 18 to 55 Years of Age | Pfizer

The FDA took multiple actions to expand use of Pfizer COVID-19 Vaccine.

- Expand the use of a single booster dose to include use in individuals 12 through 15 years of age.
- Shorten the time between the completion of primary vaccination of the Pfizer COVID-19 vaccine and a booster dose to at least five months.
- Allow for a third primary series dose for certain immunocompromised children 5 through 11 years of age.

FDA amended the EUA for the Moderna COVID-19 Vaccine to shorten the time between the completion of a primary series of the vaccine and a booster dose to at least five months for individuals 18 years of age and older.

Coronavirus (COVID-19) Update: FDA Takes Multiple Actions to Expand Use of Pfizer-BioNTech COVID-19 Vaccine | FDA

Coronavirus (COVID-19) Update: FDA Shortens Interval for Booster Dose of Moderna COVID-19 Vaccine to Five Months | FDA

CDC COVID-19 Vaccination Recommendations

	Primary Series (General Population)		Booster Dose
	Dose 1	**Dose 2**	**Single Booster Dose [b]**
Pfizer (5-11 years) (orange cap)	0.2 mL *After dilution*	0.2 mL[a] @ 21 days after dose 1	**NO** booster dose
Pfizer (≥12 years) (purple → gray cap)	0.3 mL *(Gray cap does not require diluent)*	0.3 mL @ 21 days after dose 1	0.3 mL **≥ 5 Months** after dose 2
Moderna (≥18 years)	0.5 mL	0.5 mL @ 28 Days after dose 1	0.25 mL **≥ 5 Months** after dose 2
J&J's Janssen (≥18 years) [c]	0.5 mL	N/A	0.5 mL **≥ 2 Months** after dose 1

	Primary Series (Moderate or Severe Immunocompromised Individuals)			Booster Dose
	Dose 1	**Dose 2**	**Dose 3 (Additional Dose)**	**Single Booster Dose[b]**
Pfizer (5-11 years) (orange cap)	0.2 mL *After dilution*	0.2 mL[a] @ 21 days after dose 1	**0.2 mL[a] at least 28 days after dose 2**	**NO** booster dose
Pfizer (≥12 years) (purple → gray cap)	0.3 mL *(Gray cap does not require diluent)*	0.3 mL @ 21 days after dose 1	0.3 mL at least 28 days after dose 2	0.3 mL **≥ 3 Months** after dose 3
Moderna (≥18 years)	0.5 mL	0.5 mL @ 28 Days after dose 1	0.5 mL at least 28 days after dose 2	0.25 mL **≥ 3 Months** after dose 3
J&J's Janssen (≥18 years)[c]	0.5 mL	**Pfizer or Moderna COVID-19 vaccine @ 28 Days after dose 1**	N/A	0.5 mL **≥ 2 Months** after dose 2

The information presented today is based on CDC's recent guidance and MAY change. February 22, 2022

Discussion

Dr. Lakey stated that with Novavax there is going to be a protein based approach (traditional way) that will increase participation in vaccination (hesitant individuals). DSHS stated that Germany has received the Novavax and is targeting the vaccine hesitant people. DSHS also said they want to look at Novavax as a booster in a mix and match strategy.

The Commissioner of Health stated they cannot promote one vaccine over another.

5. COVID-19 Vaccine Distribution Plan Update - Saroj Rai, Ph.D.

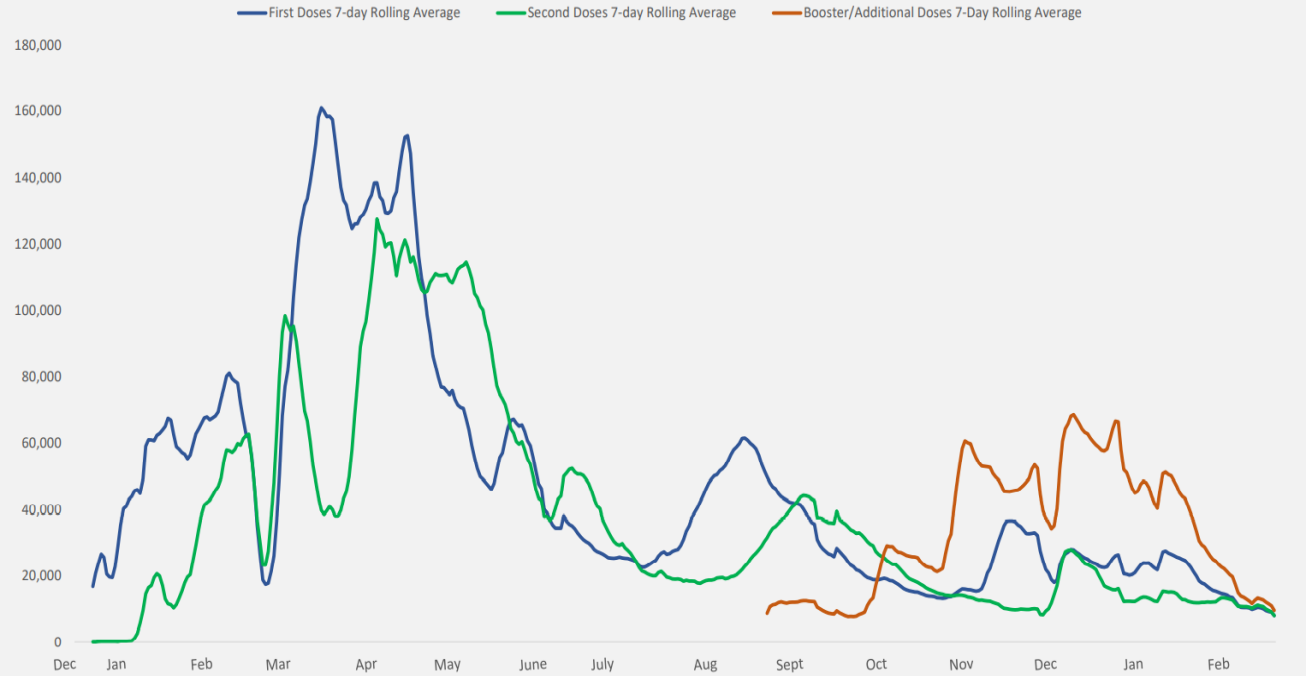
Texas COVID-19 Vaccine Administration Summary

42.22M	17.15M	6.17M
Total Doses Administered	People fully vaccinated	People received a booster dose*

% of Population Fully Vaccinated		% of Population with a Booster Dose*	
≥5 years of age:	64%	≥5 years of age:	23%
≥12 years of age:	69%	≥12 years of age:	26%
≥18 years of age:	70%	≥18 years of age:	28%
≥65 years of age:	84%	≥65 years of age:	52%

*The count and percentage of people who received a booster dose includes anyone who is fully vaccinated and has received another dose of COVID-19 vaccine since August 13, 2021. This includes people who received booster doses and people who received additional doses.

