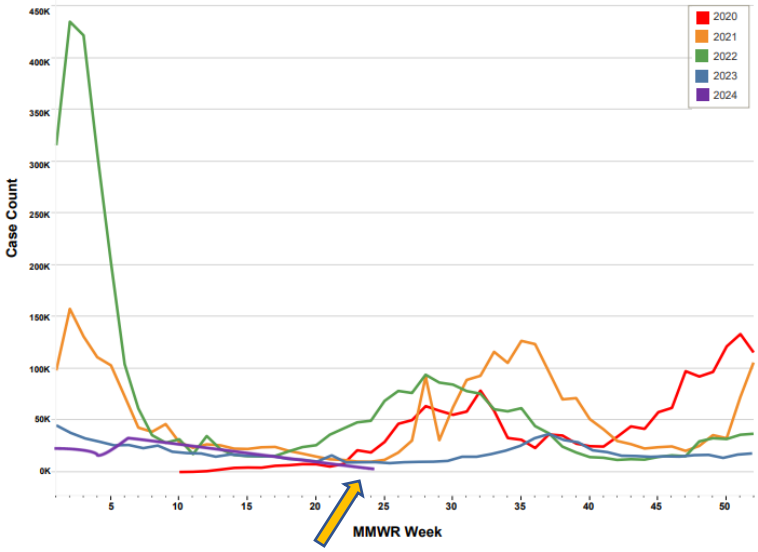
Public Health Regions (PHRs) PCC REPORT 15 JUL 2024

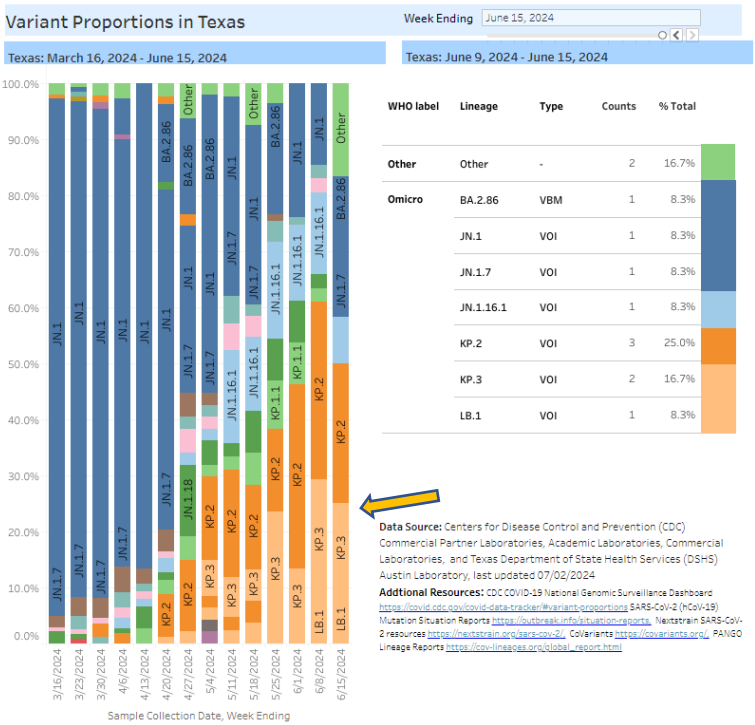
COVID-19 cases have decreased in TX but can be expected to increase as part of a summer spike. KP.3 has now superseded KP.2 as the leading variant but there are many others around currently.

[Texas Respiratory Virus Surveillance Report (June 9, 2024 - June 15, 2024)]

Figure 6. Cases of COVID-19 by MMWR Week, Texas, 2020 to Current Report Week (N = 9,209,527)



Note: The COVID-19 pandemic reported the first locally acquired SARS-CoV-2 case in Texas during the MMWR Week 10 in 2020. Prior to MMWR Week 10 in 2020 there were no locally acquired cases of SARS-CoV-2 infection reported among Texas residents. Case counts are reported based on all MMWR weeks as they are provided.



WHO label	Lineage	Type	Counts	% Total
Other	Other	-	2	16.7%
Omicro	BA.2.86	VBM	1	8.3%
	JN.1	VOI	1	8.3%
	JN.1.7	VOI	1	8.3%
	JN.1.16.1	VOI	1	8.3%
	KP.2	VOI	3	25.0%
	KP.3	VOI	2	16.7%
	LB.1	VOI	1	8.3%

