

# Region 8

# 2023

# Annual Report

**DSHS South Central Texas**

*Public Health Region 8 Serving You*

*Garner State Park, View From Old Baldy - Photographer: Rose Falcon*

## Message from Region 8 Medical Director

Public Health Region 8 (PHR 8) is committed to preventing disease and protecting the health of all residents in our region. Every year, we publish this annual report to share stories of PHR 8's efforts to positively impact our communities' health.

PHR 8 staff across our programs conduct activities ranging from direct client medical and social services to disease tracking and outbreak prevention to community health education. Our staff have a variety of educational backgrounds and expertise and are deeply committed to their work in public health.

I hope this report gives you a glimpse of the commitment of PHR 8 staff to the health and well-being of everyone in our region. I'm proud of these efforts and hope you enjoy reading about them.

Thank you for your time and commitment to health.



## INSIDE THIS ISSUE

- ◆ Rabies Outbreak Highlights
- ◆ Oral Health
- ◆ Equine Assisted Learning
- ◆ Investigating a Foodborne Illness Outbreak
- ◆ What, Who, When and How Foodborne Illnesses are Investigated
- ◆ Public Health Resources for Mental Health Needs
- ◆ What is RSV?
- ◆ STD Services
- ◆ Focus on Training
- ◆ Tobacco Use and Vaping in Schools
- ◆ Flea-borne Typhus Cases Surge
- ◆ Texas Early Hearing Detection and Intervention Pilot
- ◆ Building the Maverick County Child Injury Prevention Coalition
- ◆ Combating Antibiotic Resistant Bacteria
- ◆ What You Should Know About Tuberculosis
- ◆ New Way to Communicate with Region 8



Texas Department of State Health Services

[dshs.texas.gov/region8](https://dshs.texas.gov/region8)

## Public Health By the Numbers

- 3,939 doses of adult and childhood vaccines administered
- 1,886 individuals trained by Region 8 Preparedness staff
- 647 students in 23 South Texas schools provided oral healthcare evaluations
- 595 fluoride varnishes and 203 sealants provided to students in 23 South Texas schools for a value \$74,617
- 507 regional and 101 binational persons identified as contacts and evaluated for tuberculosis
- 274 regional partners trained in Stop the Bleed
- 264 regional and 6 binational persons suspected of having tuberculosis evaluated and monitored
- 154 clients received Specialized Health & Social Services case management
- 102 rabies investigations conducted
- 85 regional and 23 binational persons identified with tuberculosis disease
- 75 doses of COVID-19 vaccines administered
- 62 animals tested positive for rabies
- 40 regional and 27 binational persons identified and treated for tuberculosis
- 39 animal quarantine facilities inspected
- 37 animal control officers trained
- 30 regional partners trained in CPR
- 8 regional partners trained in Ready or Not
- 1.60% of students with a conscientious exemption to vaccines, up from 1.22% last year



## Rabies Outbreak Highlights Importance of Public Health Intervention

Rabies is a fatal but preventable viral disease that is shed in the saliva of infected mammals. Wild animals make up over 90% of rabid animals in the United States. In Texas, the wild animals that most commonly carry rabies are bats, skunks, raccoons and foxes, which classifies these animals as high-risk rabies animals. The Region 8 Zoonosis Control team conducts rabies risk assessments with medical and animal control personnel to reduce the number of wild animals with rabies and to minimize exposures of humans and domestic animals.

Below is a summary of high-risk animals that have tested positive for rabies in Region 8 from 2021-2023. Normally bats are the most commonly reported rabid animal in our region, however, in 2023 rabies predominated in skunks. Of the 60 positive high-risk cases for 2023, 28 of them were skunks. Half (14) of those skunks were reported in Victoria County, with the other positive skunks reported in Atascosa (2), DeWitt (1), Gonzales (3), Kerr (2), Lavaca (5) and Wilson (1) counties.