7-Day Rolling Average Doses Administered by Dose Number

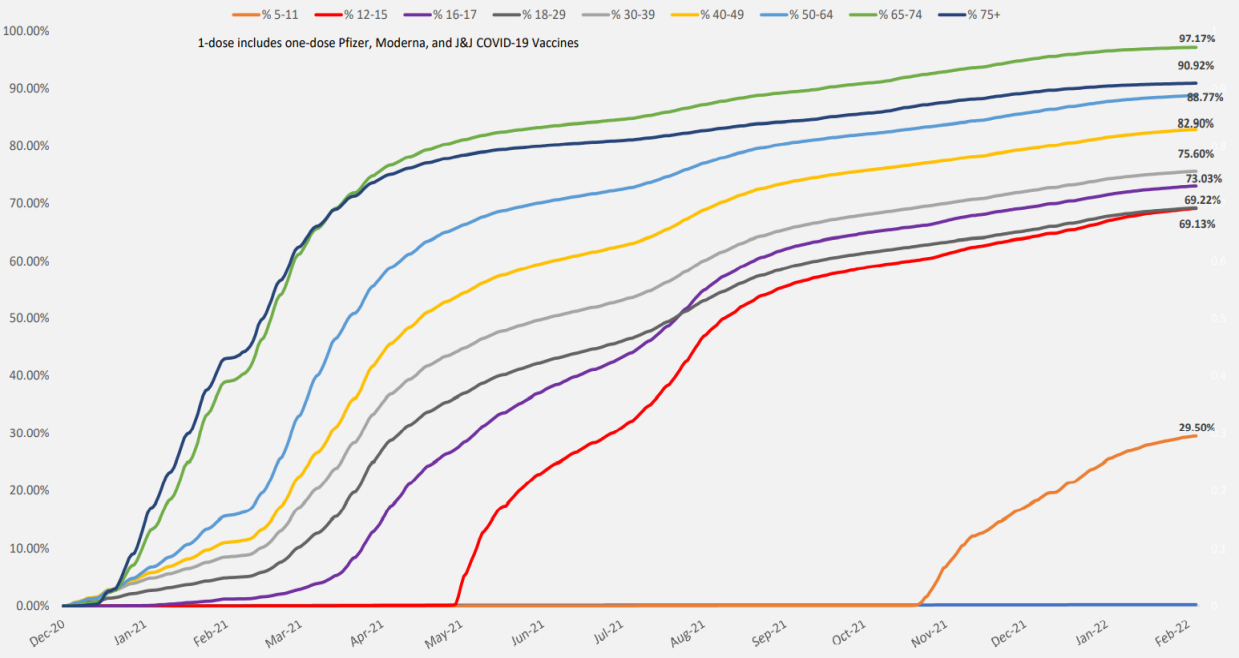


First doses 7-day Rolling Average includes 1st doses of Moderna, Pfizer, and single doses of Janssen.
Second Doses 7-day Rolling Average includes 2nd doses of Moderna and Pfizer.
Booster/Additional dose is any dose after series completion if dose administered is after 8/13/21.

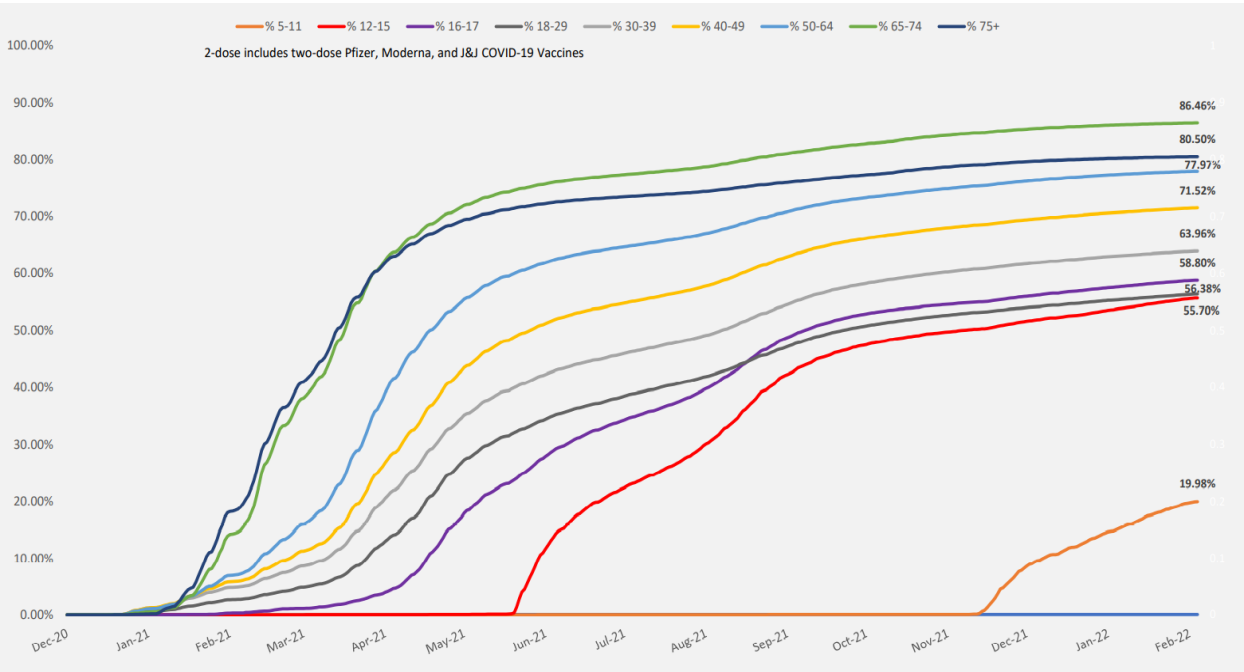
Data as of2/18/2022

807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

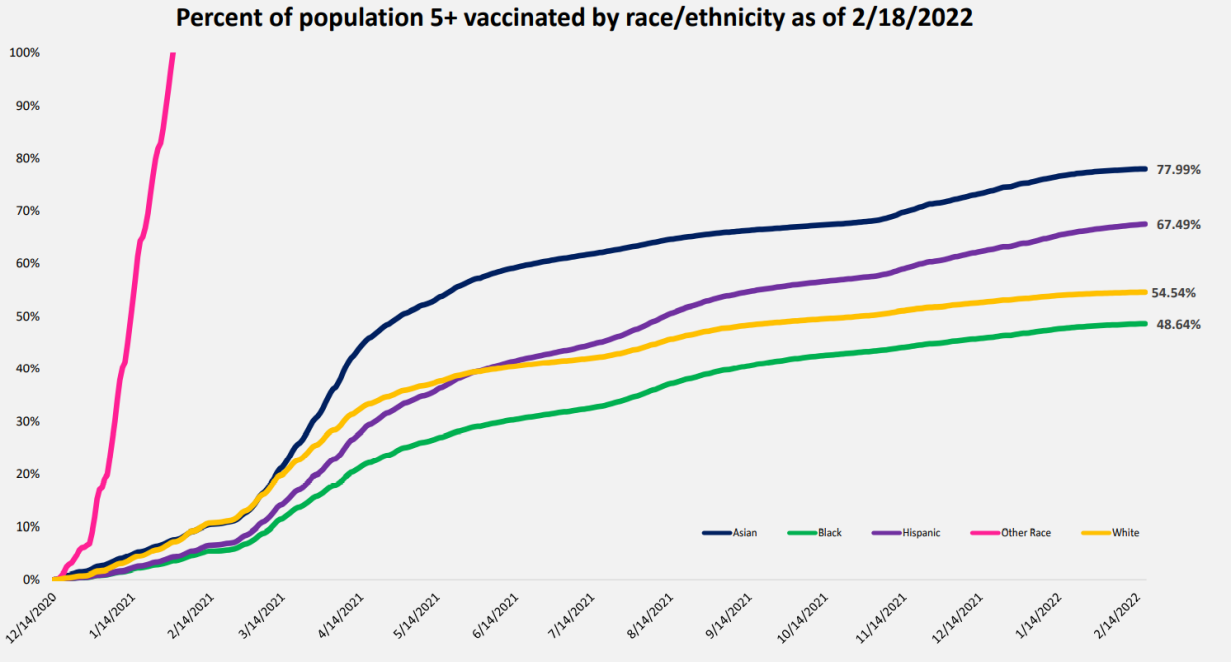
Percent People Vaccinated by Age Group by Vaccination Date



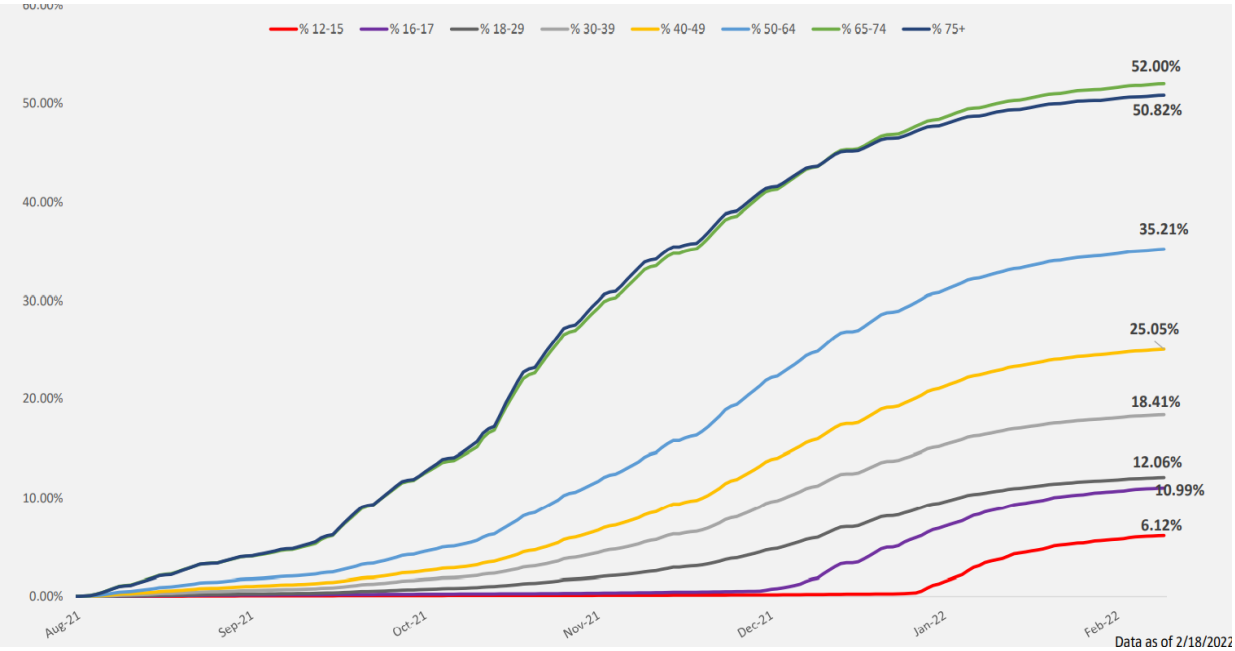
Percent Fully Vaccinated by Age Group by Vaccination Date