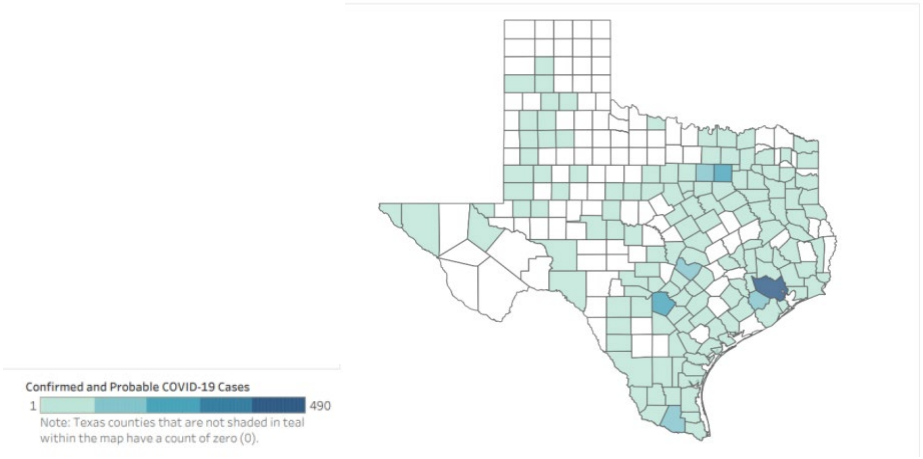
Data Source: Centers for Disease Control and Prevention (CDC) Commercial Partner Laboratories, Academic Laboratories, Commercial Laboratories, and Texas Department of State Health Services (DSHS) Austin Laboratory, last updated 07/02/2024

Addtional Resources: CDC COVID-19 National Genomic Surveillance Dashboard https://covid.cdc.gov/covid-data-tracker/#variant-proportions SARS-CoV-2 (hCoV-19) Mutation Situation Reports https://outbreak.info/situation-reports, Nextstrain SARS-CoV-2 resources https://nextstrain.org/sars-cov-2/, CoVariants https://covariants.org/, PANGO Lineage Reports https://cov-lineages.org/global_report.html

Data includes variants of concern (VOC), variants of interest (VOI) and variants being monitored (VBM), with all other variants grouped together. More information on variant classification is available on the CDC website.

[SARS-CoV-2 Variants and Genomic Surveillance in Texas | Texas DSHS]

[COVID-19 Activity Map for Texas]



The map above displays COVID-19 cases reported to public health. However, at home testing and asymptomatic COVID-19 may lead to underreporting.

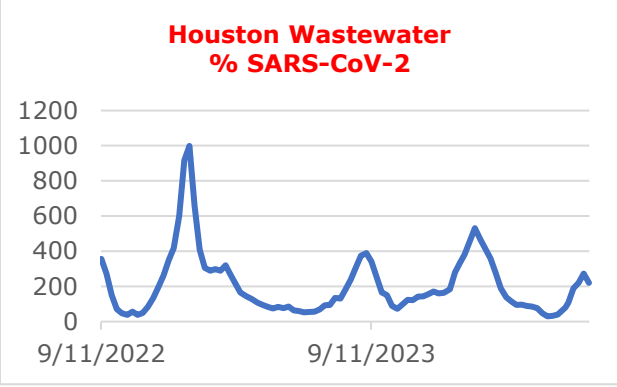
To find medication near you, talk to your doctor or use the Test-to-Treat Locator:

- HHS COVID-19 Test-to-Treat Locator

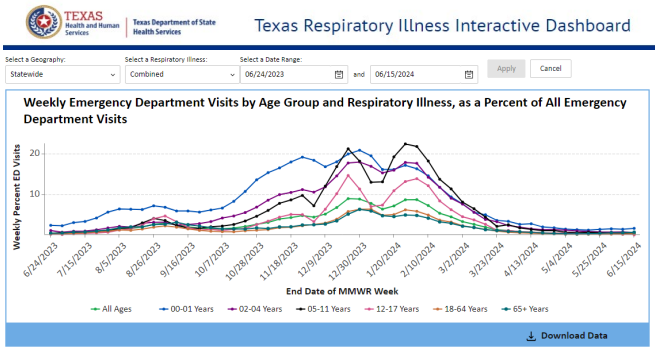
COVID-19 therapeutic and treatment information for patients:

- Information for Patients

Houston wastewater measurements are down to 220% from a high of 273% on 6/24, while emergency room visits for viral respiratory diseases have decreased.



Houston wastewater SARS-CoV-2 percent for the weeks of 9/11/2022 to 4/1/2024.
City of Houston SARS-CoV-2 Wastewater Dashboard: https://covidwwtp.spatialstudieslab.org/



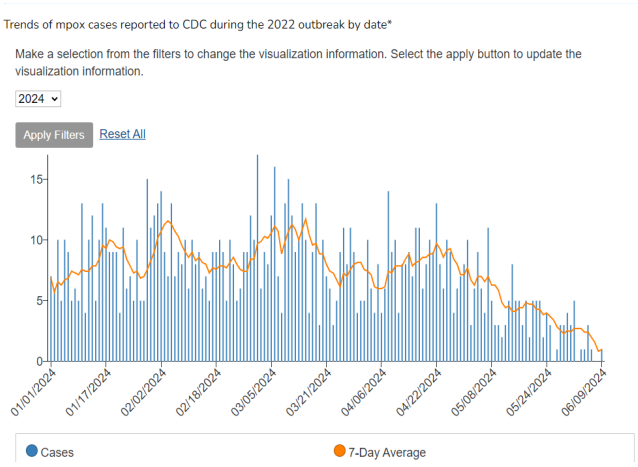
TX Respiratory Illnesses Dashboard:
Texas Statewide Emergency Department Visits for Respiratory Illnesses | Texas Respiratory Illnesses Dashboard (arcgis.com)

DSHS also publishes the weekly respiratory virus surveillance report, combining separate reports on influenza, COVID-19 and RSV.