### Positive High-Risk Animal Rabies Cases by Year and Species, Public Health Region 8, 2021 – 2023

Species	2021	2022	2023
Bat	34	18	21
Fox	2	3	5
Raccoon	8	2	6
Skunk	9	5	28
<b>Total</b>	<b>53</b>	<b>28</b>	<b>60</b>

The predominance of skunk rabies reported in Victoria County in 2023 prompted coordination between the Region 8 Zoonosis Control Team, Victoria County Public Health Department (VCPHD) and Victoria County Animal Services. The increase in skunk rabies cases was significant. While the county historically has 1 or 2 cases a year, in 2023, Victoria County reported a total of 16 rabid animals. Fourteen (14) of those were skunks.

### Victoria County Rabies Cases, 2021-2023

Species	2021	2022	2023
Bat	1	1	1
Fox	0	0	1
Skunk	0	0	14
<b>Total</b>	<b>1</b>	<b>1</b>	<b>16</b>

The initial spike in skunk rabies was seen in late April and early May. As a result of this increase, Victoria County Animal Services put out press releases with each positive case report, advising residents to avoid wildlife and make sure their domestic animals were vaccinated. In mid-July, an aggressive fox bit several people and another fox tested positive for the skunk variant of rabies. This timeline suggests that the skunk rabies variant had spilled over into the fox population. This spillover resulted in additional press releases and health alerts from Victoria County and the Texas Department of State Health Services (DSHS). The health alerts addressed the increases in rabies cases in the surrounding area and advised people to avoid wildlife that were acting strangely. The alerts also emphasized the importance of rabies vaccination of dogs and cats, which is required by state law.

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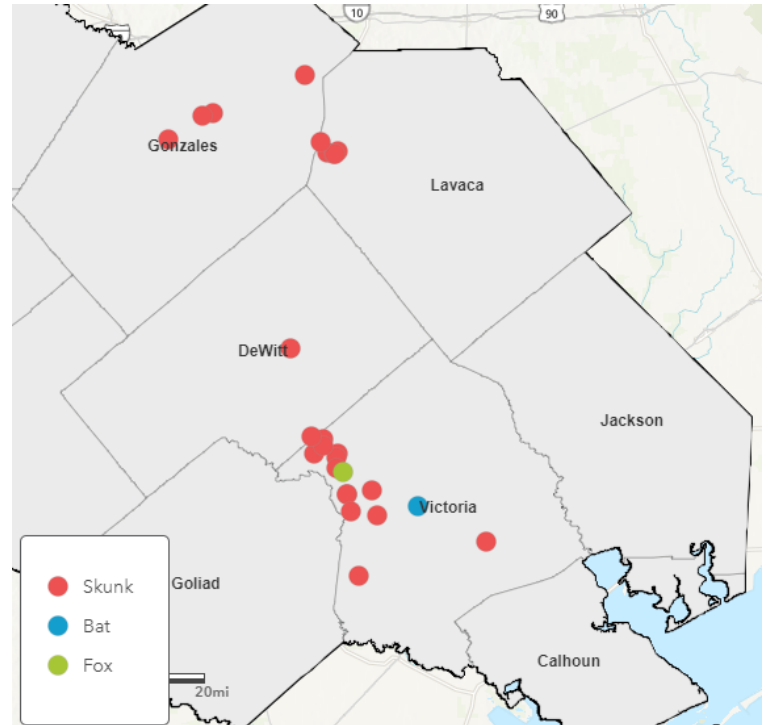


## Rabies Outbreak Highlights Importance of Public Health Intervention *(continued from page 3)*

As a result of the collaboration between Region 8, Victoria County Public Health Department and Victoria County Animal Services, there were no additional exposures to people or pets as a result of this outbreak. By the end of summer the outbreak had ended.

Prompt reporting of animal bites and rabies cases as well as consistent communication with the public helps to prevent rabies outbreaks and reduce the risk of exposures. Region 8 values its relationships with our public health, medical and animal control stakeholders in the efforts to stop the spread of rabies in the community.

If you have questions or would like to conduct a rabies risk assessment in your area, please call 210-949-2121.