807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM



COVID-19 Vaccine Boosters
Percent of Total Population Vaccinated with an Additional/Booster
by Age Group and Vaccination Date



Fully Vaccinated Individuals Eligible for Booster – All Vaccines

Age Group	2019 Texas Population	Total Eligible Individuals as of February Remaining Due for Booster*	Eligible Individuals Received an Additional/Booster Dose
Age 12-17 yrs	2,472,553	985,068	191,452
Age 18-64 yrs	17,861,842	6,908,956	4,054,725
Age ≥ 65 yrs	3,734,229	1,069,526	1,924,287
Age ≥ 12 yrs	24,068,624	8,963,550	1,069,526

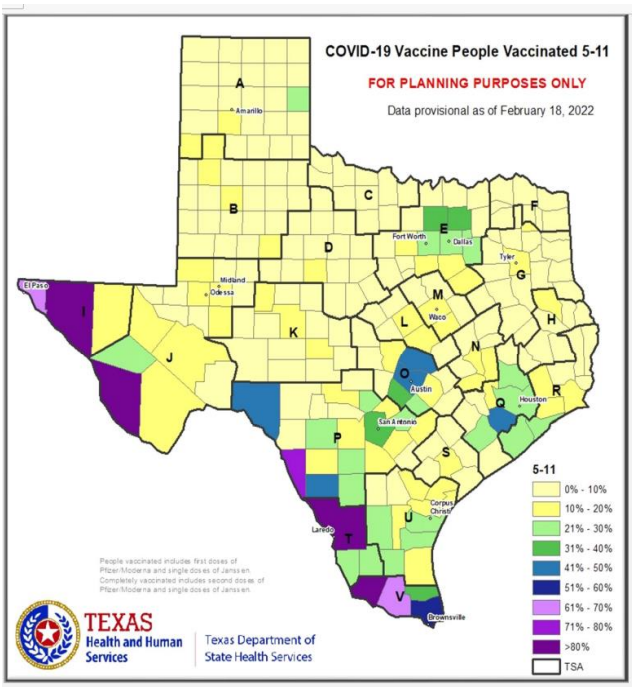
Eligible population includes December 2020 to September 2021 for 2-dose vaccines and December 2020 to December 2021 for J&J vaccine. Individuals who received an additional dose after 8/13/21 are not included in the projection. As of 1/10/22, 2-dose vaccines are projected at 5 months and 2 months for J&J vaccine per ACIP recommendations.

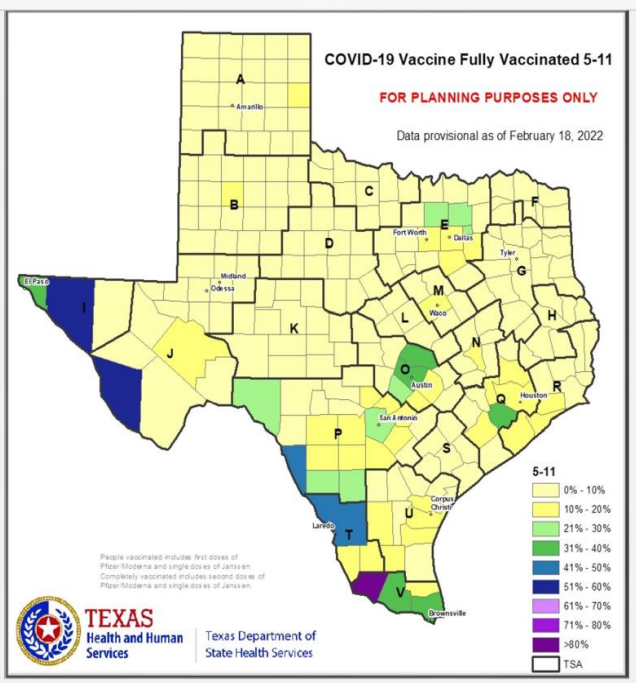
Client County	2019 Population Estimate (12-17 yrs)	Total Eligible People (12-17yrs) as of February Remaining Due for Booster	Eligible Individuals (12-17yrs) Received a Booster
Bexar	164,500	79,348	17,799 (18%)
Collin	95,814	43,232	11,909 (22%)
Dallas	226,064	83,292	15,175 (15%)
Denton	78,556	30,289	7,262 (19%)
El Paso	54,087	45,629	11,042 (19%)
Harris	406,089	182,464	30,736 (14%)
Tarrant	183,665	65,789	12,187 (16%)
Travis	89,252	41,406	14,705 (26%)
Williamson	51,611	22,161	7,218 (25%)

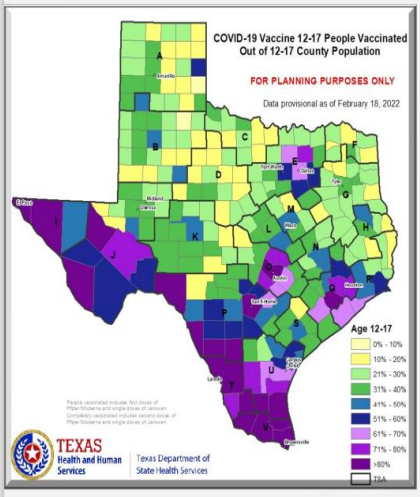
Client County	2019 Population Estimate (18 - 64 Years)	Total Eligible People (18 - 64 yrs) as of February Remaining Due for Booster	Eligible Individuals (18 - 64 yrs) Received a Booster
Bexar	1,249,271	493,564	331,188 (40%)
Collin	652,886	264,131	192,777 (42%)
Dallas	1,663,043	642,147	373,546 (37%)
Denton	578,214	214,726	152,874 (42%)
El Paso	111,530	231,730	148,444 (39%)
Harris	2,953,278	1,238,288	681,903 (36%)
Tarrant	1,310,772	474,822	277,900 (37%)
Travis	874,022	325,874	289,307 (47%)
Williamson	368,391	139,988	114,447 (45%)

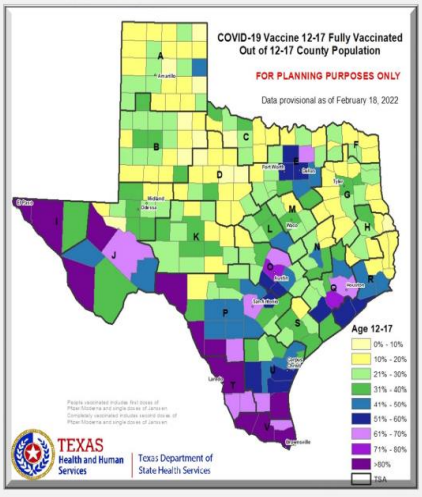
Client County	2019 Population Estimate (≥ 65 yrs)	Total Eligible People (≥ 65 yrs) as of February Remaining Due for Booster	Eligible Individuals (≥ 65 yrs) Received a Booster
Bexar	247,843	60,564	139,746 (70%)
Collin	116,575	34,035	65,881 (66%)
Dallas	292,117	78,302	150,430 (66%)
Denton	93,499	27,418	54,277 (66%)
El Paso	105,175	34,714	60,611 (64%)
Harris	514,167	151,280	268,137 (64%)
Tarrant	244,511	66,940	132,054 (66%)
Travis	129,553	30,994	78,387 (72%)
Williamson	73,202	19,549	45,210 (70%)