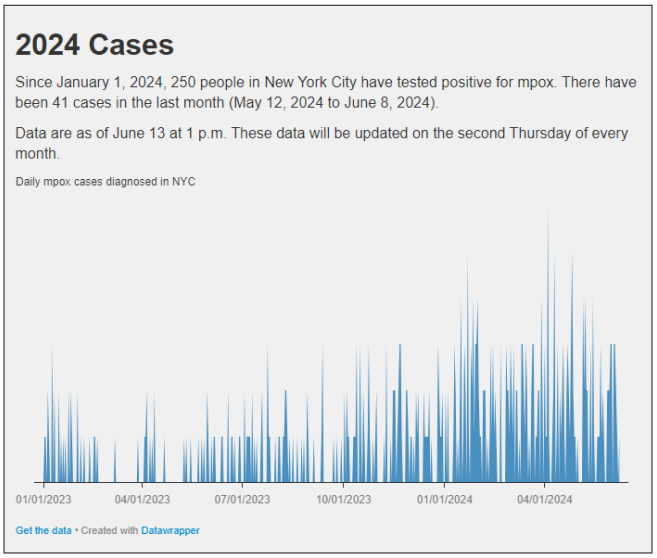
Mpox – recent increase in cases

Since May 2022, there have been 32,063 confirmed US cases of mpox with 58 deaths. Though cases decreased nationally during the first part of this year (1st graph below), New York City has seen a large increase in the same time period (2nd graph) and we've seen a significant increase in the number of cases in Texas as well (3rd graph).

Summer events may very possibly help maintain this new trend.

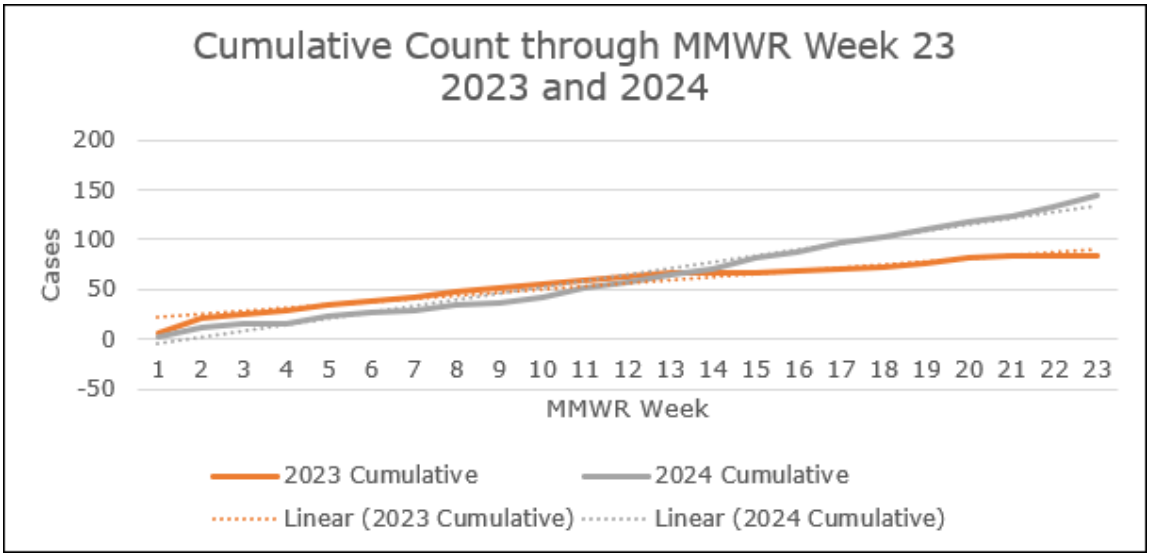


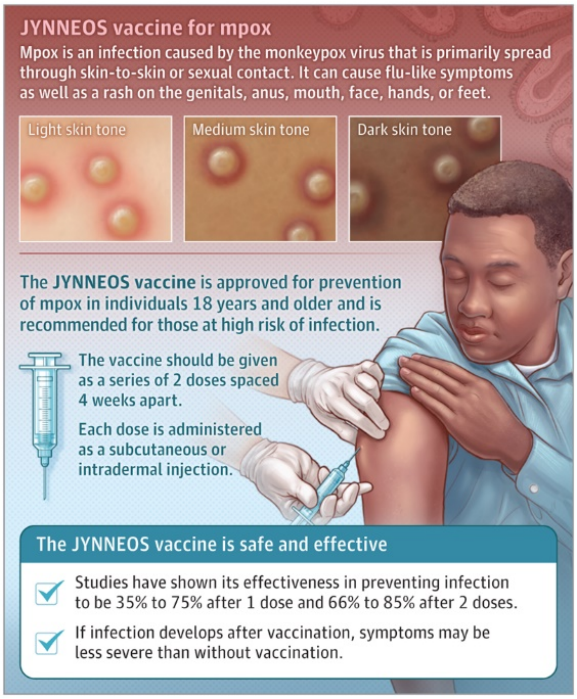
[cdc mpox data]



https://www.nyc.gov/site/doh/health/health-topics/mpox.page

DSHS Data: *"Please note that some of the following information is based on preliminary data and is expected to change as case investigations progress."*





JAMA on Jynneos.