**Victoria County Rabies Cases by Month, 2023**

Species	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.
Bat	1						
Fox					1		
Skunk	1	2	7		1	1	2
<b>Total</b>	<b>2</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>2</b>

## Oral Health in Kindergarten and Third Grade Students

Every five years, the DSHS Oral Health Improvement Program Regional Dental Teams collect data as part of an oral health evaluation of Texas Kindergarten and Third Grade students. Regional Dental Team #4 is headquartered in San Antonio and provides preventive dental services and data collection for pre-school and school aged students in Public Health Regions 8 and 11.

The team performed dental evaluations at nine Region 8 elementary schools as part of the Fiscal Year 2023 statewide oral health surveillance project. The participating Region 8 schools were in Bandera, Bexar, Comal, Guadalupe, Maverick and Val Verde Counties.

Six hundred and forty-seven students received evaluations. Of these children, 23.3% had untreated dental decay while 32.6% showed evidence of having had previous (but now treated) dental decay. Of the evaluated children, 23.2% showed evidence of at least one tooth having had treatment with a preventive dental sealant.

The data collected by the team was merged with the data collected by the other four DSHS Regional Dental Teams, was processed and submitted to the National Oral Health Data Portal, which is managed by the Association of State and Territorial Dental Directors and the Centers for Disease Control and Prevention. The combined collected data from this surveillance project becomes the State of Texas' official contribution to this important national database.

## Equine Assisted Learning Promotes Teen Health in Bandera

In July 2023, the Boys and Girls Club Teen Center reached out to Region 8 Bandera staff. Center Director Jimmy Sarabia was interested in conducting a program featuring Equine Assisted Learning (EAL). EAL combines interaction with horses and structured learning to facilitate emotional growth, illustrate certain learning concepts, and enhance mental health and well-being. One of our Bandera staff, a horse owner, reached out to non-profit Hoofprints In the Sand (H.I.T.S.) to coordinate the program. H.I.T.S. is based in San Antonio and works with survivors of domestic abuse or childhood trauma, first responders and military personnel. The use of horses in the H.I.T.S. program has had a profound and positive impact on its human participants.

Three horses (two full-size adults and one miniature) came to the Bandera Teen Center with their handlers. The handlers spoke about the horses' diet, which consists mostly of forage and some grains. The Region 8 nurse compared a human's diet to a horse's diet and talked about the MyPlate nutrition program recommendations. The teens learned that one of the horses loves watermelon. If she limited her diet to watermelon, however, her health would decline. One of the teens added that her favorite food was pizza and the teens were able to give several examples of how eating only pizza would not be good for their health. The presenters also discussed horses' physical activity needs as well as those recommended for human teens. Everyone agreed that movement aids horse health and teen health.

H.I.T.S. founder Anne Van Dyke spoke with the teens about the importance of social interaction for horses' mental and emotional health. She explained that horses turn to each other for support in the herd. Ms. Van Dyke was able to relate that to humans' emotional health and explain that teens should feel safe turning to a trusted adult when they need help to deal with feelings such as sadness, depression or thoughts of suicide. The presenters also told the teens about the 9-8-8 Mental Health Crisis telephone line and emphasized how important it is to reach out for help. Anne added, "Don't stop talking until you get the help you need."

Another member of the H.I.T.S. group told her horse's story. Lily, a mustang, was taken off the range at the age of two years. She was pulled away from her family and herd mates. Then she was passed around from home to home until about five years ago when she came to live in her current home. After hearing this story, a teen from the group spoke up, "That's what it is like in foster care." Many teens then shared their stories and talked about difficulties in their lives. It was impressive to see the youth open up and relate to how Lily the horse felt. They could connect Lily's experiences to their own lives.

Each teen had the opportunity to approach and pet each horse with the handler overseeing the process. The presenters were impressed with the openness of the teens, who obviously enjoyed their interactions with the horses.

Plans are in place for the horses to return for another session in the future. They have also been invited to visit the older students at a local elementary school Life Skills Class.