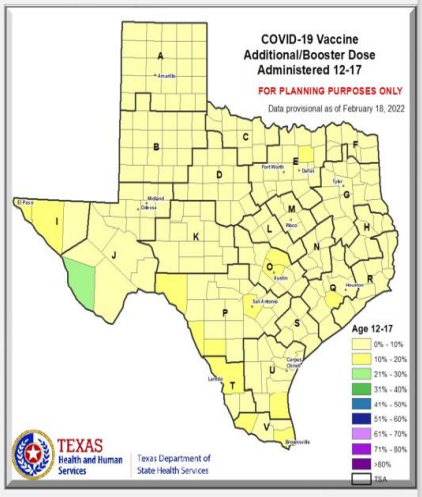
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

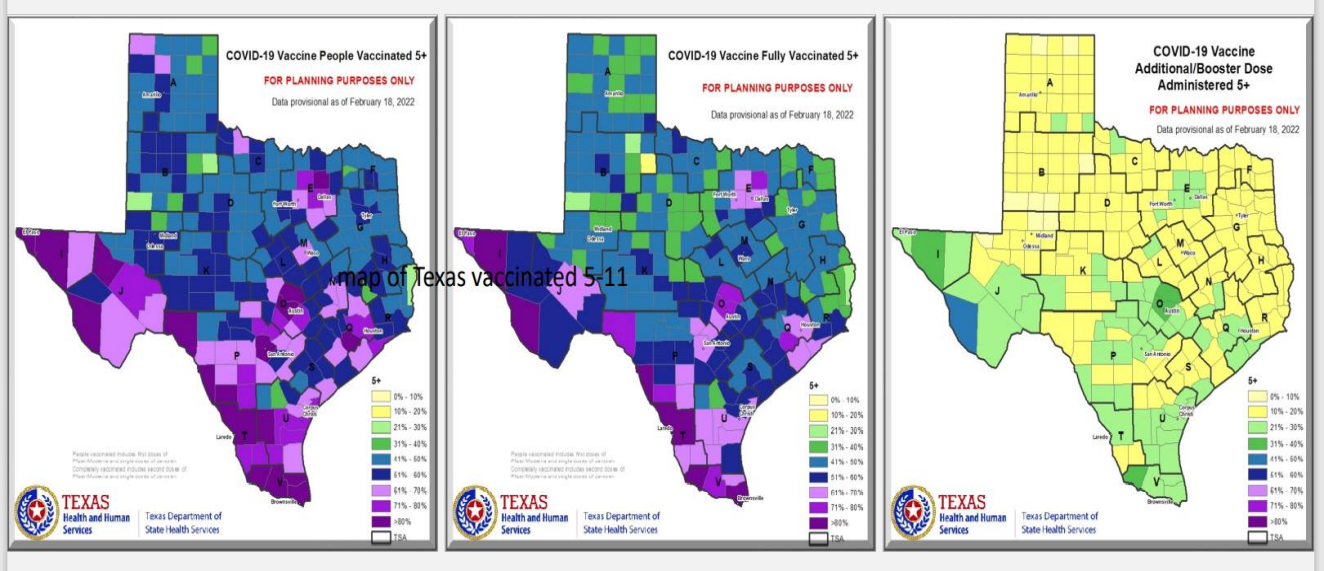

COVID-19 Vaccine People Vaccinated 5-11
FOR PLANNING PURPOSES ONLY
Data provisional as of February 18, 2022
5-11
0% - 10%
10% - 20%
21% - 30%
31% - 40%
41% - 50%
51% - 60%
61% - 70%
71% - 80%
>80%
TSA
TEXAS Health and Human Services
Texas Department of State Health Services


COVID-19 Vaccine Fully Vaccinated 5-11
FOR PLANNING PURPOSES ONLY
Data provisional as of February 18, 2022
5-11
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


COVID-19 Vaccine 12-17 People Vaccinated Out of 12-17 County Population
FOR PLANNING PURPOSES ONLY
Data provisional as of February 18, 2022
Age 12-17
TEXAS Health and Human Services
Texas Department of State Health Services


COVID-19 Vaccine 12-17 Fully Vaccinated Out of 12-17 County Population
FOR PLANNING PURPOSES ONLY
Data provisional as of February 18, 2022
Age 12-17
TEXAS Health and Human Services
Texas Department of State Health Services


COVID-19 Vaccine Additional/Booster Dose Administered 12-17
FOR PLANNING PURPOSES ONLY
Data provisional as of February 18, 2022
Age 12-17
TEXAS Health and Human Services
Texas Department of State Health Services



map of Texas vaccinated 5-11

CDC now uses the phrase “up to date” when talking about COVID-19 vaccination.

- CDC recommends that individuals stay “up to date” by receiving any additional or booster doses they are eligible for, according to CDC’s recommendations, to ensure they have optimal protection against COVID-19.
- The technical definition of “fully vaccinated” – two doses of an mRNA vaccine or one dose of the J&J vaccine – has not changed. Individuals are considered fully vaccinated once they have received their primary series.

[Stay Up to Date with Your Vaccines | CDC]

	Population Estimates	People Vaccinated	Fully Vaccinated	Up-to-Date
Texas Total	28,995,881	20,250,174	17,148,964	8,514,396
		70%	59%	**29%**
5 years and older	26,967,586	20,245,156	17,147,635	8,514,123
		75%	64%	**32%**
12 years and older	24,068,624	19,389,872	16,568,368	7,935,112
		81%	69%	**33%**
18 years and older	21,596,071	17,648,432	15,165,620	7,465,847
		82%	70%	**35%**
65 years and older	3,734,229	3,535,522	3,139,916	2,096,061
		95%	84%	**56%**

People Vaccinated includes first doses of Moderna and Pfizer and single doses of Janssen.
Fully Vaccinated includes second doses of Moderna and Pfizer and single doses of Janssen.
Up-to-Date includes people with an additional/booster dose and people who are fully vaccinated but not yet eligible for an additional/booster

Areas of Focus Going Forward

1. Continued emphasis on vaccinating the unvaccinated ages 5 years and older (8.1 million eligible Texans are completely unvaccinated)
2. Emphasis on boosters for eligible population
3. Planning for pediatric (6 months through 4 years) vaccination

Discussion

The Commissioner of Health stated that for legal reasons they cannot change the description of "fully vaccinated". This is a problem as the technology changes.

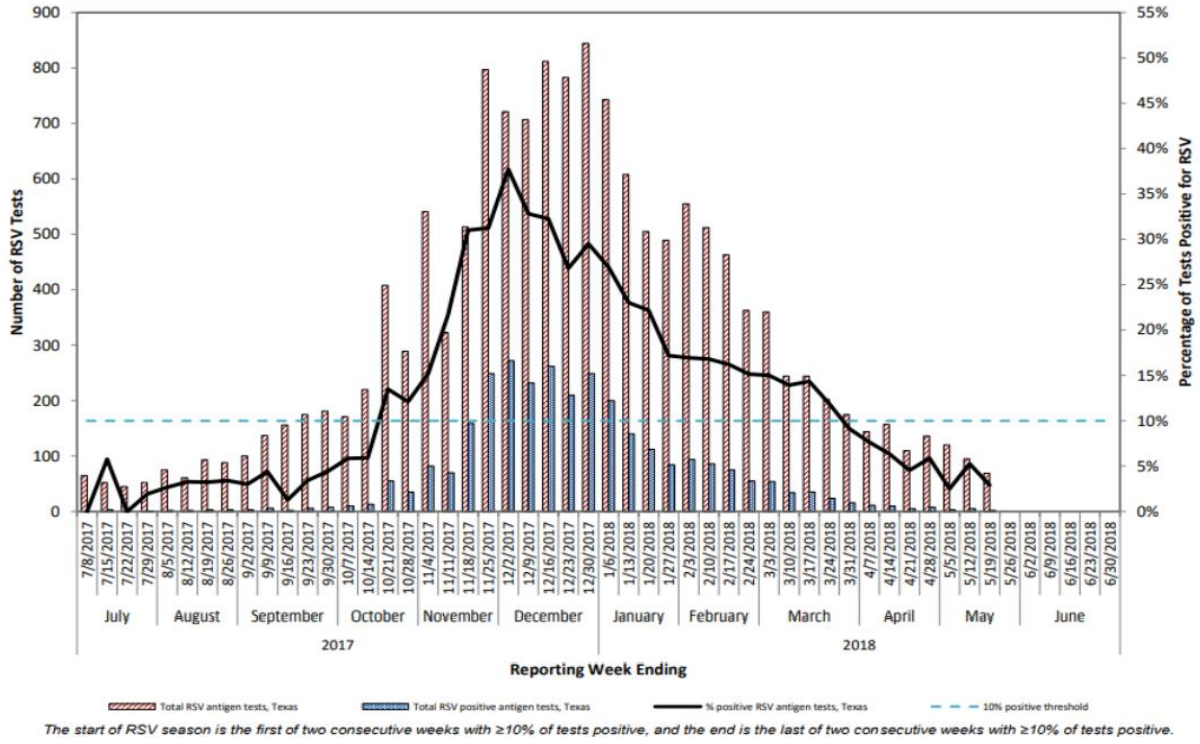
6. Respiratory Viruses Update; Influenza/ Respiratory Syncytial Virus-- Jennifer Shuford, M.D.