JYNNEOS VACCINATION is highly encouraged. Most US cases continue to be in people who are not vaccinated or who have only received one dose of JYNNEOS. Vaccination also helps reduce the severity of the disease.

The currently available stock of Jynneos in TX, obtained under an Emergency Use Authorization (EUA), is due to expire in OCT 2024. It's important individuals at risk receive the recommended Jynneos series. MMWR Efficacy of Jynneos.

JYNNEOS (Imvamune® or Imvanex®) is fully licensed in the U.S. for subcutaneous administration in individuals 18 years of age and older. As of April 1, 2024, JYNNEOS is commercially available in the U.S.

CDC Jynneos Vaccination

An Mpox HAN has been distributed by Harris County Public Health (HCPH).

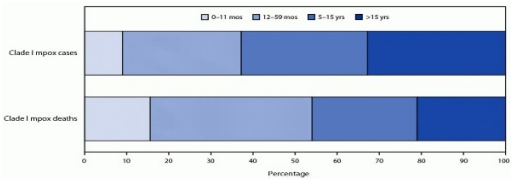
Key Messages:

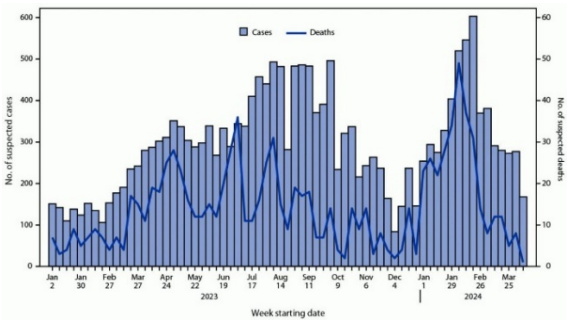
- Mpox continues to circulate and an increase in cases has been seen in the Greater Houston metropolitan area since May. It's likely there are more cases due to underreporting and lack of testing.
- With summer approaching, activities, festivals and events present opportunities for transmission and infection.
- Report confirmed, probable, or suspected cases of mpox to your local health department.
- Completing the 2-dose JYNNEOS (mpox vaccine) series is the most effective way to prevent new mpox infections and reduce the risk of serious illness.
- Refer clients to the Study of Tecovirimat for Human Mpox Virus (STOMP) to initiate oral tecovirimat (TPOXX).
- Providers are advised to be alert and consider testing for mpox when patients present with rash or sores regardless of vaccination status or previous mpox history.

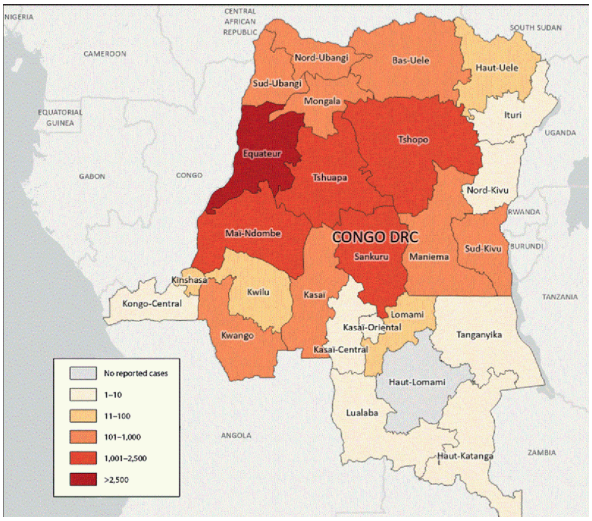
mpox images

DRC – Clade I

Mpox cases in the Democratic Republic of the Congo (DRC) are spreading to new provinces and urban areas where mpox does not normally occur, including border areas, where spread to neighboring countries is a risk. Less than 1 in 10 of the cases are laboratory confirmed and, with most of the cases occurring in children, it's difficult to differentiate mpox from other common childhood rashes that occur in the DRC. Sexual transmission has been documented. [Mpox - Democratic Republic of the Congo (who.int)]







[U.S. Preparedness and Response to Increasing Clade I Mpox Cases in the Democratic Republic of the Congo — United States, 2024 | MMWR (cdc.gov)]

Key Information regarding mpox testing and treatment:

- Routine mpox testing, non-variola orthopoxvirus (NVO), is not clade specific but there are multiplex tests that target both NVO and clade II.
- Patient care does not change based on clade: tecovirimat (Access Tecovirimat), brincidofovir, & vaccinia immune globulin intravenous (VIGIV)
- JYNNEOS vaccine for mpox prevention, pre- and post-exposure, is effective regardless of the clade.
- For patients with travel to the DRC within 21 days of illness onset, mpox clade-specific testing is recommended (consult your health department).

https://publications.aap.org/redbook/resources/28794?autologincheck=redirected

Because of potential genomic deletions affecting test efficacy, NVO tests should be used in addition to clade-specific testing, and positive NVO or negative clade II tests should be further investigated through sequence analysis.