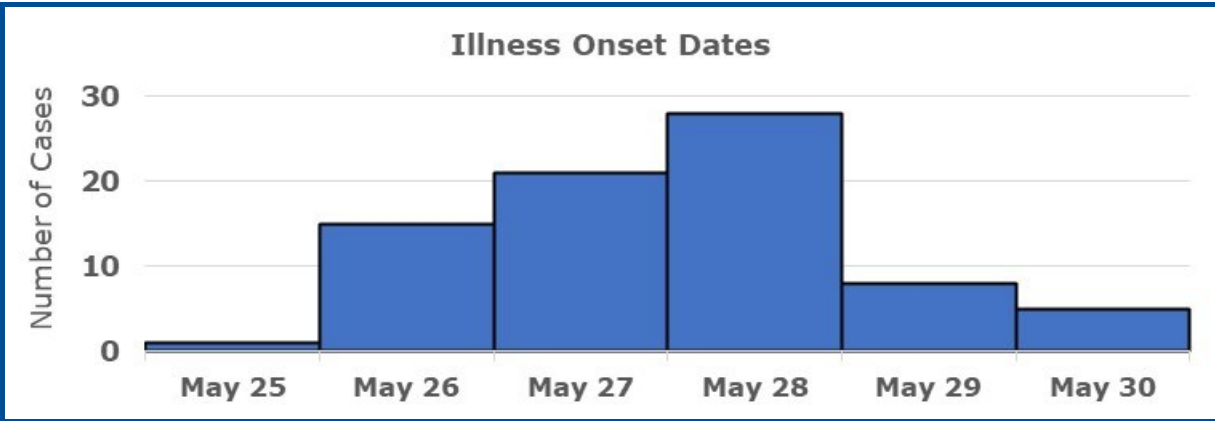
*Lily, Jasmine and Caroline (and their handlers) promote nutrition, exercise and mental health well-being at the Bandera Boys and Girls Club Teen Center.*



# Investigating a Foodborne Illness Outbreak

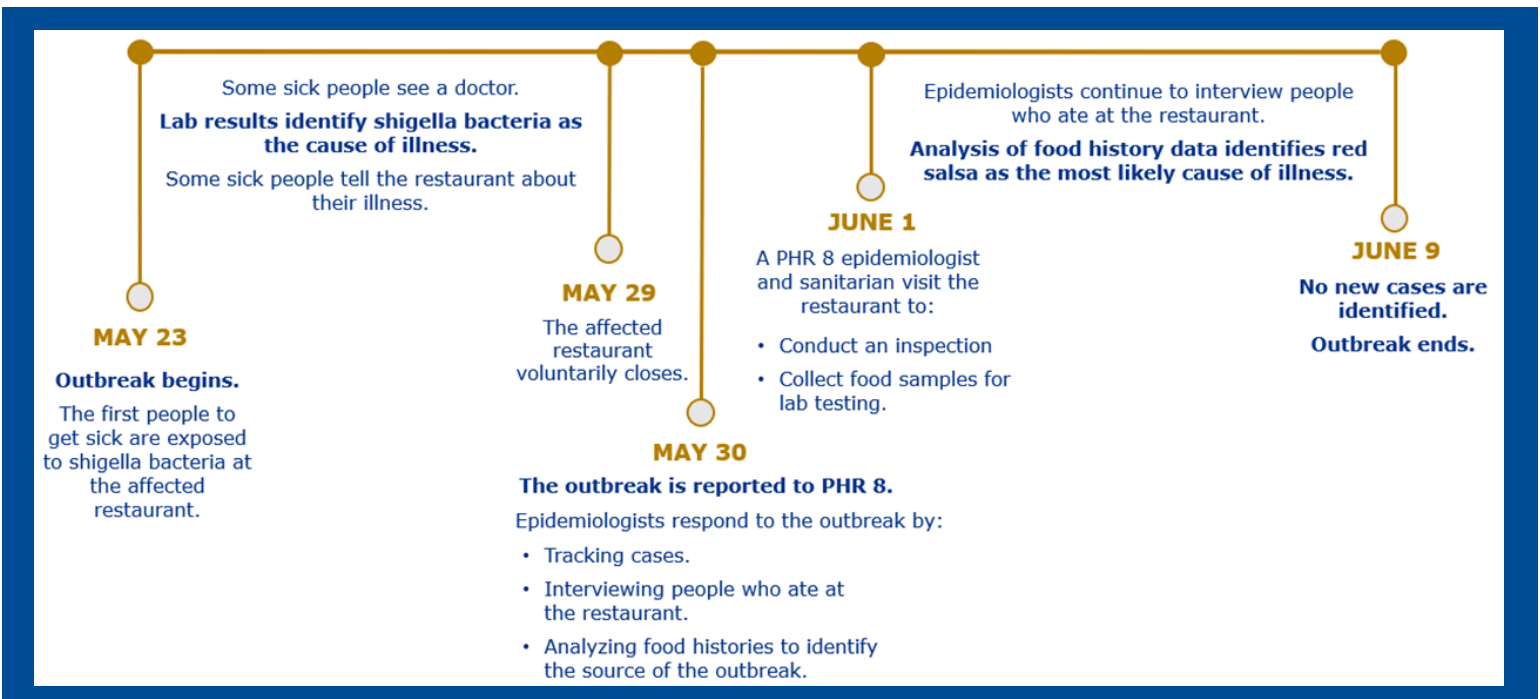
**Report:** In May 2023, the PHR 8 Epidemiology Program began receiving reports of individuals who were sick with shigellosis after eating at the same restaurant. Shigellosis is a bacterial infection that can cause nausea, vomiting, abdominal cramping and diarrhea. Symptoms usually last 4-7 days, but some people can get very sick and may need to be hospitalized.