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

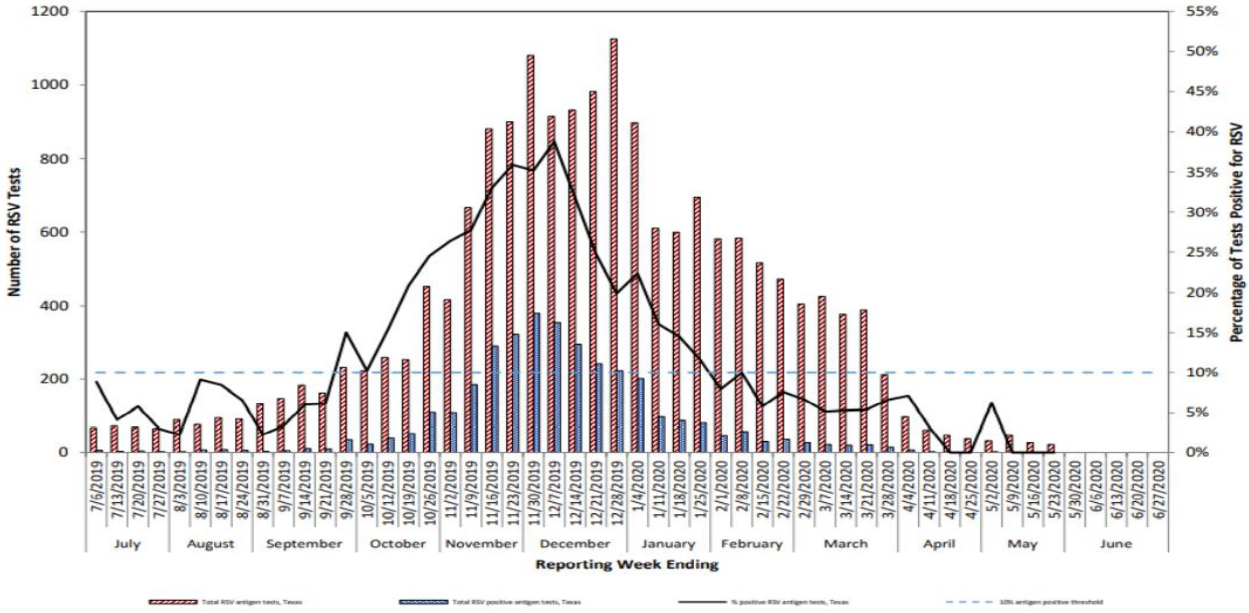
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

Number and Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
All Texas Sites, 2017-2018 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.

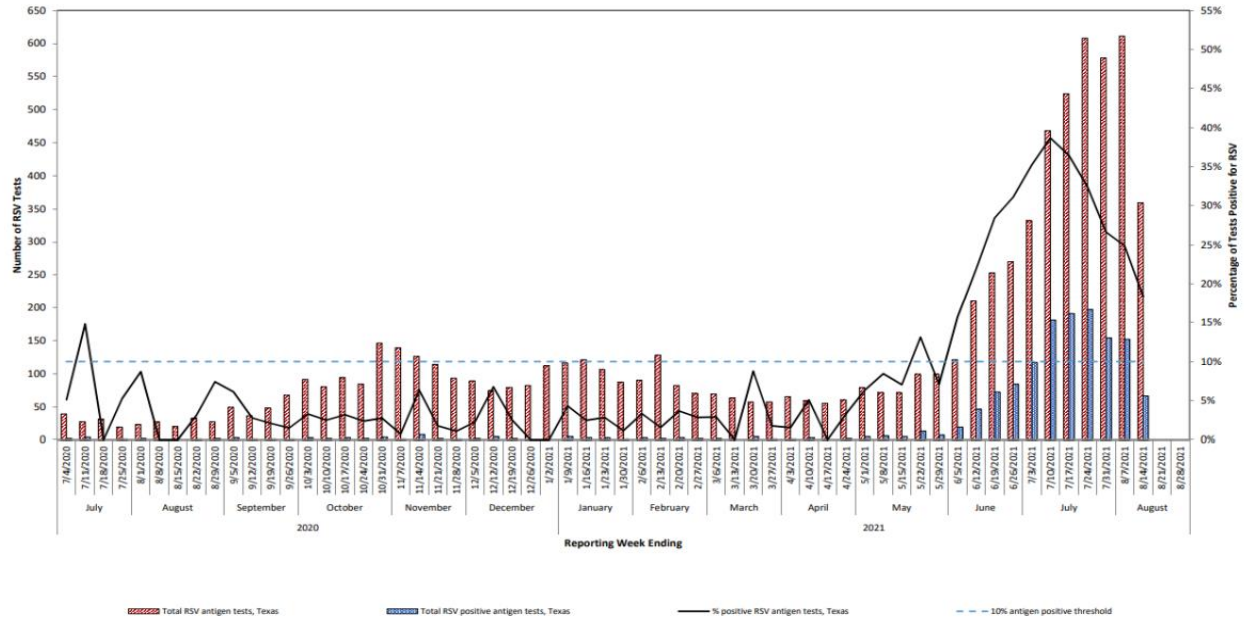
Number and Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
All Texas Sites, 2019-2020 Season



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.

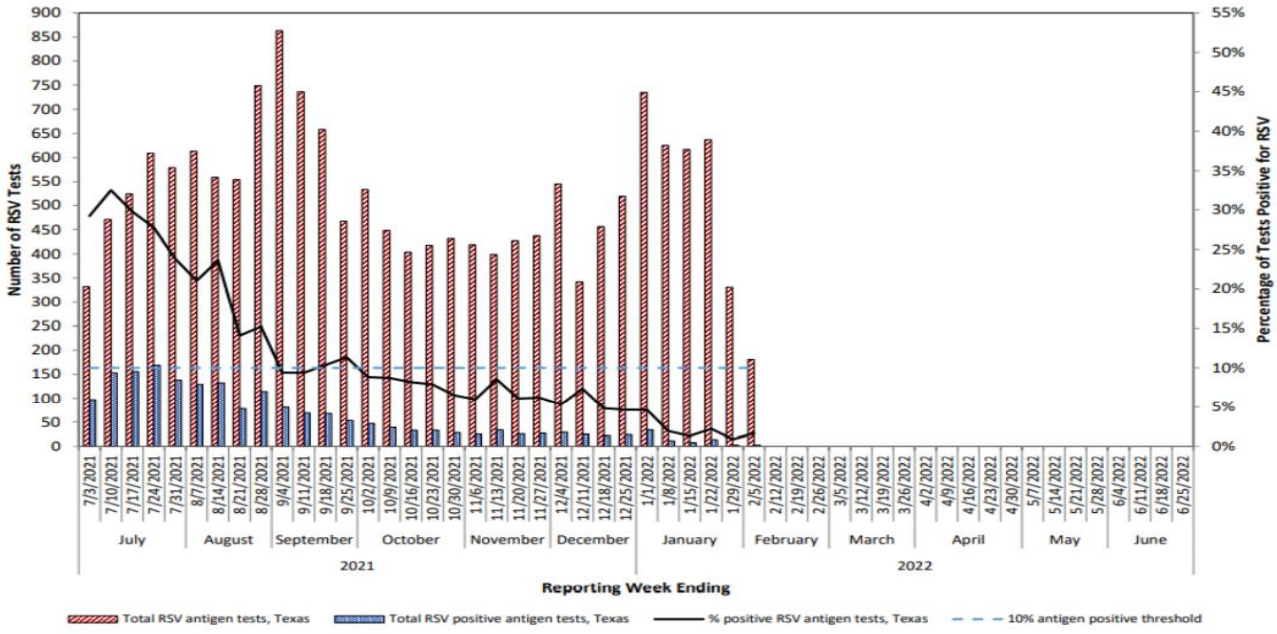
807 BRAZOS ST, SUITE 607, AUSTIN, TX 78701 TEL: 512-708-8424, WWW.THBI.COM

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.

Number and Percentage of Antigen Tests Positive for Respiratory Syncytial Virus (RSV)
All Texas Sites, 2021-2022 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.