> ***"The recent increases in clade I MPXV transmission in DRC pose a new risk for global spread if the virus is not urgently contained."***
>
> ***"Collaboration among global public health partners is now urgently needed to assist DRC in procuring and delivering sufficient vaccine where it is most needed."***

https://www.cdc.gov/mmwr/volumes/73/wr/mm7319a3.htm

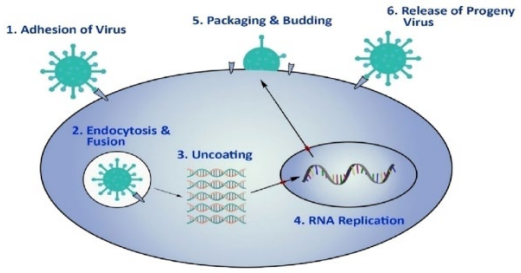
mpox Redbook

HPAI A(H5N1)

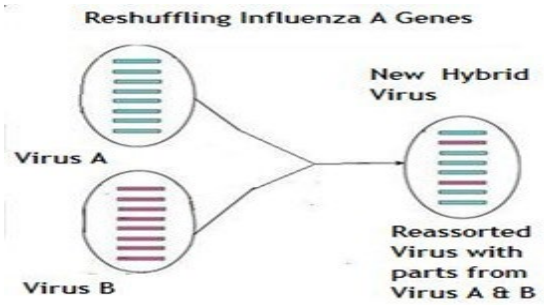
Three Human Cases have been identified this year. All are Clade 2.3.4.4b and all were associated with exposure to dairy cows – two in Michigan and one in Texas. There has been no human-to-human transmission documented in the US and testing has not revealed genetic changes that would make it more transmissible in humans.

- The highly pathogenic avian influenza (HPAI) H5N1 virus was most likely introduced into dairy herds by wild birds. Transmission has since occurred within and between herds.
- The dairy cows are not severely impacted but the virus, which is concentrated in milk, appears to adversely impact quality and safety. Milk from impacted animals is being diverted or destroyed so that it does not enter the food supply. In addition, Pasteurization has been proven to inactivate bacteria and viruses, like influenza, in milk.
- Other animals such as farm cats have been infected as well. It is thought that transmission to other mammals may have occurred through contact with milk or milking equipment.
- DSHS will provide Dairies personal protective equipment (PPE) for the workers, free of charge (gowns, face shields, gloves, masks).
- Past cases of the clade 2.3.4.4b in other countries have demonstrated a range of clinical severity, with the most severe cases being in 2022 and 2023. Potential for further mutation of the virus exists, as well as for reassortment in other infected mammals such as swine.
- Individuals who test positive for Influenza A but negative for H1 or H3 subtypes, should have specimens further analyzed for H5. In Texas, this can be done through public health laboratories. Confirmation and sequencing is available through the CDC.
- Ongoing vigilance and surveillance are essential. However, currently, there does not appear to be an increase in expected cases of influenza and the general risk to the public remains low.
- Ferret studies have demonstrated transmission is more effective through direct contact than through respiratory droplets.
- The influenza A virus has an RNA genome and its RNA polymerase, comprising of the PA, PB1, and PB2 subunits, is essential for viral transcription and replication. These subunits, associated with both pathogenicity and host range, are targets for significant ongoing research.

Technical Report: June 2024 Highly Pathogenic Avian Influenza A(H5N1) Viruses | Bird Flu | CDC
Reassortment between avian H5N1 and human H3N2 influenza viruses creates hybrid viruses with substantial virulence | PNAS
Structural Basis of the Influenza A Virus RNA Polymerase PB2 RNA-binding Domain Containing the Pathogenicity-determinant Lysine 627 Residue - PMC (nih.gov)



Avian flu life cycle



Reshuffling genes

DSHS Health Alert dated April 1, 2024
First Case of Novel Influenza A (H5N1) in Texas, March 2024

https://www.dshs.texas.gov/news-alerts/health-alert-first-case-novel-influenza-h5n1-texas-march-2024

Initiation of antiviral treatment with a neuraminidase inhibitor (oseltamivir twice a day for 5 days) is recommended **as soon as possible** for any patient with suspected or confirmed infection with avian influenza A(H5N1), **even if >48hrs have elapsed** since illness onset and **regardless of illness severity**.

Chemoprophylaxis…

- should be administered to individuals in the same household or close family members with unprotected, prolonged contact to a confirmed or probable case.
- may be considered in healthcare personnel or non-household members with prolonged unprotected close contact with a confirmed or probable case.
- is typically not considered for individuals who have had social contact of a short duration with a confirmed or probable case in a non-hospital setting.

For asymptomatic individuals, the **treatment frequency dosing** for oral oseltamivir or inhaled zanamivir (one dose twice daily) **is recommended** instead of the typical antiviral chemoprophylaxis regimen (once daily). Treatment should be **started immediately and not be delayed while testing is pending**.

Close contact: within about 6 feet of a confirmed or probable avian influenza case for a prolonged period of time, or direct contact with infectious secretions while the case was likely to be infectious (beginning 1 day prior to illness onset and continuing until the resolution of illness).

PPE: Recommendations for Worker Protection and Use of Personal Protective Equipment (PPE) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans.

Hygiene measures: wash hands often, cover coughs and sneezes, do not pick up dead birds and animals, stay home if sick.

Milk Consumption: Raw unpasteurized milk can make people sick. Pasteurization is the process of heating milk to a high enough temperature for enough time to kill harmful germs in the milk, including all kinds of flu viruses. Milk sold in stores is required to be pasteurized and is safe to drink.