**Response:** The PHR 8 Epidemiology Program interviewed over 100 individuals and identified 89 cases of shigellosis that were linked to this outbreak. The restaurant associated with the outbreak voluntarily closed on May 29<sup>th</sup> to clean and to discard food products that might have caused the illness, which helped to prevent more people from being exposed and becoming sick. A PHR 8 epidemiologist and sanitarian visited the restaurant on June 1<sup>st</sup> to conduct a risk-based inspection and review education and prevention measures to prevent future outbreaks from occurring.



**Analysis:** People who became sick ate at the restaurant between May 23<sup>rd</sup> and May 28<sup>th</sup>; and started feeling sick between May 25<sup>th</sup> and May 30<sup>th</sup>.

The most common symptoms were diarrhea (97.8%) and abdominal pain (80.9%). After analyzing the outbreak data, we found that people who became sick after eating at the restaurant were nearly fifty times more likely to have eaten red salsa compared to those who ate at the same restaurant but did not get sick (odds ratio = 47.5).



If you suspect an outbreak of disease is occurring in your community, please call the Region 8 24/7 reporting line: (210) 949-2121

## What, Who, When and How Foodborne Illnesses are Investigated

**What:** A foodborne illness is a disease that is caused by the contamination of food. Every year, hundreds of foodborne illnesses are reported to Public Health Region 8 (PHR 8).

**Who:** Region 8 investigates foodborne illnesses in our jurisdiction. Region 8 epidemiologists (disease detectives) and sanitarians work together to respond. If a county or city has its own restaurant inspectors, they are the ones who would conduct the inspection.

**When:** The investigation begins as soon as Region 8 receives a report about a possible foodborne illness.

**How:** If only one person gets sick, epidemiologists interview that person and sanitarians investigate the situation as a complaint. If three or more individuals report getting sick at the same place, a foodborne outbreak response starts.

When responding to an outbreak, epidemiologists interview sick and healthy people that ate at the same place. We ask them when their symptoms started, what they ate and if anyone else got sick. We also ask if they saw a doctor or were lab tested for a specific illness.

During an outbreak, sanitarians go to the restaurant and conduct a risk-based inspection. We focus on important safety practices, especially:

- Using food from safe sources
- Cooking food to the correct temperature
- Storing food at the right temperatures and for a safe amount of time
- Cleaning equipment correctly and
- Handwashing and allowing sick staff to stay home

Food employees that are experiencing vomiting or diarrhea must stay home until the symptoms are gone for 24 hours or a doctor says that their illness is not infectious.