RSV Season 2021-2022

- Inter-seasonal RSV activity differed by region
  - Started in June or July 2021
  - Ended on September 30, 2021
- Traditional RSV season
  - Started October 1, 2021
  - Ended February 1, 2022
- Continuing to monitor RSV activity
-

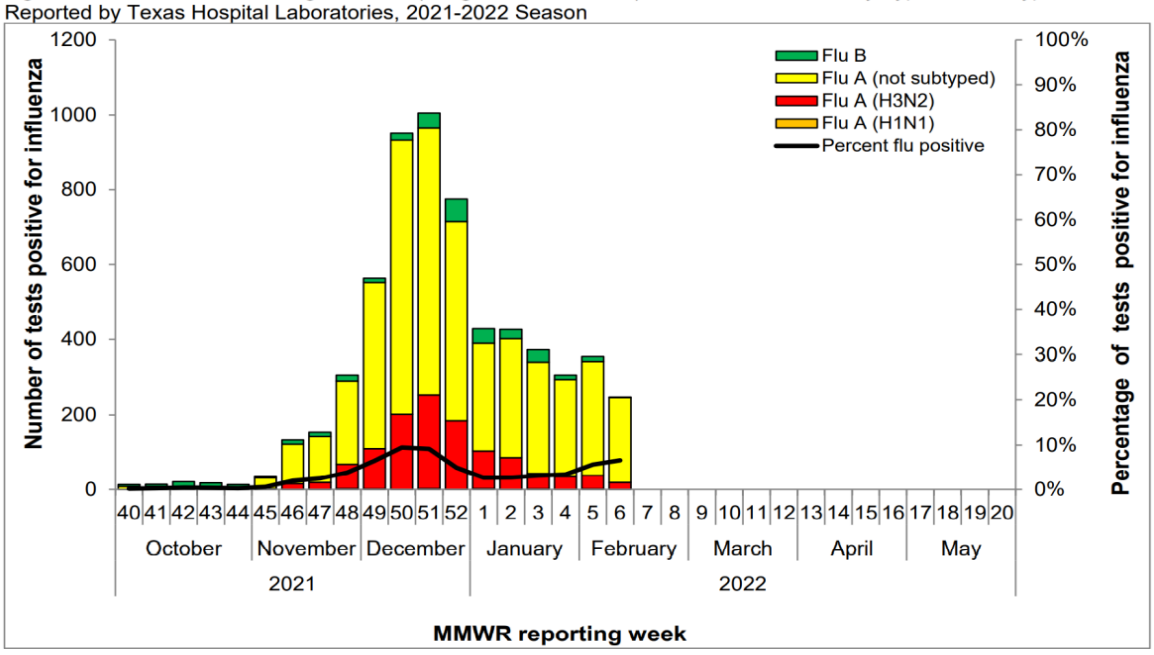
Influenza

Respiratory infection caused by the influenza virus (Influenza A and Influenza B) with seasonal epidemics occurring 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:
  - Flu outbreaks
  - Pediatric flu deaths
  - Novel influenza infections

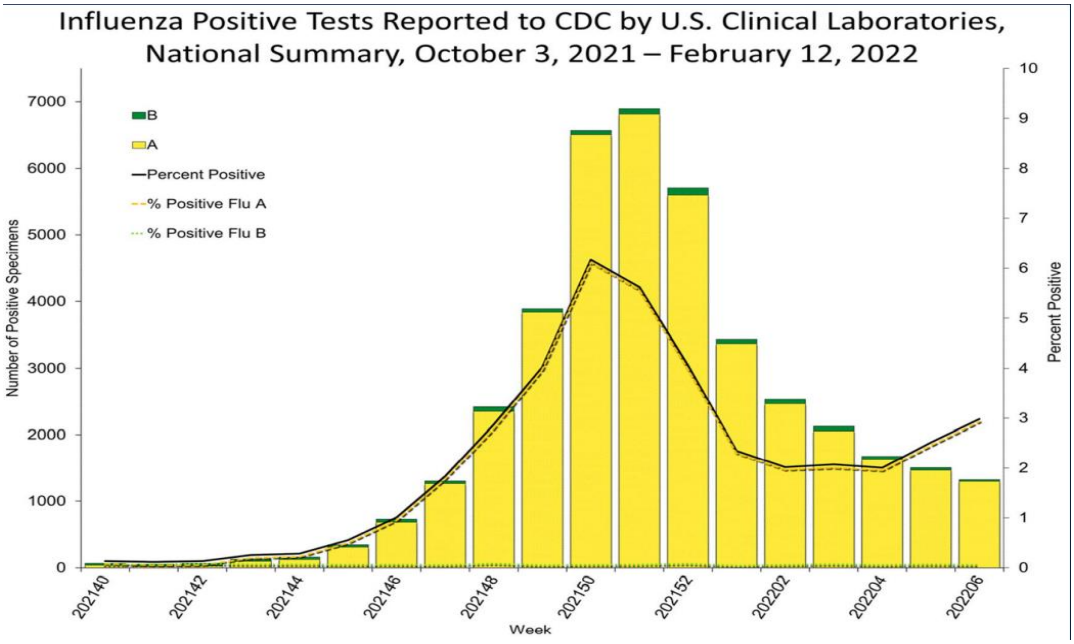
Texas Hospital Flu Testing Results- 2021-2022

Figure 1: Number and Percentage of Tests (Antigen, Culture, PCR) Positive for Influenza by Type and Subtype Reported by Texas Hospital Laboratories, 2021-2022 Season



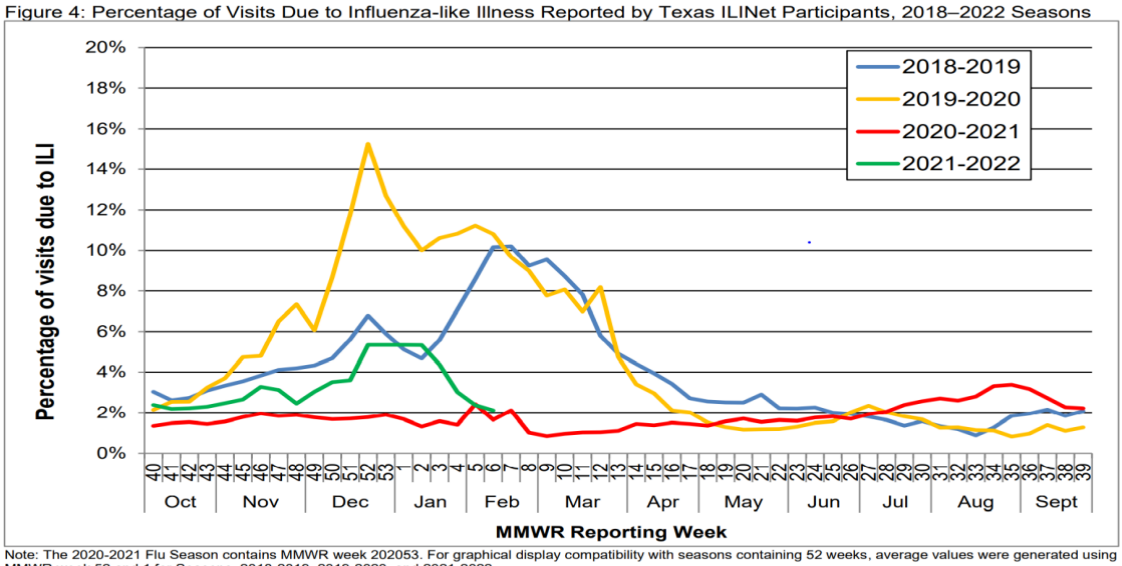
[Texas Influenza Surveillance Report | 2021-2022 Season | MMWR Week 6 | 2.18.22]