HAN Regarding Dengue issued by the CDC

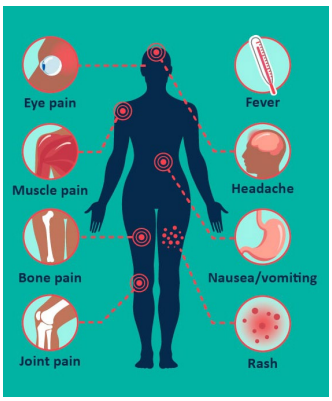
Health Alert Network (HAN) - 00511 | Increased Risk of Dengue Virus Infections in the United States (cdc.gov)

Global incidence of dengue in 2024 has been the highest on record for this calendar year. In the 1st half of 2024, countries in the Americas reported twice as many cases as in all of 2023 and Puerto Rico (PR) has declared a Public Health Emergency. Not surprisingly, in the same time period, a higher-than-expected number of dengue cases have been identified among U.S. travelers. As a result, the CDC has identified a high risk of Dengue Virus (DENV) Infections in the US and recommends the following:

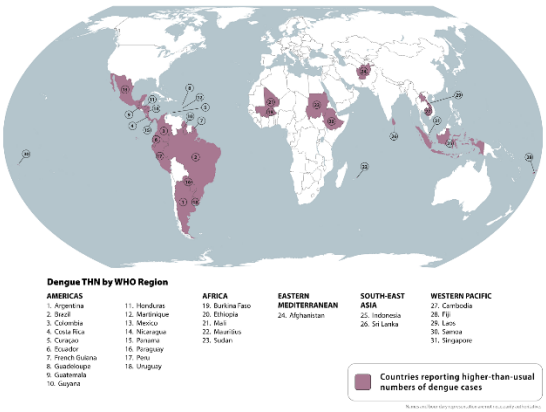
1. Increased suspicion of dengue among people with fever who have been in areas with frequent or continuous dengue transmission within 14 days before illness onset,
2. Appropriate diagnostic tests for acute DENV infection:
   - reverse transcription polymerase chain reaction [RT-PCR] and IgM antibody tests, or
   - non-structural protein 1 [NS1] antigen tests and IgM antibody tests,
   Clinical Testing Guidance for Dengue | Dengue | CDC
   Submitting Specimens for Dengue Virus Tests | Vector-Borne Diseases | CDC
3. Timely reporting of dengue cases to public health authorities, and
4. Mosquito bite prevention measures among people living in or visiting areas with frequent or continuous dengue transmission. Preventing Mosquito Bites CDC

Dengvaxia is recommended for children aged 9–16 years with laboratory confirmation of previous DENV infection and living in areas with frequent or continuous dengue transmission. Though safe and effective, the manufacturer has discontinued production citing lack of demand. Vaccine administration will continue in PR until available doses expire in 2026. There are no vaccines recommended for travelers, adults, or persons without a previous DENV infection.

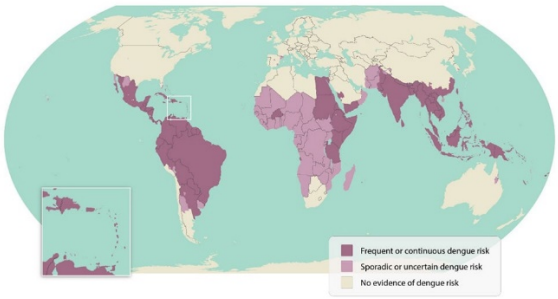
For more Dengue Info: Dengue CDC



Symptoms of Dengue - CDC



Global Dengue - CDC



Areas with Risk of Dengue | Dengue | CDC

DSHS Public Health Regions

For more information on dispensing Medical Countermeasures, see…

https://www.ncbi.nlm.nih.gov/books/NBK190045/

Region 1 Preparedness activities:

- PHR 1 remains actively involved in the Panhandle Dairy Cattle Avian Influenza response.
- Preparedness & Response (PAR) attended severe weather exercise in Borger in April 2024.
- PAR held its quarterly ESF-8 partner meeting in April 2024.
- The SNS coordinator conducted multiple ChemPack training with Chempack sites and presented to the joint Regional Advisory Council (RAC), RAC-A/RAC-B meeting, and Lubbock LEPC.
- PAR staff attended the Pantex Agreement in Principle meeting, attended by local/county officials within counties adjoining the Pantex facility in May 2024.
- PAR/EPI attended PHR 1 Nursing Conference, with display boards May 2024.
- PAR held an Integrated Preparedness Workshop May 17th with ESF-8 partners
- PAR staff attended SkyWarn training May 2024.
- PAR participated in a joint RAC-A/RAC-B Medical Response Surge Exercise in June 2024.
- PAR participated in EOC Interface in June 2024.
- EPI staff member attended the CSTE conference in Pittsburg, PA in JUN 2024.
- PAR staff attended Operations Chief training in June 2024.
- Training and Exercise Specialist attended Homeland Security Exercise & Evaluation Program (HSEEP) training June 12/13th in Kaufman, TX.
- PAR and EPI staff attended the SMOC Exercise as evaluators/controllers in June 2024.
- PAR staff attended Modular Emergency Response Radiological Transportation (MERRT) training June 17 – 20th (two sessions)
- PAR staff attended security assessment for new RSS site on June 19th.