When possible, food samples are collected and sent to a laboratory for testing.

After both teams have completed their part of the investigation, they work together to analyze the interviews, risk-based inspection findings and laboratory results. The sanitarians then work with the restaurant to fix the problem(s) they found.

## Public Health Resources for Mental Health Needs

Across the counties that fall within Public Health Region 8, the ratio of mental health providers to residents ranges from 1 for every 307 individuals in Kerr County to 1 for every 7,163 individuals in Goliad County. Edwards, Goliad, and Real counties all report a single mental health care provider for the entire county. (Source: County Health Rankings and Roadmaps)

The lack of adequate community mental health resources led our staff to seek training to improve their knowledge and skills to better support community members. *(continued next page)*



*Kendall County  
Proclamation in  
support of Suicide  
Prevention Month*

**Public Health Resources for Mental Health Needs** *(continued from page 7)*

Staff participated in three training programs:

**Mental Health First Aid:** This program introduces participants to the signs and symptoms of mental health and substance use. It builds an understanding of their impacts and gives an overview of common treatments and resources. The course is free for school employees through the local mental health authority (LMHA). For more information go to <https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/behavioral-health-services/mental-health-first-aid-training>

**Ask About Suicide to Save a Life (AS+K):** In this three-hour course participants learn to recognize warning signs and risk factors of people thinking about suicide and what action to take. To register and see the calendar go to <https://hhsconnection.hhs.texas.gov/news-announcements/announcements/suicide-prevention-training-dates-set-2024>

**Applied Suicide Intervention Skills:** The two-day course prepares attendees to assist those at risk for suicide. Although many healthcare professionals use ASIST, anyone 16 years or older can attend and use the techniques taught. Request training for yourself or your organization at <https://livingworks.net/training/livingworks-asist/>

Our staff also participated in local mental health coalitions and collaboratives. They promoted mental health well-being at various outreach events, making presentations or providing promotional materials and activities. In Kendall County, the Boerne staff worked with a local coalition that supported a Suicide Prevention Month Proclamation. The Proclamation was passed by the Commissioners’ Court and signed by Kendall County Judge Shane Stolarczyk. In Del Rio, staff put together anti-stress kits in English and Spanish to share with a local mental health committee. The kits included (among other things):

- A Rubber Band (to keep you flexible)*
- An Eraser (so you can make all your mistakes disappear)*
- A Penny (so you never have to say, "I'm broke.")*
- A Marble (in case someone says, "You've lost your marbles.")*
- String (to tie things together when they might fall apart)*
- Tissues (to dry your tears and remember that it's okay to cry)*
- A Kiss (to remind you that someone, somewhere cares about you)*



*Region 8 staff promote mental health well-being in Karnes County*

We also have put together community billboards and packets of information to share mental health resources. At a Karnes County event, staff set up an activity that was a huge hit. Youth and adults who attended chose flower or vegetable seeds. They then planted and watered the seeds in small containers. Planting and caring for the seeds represent the value of nurturing to improve mental health.

Local Mental Health Authorities (LMHAs) deliver an array of mental health services in communities across Texas. These agencies provide a telephone hot line and crisis intervention services for their areas.