US Clinical Flu Testing- 2021-2022



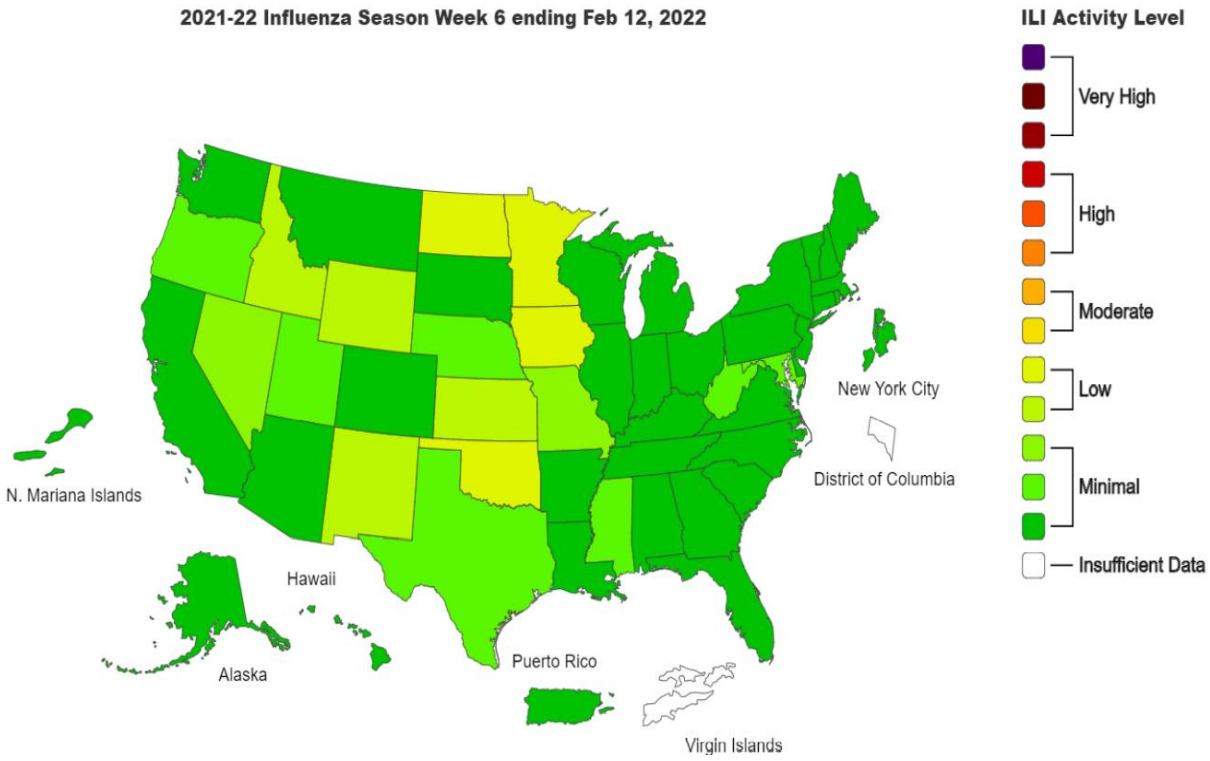
[Weekly U.S. Influenza Surveillance Report | CDC]

Texas Influenza-like Illness 2017-2022

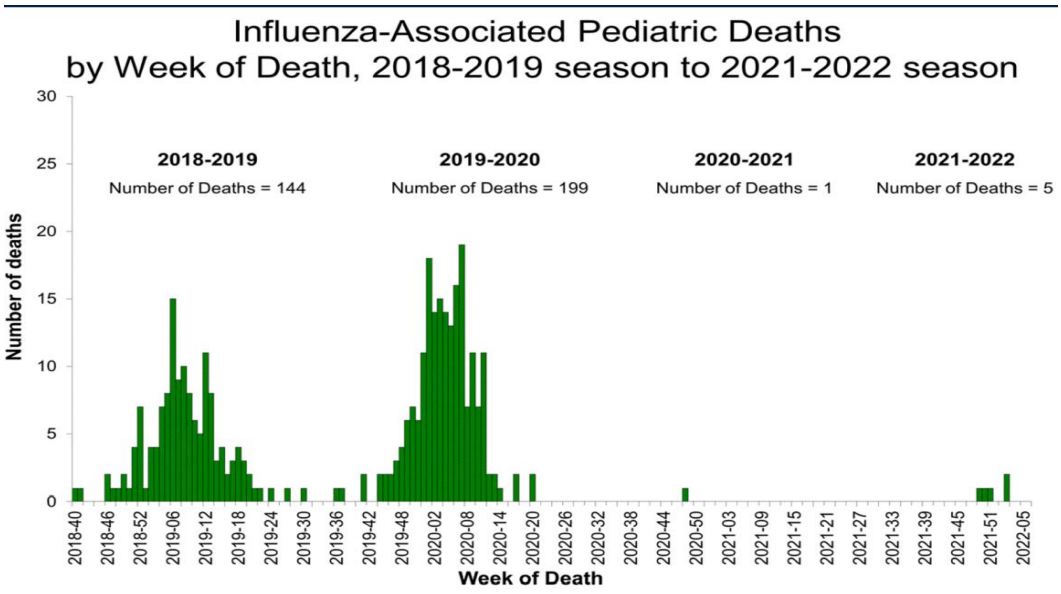


Note: The 2020-2021 Flu Season contains MMWR week 202053. For graphical display compatibility with seasons containing 52 weeks, average values were generated using MMWR week 52 and 1 for Seasons: 2018-2019, 2019-2020, and 2021-2022.

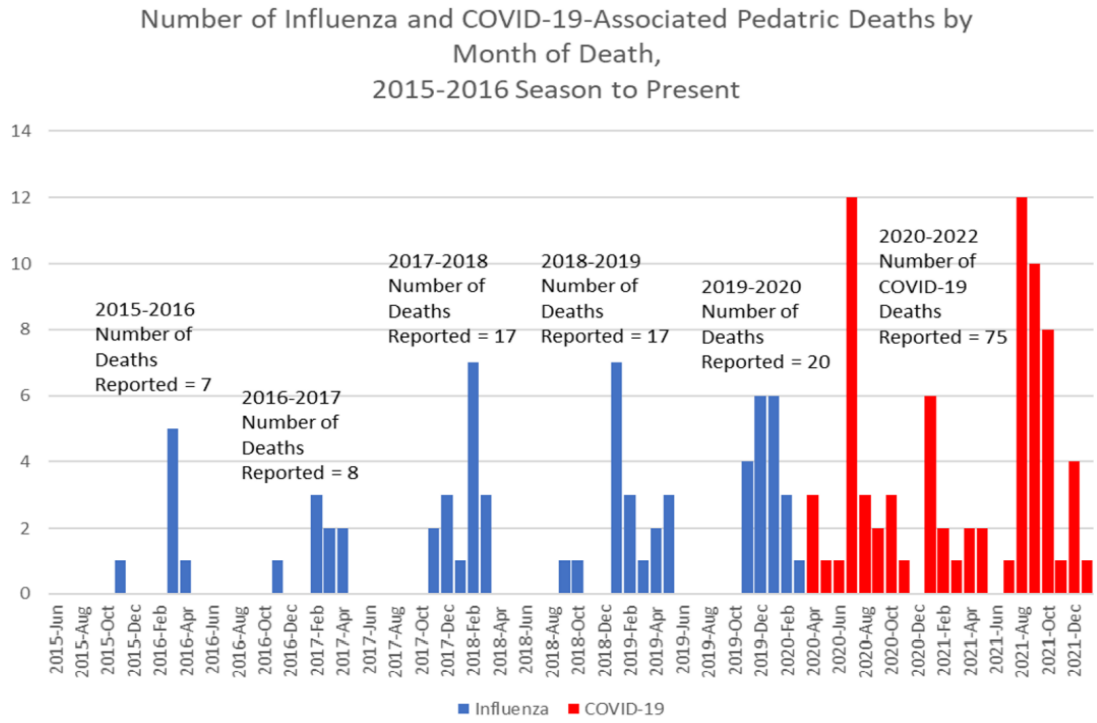
US Influenza-like Illness- 2/6/2022 - 2/12/2022



Influenza-Associated Pediatric Deaths



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



There were no pediatric deaths during the COVID pandemic

Novel Influenza

(Birds and Swine)

Highly Pathogenic Avian Influenza in Commercial or Backyard Flocks- US, 2022

County, State	Date Confirmed	Flock Type
Dubois County, Indiana	2/16/2022	Commercial Turkeys
Webster County, Kentucky	2/15/2022	Commercial Turkeys
Fauquier County, Virginia	2/12/2022	Backyard Mixed Species Birds (non-poultry)
Fulton County, Kentucky	2/12/2022	Commercial Broiler Chickens
Dubois County, Indiana	2/8/2022	Commercial Turkeys

It was also identified most recently in New York and Maine. None of this influenza has spread to humans.

APHIS tests large numbers of wild birds in US as part of ongoing surveillance. It is not uncommon to detect avian influenza in wild birds. Hundreds of HPAI H5 infections were detected in Atlantic Flyway (Eastern US) in 2022 with recent increased detection of HPAI EA in Europe as well.