Region 2/3 Preparedness activities:

- Assist DSHS CHEPRS with NIMS/ICS training Instructor for PHR 7
  Capability 3: Emergency Operations & Coordination
  - G-300 – JUN 2024.
  - G-400 – JUN 2024.
- Training Received-Courses Taken
  - Bridges Out of Poverty Training - May 2024
  - Texas Emergency Management Conference – May 2024
- Training/Exercise Management Coordination Work on building RHMOC TTX
  Exercise Capability 8: MCM Dispensing and Administration.
  - Schedule Mental Health First Aid training 5/24/2024
  - Worked on and submitted Ad Hoc IPP-2024 5/21/2024.
  - Reviewed G-300 & G-400 Course Materials for presentation.
  - Worked on DCHHS Flyers and Registration Site for POD Classes in SEP.
  - Provided support for DCHHS POD Class Registration.

    - Managed CPR Class Coordination & Registration - May 2024.
    - Volunteered to assist at Operation Border Health - May 2024.
    - Prepared slides for PHEP Quarterly Meeting.
- Training Provided:
    - G-400 training-Temple, Texas - June 2024.
- Served as a Project Public Health Reviewer (PPHR) for Austin Public Health's application.
- Engaged Education Program Manager Chris Gilden regarding his team's project of improving recruitment to governmental public health (primarily DSHS) which led to a discussion panel over Emergency Preparedness and Response slated for October. (PHR 2/3 Preparedness & Response Manager participating)
- Participated as an evaluator for Colling County Alpha POD Drill.

Region 4/5N Preparedness activities:

- DSHS Piney Woods Texas (Region 4/5N) is building partnerships with regional and state radiological response groups, with a view to expanding this capacity in 2025 through planning, training, and exercising public health emergency response activities that might be conducted during a radiological incident and establishing Points of Dispensing (PODs).
- DSHS Piney Woods Texas (Region 4/5N) participated in Operation Radical Blue Full-Scale Exercise (FSE) a multiple-agency exercise, a region-wide event designed to exercise and assess the capability of the coalition region to respond in a coordinated effort to a mass casualty incident (MCI) within the Piney Woods Regional Advisory Council (PWRAC). The Full-Scale Exercise provided the opportunity to exercise and evaluate the implementation of doctrine and policies provided in existing plans.
- Conducted and conducting regional health fairs promoting community preparedness, provide education on public health surveillance and epidemiological surveillance, and enhance information sharing.
- DSHS Piney Woods Texas (Region 4/5N) continues planning and training efforts in preparation for PHR 2/3 and 4/5N exercise with a dynamic RSS/MCM Scenario – FSE 2026

Region 6/5S Preparedness activities:

- Helped conduct regional Hurricane Abyss exercise alongside healthcare preparedness partners.
- Assisted Waller ISD with their Family Reunification Center/Family Assistance Center planning and lockdown drill.
- Response and Recovery public health coordination following May and June severe weather flooding events concluding with Tropical Storm Alberto and including -
- public health emergencies, rebuild trust in communities and provide targeted resources to build the resilience of vulnerable populations.
- Completed development of a communications tool to aid in making the needs of shelter residents with special language and hearing needs known to shelter staff.

Region 7 Preparedness activities:

- PHR 7 activated the Regional Public Health and Medical Operations Center (RPHMOC) for the April 8 total solar eclipse. The RPHMOC focused on information sharing, monitoring weather and traffic, coordinating teams responsible for food consultations and mass gathering permits, and documenting events. In large part due to planning and messaging by local officials, and with a little help from cloudy weather, the worst-case scenario impacts did not appear in most places that day. The activation for a planned event served as a valuable training opportunity for new staff and implementation of updated processes.
- Temple, the PHR 7 headquarters city, was impacted by several rounds of severe weather in May, including large hail, wind, and an EF-2 tornado. The PHR 7 headquarters building and many staff members' homes sustained significant damage as a result of the storms. PHR 7 has implemented continuity of operations (COOP) processes to allow staff to work remotely with limited disruptions on routine duties and activities.
- PHR 7 hosted the 2-day Medical Countermeasures: Point of Dispensing (POD), Planning and Response course, which was well attended by regional partners. The course covers planning considerations and concerns related to medical countermeasure dispensing.

Region 8 Preparedness activities:

- Region 8 Regional Health and Medical Operations Center (RHMOC) was virtually activated for the Solar Eclipse event.
- Region 8 deployed 5 staff at the request of TDEM to various Disaster District Emergency Operations Centers (DDEOC) for the solar eclipse event.
- Participated in the Golden Crescent RAC, TSA-S full scale exercise on Medical Surge
- PHR 7 & 8 continue planning activities for the combined 5-year full scale exercise.
- Regional staff continue to work with HHSC Disaster Behavioral Health and the Texas A&M Engineering Extension Service (TEEX) in coordinating mental health support services to Maverick County and City of Eagle Pass in their response to the migrant surge on the border. TEEX presented a Support that Saves, Building and Sustaining Peer Support workshop.
- White Powder Response, Val Verde County. Staff assisted in the coordination of a HazMat response by Laughlin Air Force Base and FBI in the investigation of a white powdery substance in a shipping container. Substance determined to be non-hazardous.
- Continue to schedule MGT 341 Disaster Preparedness for Healthcare Organizations course throughout the region. Next class will be in September in Uvalde County
- Attended Tribal Summit hosted by Texas A&M. Met with Tribal Leaders from the Kickapoo Tribe of Texas and re-established communication with tribal emergency management.
- Region 8 Mass Fatality Workshops scheduled throughout the region in July, November, and October.
- One new staff member completed ICS 300/400.

- Conducted Regional Shelter in Place / Severe Weather Exercise
- Conducted MGT 341 Course in Victoria - 22 personnel trained.
- Conducted Stop the Bleed at Southwest Texas Junior College – 14 students trained.
- Conducted Evacuation Triage Training Course at STRAC - 24 personnel trained.
- Conducted Texas Ready outreach at Uvalde County Summer Safety Seminar – 11 parents received program information.

Region 9/10 Preparedness activities:

- As part of the Preparedness Regional Public Health Integrated Preparedness Plan Rotation (PHIR) Evaluation Cycle, the Preparedness program conducted meetings with stakeholders to compile the Regional Integrated Preparedness Plan (IPP).
- The CHEMPACK coordinator is meeting regional host sites to re-calibrate the containers' temperature sensor.
- Regional Epidemiology and Preparedness staff presented Epidemiology 101 and Preparedness 101 training as well as RHMOC operations during new employee orientation.
- PHR 9/10 PARM was invited to present during PHR 11 RHMOC monthly training on the topic of mental health self-care and deployment mental awareness.
- Preparedness and Response Manager was invited to participate in the Texas Tribal Public Health Preparedness Summit. Tribes from across the state as well as representatives from the Regions and Central Office held discussions on the topics of Public Health, emergency preparedness, and tribal nations.
- Epidemiology and Preparedness staff hosted training with the El Paso LHD Preparedness staff and city leadership.
- Region hosted a virtual Evacuation Triage Team (ETT) training. DSHS in partnership with National Emergency Management and Response (National EMR) hosted several in-person and virtual ETT trainings throughout the state. Close to 100 participants were in attendance.
- Region hosted DSHS Commissioner, Dr. Jennifer Shuford, DSHS Deputy Commissioner, Kirk Cole, and Deputy Associate Commissioner for Regional and Local Health Operations, Rachel Samsel. During their 3-day visit, agency leadership met with regional leadership/management and staff as well as with representatives from academic institutions, Ysleta del Sur Pueblo (Tiguas) Tribe, Federally Qualified Health Centers, Elected Officials, and Healthcare/Lab/Pharmaceutical centers.
- Preparedness staff participated in the Permian Basin Healthcare Coalition (HCC) Medical Surge Virtual Functional Exercise.
- Preparedness staff coordinated with Texas Division of Emergency Management (TDEM) Region 7 District Chiefs, Emergency Management Coordinators, and elected officials to notify regional dairies on how to request personal protective equipment (PPE) to provide dairy workers protection in areas of the facilities where there is an elevated risk of highly pathogenic avian influenza (HPAI) exposure.

Region 11 Preparedness activities:

- Continued preparations for the 2024 annual emergency preparedness exercise coordinated by DSHS and various partners to exercise emergency preparedness plans and provide services to underserved areas of PHR 11.
- Continue to provide guidance to local jurisdictions in the development of their own FAC plan, identify key partners, and gather resources for their respective areas.
- Maintained collaboration with the Qualtrics team to create a local Contact database, a flu monitoring database, and other projects.
- Continue to hold training sessions for the Regional Health and Medical Operations Center (RHMOC) on a monthly and quarterly basis. The goal is to increase the efficiency and effectiveness of the RHMOC response team.
- Conducted the 2024 Epidemiology Surveillance and Reporting Workshop, bringing together DSHS Region 11 Epidemiology team and various regional programs.
- Participated and supported regional zoonotic training and educational activities to local stakeholders.
- Participated in the 2024 All Hazards & Costal Bend conference and presented on best practices in setting up an FAC in response to a Mass Causality Incident (MCI)
- Conducted regional health provider visits to promote community preparedness, provide education on public health surveillance and epidemiological surveillance, and enhance information sharing.
- Hosted Preparedness Emergency Support Function (ESF 8) meetings with stakeholders and local health departments.
- Hosted a virtual regional stakeholder meeting to gather and deliberate on potential adverse weather issues, particularly the city and county's requests for mosquito abatement during adverse events and the importance of surveillance to ensure alignment.
- Participated in the League of Cities and City of Laredo Workshop on Strengthening Wastewater Monitoring Capacity for Improved Community Health.
- Conducted Deployable Team-Operations Section Training
- Hosted and conducted a virtual Emergency Shelter Training along with the Red Cross that focus on 4 areas: Emergency Shelter Set-Up, Hurricane Preparedness, Shelter Surveillance and Shelter Inspection
- As part of this year’s National Public Health Week, Preparedness Program provided an emergency preparedness and deployments presentation to regional staff.