APHIS response:

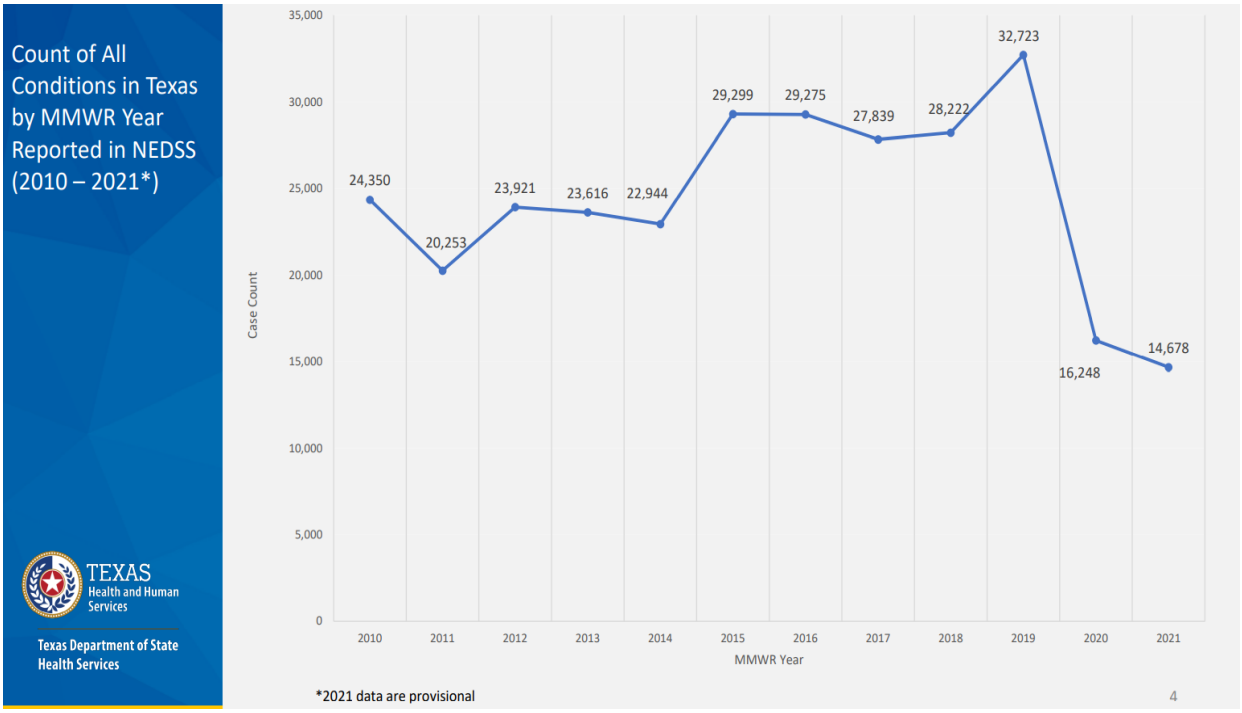
- Increasing surveillance in other North American Flyways
- Requesting bird owners in the US review and stay vigilant about their biosecurity practices to protect poultry and pet birds from avian influenza

Discussion

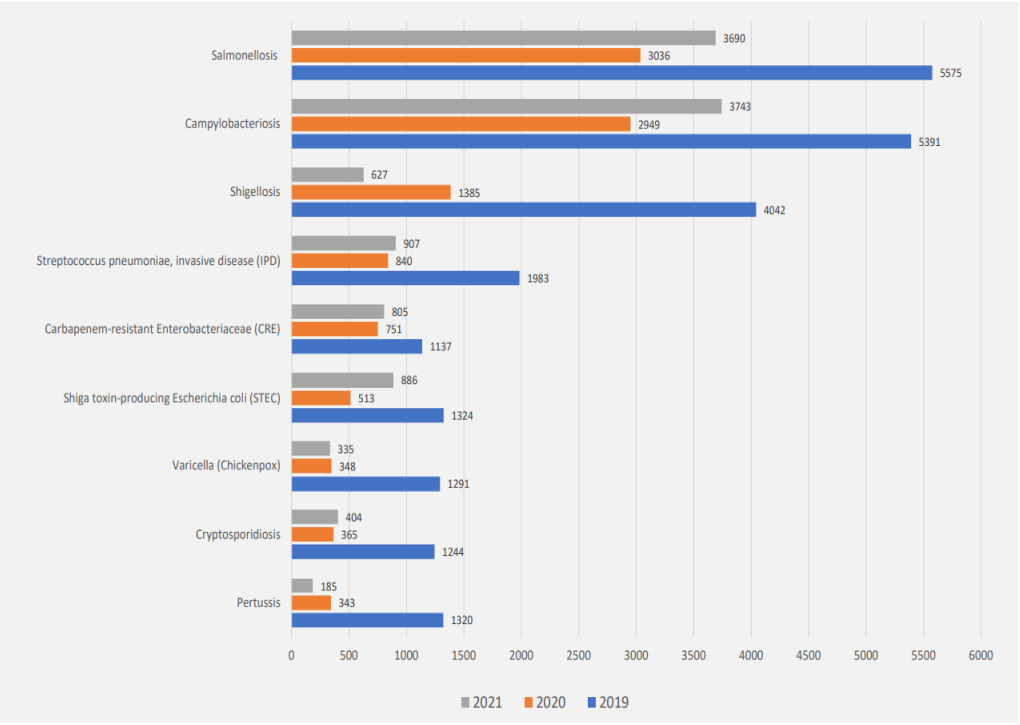
The Commissioner of Health stated that the lack of influenza during the pandemic is reflective of the nonpharmaceutical interventions used to prevent COVID impacting the low infection rate of influenza.

7. Update on Other Diseases Report- Paul Grunenwald, DVM

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

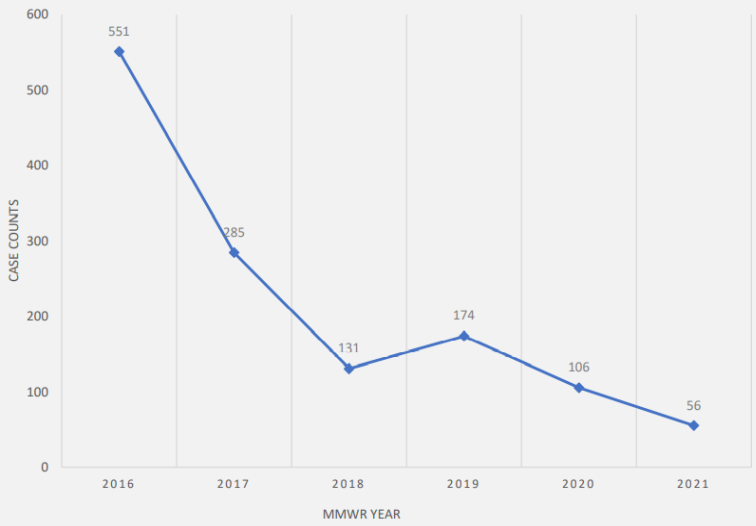


Top Notifiable Conditions in Texas in NEDSS (2019 –2021*)



TEXAS Health and Human Services
Texas Department of State

Count of Neglected Tropical Diseases in Texas by MMWR Year Reported in NEDSS (2016 – 2021*)



Texas
Neglected Tropical Disease Cases Reported in NEDSS (2016 –2021*)

TEXAS Health and Human

Disease	2016	2017	2018	2019	2020	2021	Total
Ancylostomiasis (hookworm)	16	10	9	2	1	0	38
Ascaraiasis	56	75	19	14	7	9	171
Chagas Disease	27	33	32	28	19	36	175
Chikungunya	20	15	7	19	3	0	64
Cysticercosis	16	10	12	14	6	4	58
Dengue	45	43	20	74	62	20	264
Echinococcosis	2	0	2	1	2	0	7
Fascioliasis	0	0	1	0	0	0	1
Hansen's Disease (leprosy)	18	23	7	4	3	3	55
Leishmaniasis	13	8	15	10	1	8	47
Paragonimiasis	0	0	0	0	0	0	0
Taeniasis	2	1	1	3	2	0	9
Trichuriasis	21	12	6	3	0	4	42
Zika	315	55	4	2	0	0	376
Total	**551**	**285**	**131**	**174**	**106**	**56**	**1303**

Discussion

What is driving the patterns in the tropical diseases. DSHS stated you must analyze each disease separately and see how transmission may have occurred. It is multifactorial.

8. Public Comment. No public comment was offered

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

- What the lessons have been from COVID 19 and plans for preparedness
- The gaps found and how do we protect the public going forward
- How have the federal dollars helped us (IT systems and data, other improvements). How will the changes help us down the road.
- The capabilities we had previously and then new ones and how scalable are they?
- Impact of COVID on other vaccine preventable diseases and vaccination uptake.
- Lessons learned on how the taskforce acts as an advisory body
- Meeting in May

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

***