LMHA	PHR 8 Counties	Address	Website	Telephone Numbers
Camino Real Community Services	Atascosa, Dimmit, Frio, Karnes, La Salle, Maverick, Wilson, Zavala	19966 FM 3175 N Lytle, TX 78052	<a href="https://caminorealcs.org/">https://caminorealcs.org/</a>	Crisis: 800-543-5750 Main: 210-357-0300
Hill Country Mental Health and Developmental Disabilities Center	Bandera, Comal, Edwards, Gillespie, Kendall, Kerr, Kinney, Medina, Real, Uvalde, Val Verde	819 Water Street Suite 300 Kerrville, TX 78028	<a href="http://www.hillcountry.org">www.hillcountry.org</a>	Crisis or Main: 833-426-4332 or 830-792-3300 Intake: 830-3875970
Integral Care	Gonzales, Guadalupe	1165 Airport Blvd Austin, TX 78702	<a href="http://www.integralcare.org">www.integralcare.org</a>	Crisis: 512-472-4357 Main: 844-398-8252 or 512-472-4357
Gulf Bend Center	Calhoun, DeWitt, Goliad, Jackson, Lavaca, Victoria	6502 Nursery Drive Suite 100 Victoria, TX 77904	<a href="http://www.gulfbend.org">www.gulfbend.org</a>	Crisis: 877-723-3422 Main: 361-575-0611
Center for Health Care Services	Bexar	6800 Park Ten Blvd Suite 200-S San Antonio, TX 78213	<a href="https://chcsbc.org/">https://chcsbc.org/</a>	Crisis: 800-316-9241 or 210-223-7233 Main: 210-216-1000



## What is RSV and How Can You Protect Yourself and Your Family?

Respiratory syncytial virus (RSV) is a common respiratory virus. It usually causes mild, cold-like symptoms. Most children, when infected, recover from an RSV infection in a week or two. The infection can be dangerous for infants and some young children, causing difficulty breathing, low oxygen levels and dehydration. It is the leading cause of infant hospitalizations in the United States. RSV also affects adults. Each year 60,000 to 160,000 adults 65 and older are hospitalized with it.

In 2023 the first vaccines were approved to protect older adults from severe RSV. An antibody product that protects infants and young children from severe RSV is also now available.



### Adult Protection

In May of 2023, two RSV vaccines were licensed for use in adults aged 60 years and older in the United States. Older adults should discuss the benefits of receiving an RSV vaccine with their health care provider. Adults over 60 with weakened immune systems or who have chronic medical conditions, such as heart and lung disease, are at greater risk for severe RSV disease. The vaccine is given as a single dose. The best time to get the vaccine is before the onset of the fall RSV season. For those who have had an RSV infection in the past, vaccination can help prevent future respiratory disease from RSV. There is no minimum time limit to wait before receiving the vaccine.



### Infant Protection

In August 2023, the Centers for Disease Control and Prevention (CDC) recommended a new RSV immunization called nirsevimab to protect babies and some toddlers from severe RSV during the RSV season. Unlike other childhood vaccines, nirsevimab is an antibody that provides direct protection against RSV to the recipient. Nirsevimab is recommended for all infants younger than 8 months of age who are born shortly before or during the RSV season. The season typically starts in October and runs through March. Public Health Region 8 is working directly with birthing hospitals and pediatric health care providers to provide nirsevimab. The timeframe for administering the immunization is limited to the RSV season.

The second way to protect infants from severe RSV disease is through vaccinating moms. CDC recommends an RSV vaccine for pregnant people to protect their babies. Pregnant people should get a single dose of Pfizer's bivalent vaccine (Abrysvo) during weeks 32 through 36 of pregnancy during the months of September through January. Maternal vaccination is recommended only during the RSV season.

After many years of preparation, 2023 brought us vaccines and an antibody immunization to prevent severe RSV disease in both infants and older adults. PHR 8 will continue to provide education to providers and the public on these methods to prevent RSV. For more information on RSV and RSV protection visit: [RSV \(Respiratory Syncytial Virus\) Immunizations | CDC \(cdc.gov/vaccines/vpd/rsv/index.html\)](https://www.cdc.gov/vaccines/vpd/rsv/index.html)

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization. If you are age 60 or older, a vaccine is available to protect you from severe RSV. Talk to your healthcare provider to see if it's right for you. If you are pregnant, you can get an RSV vaccine between 32–36 weeks of pregnancy to protect your infant after birth, or a preventive antibody can be given to your baby after birth.

## STD Services in Region 8

The Region 8 Sexually Transmitted Disease (STD) Prevention Program provides testing and treatment to individuals who are diagnosed with or exposed to an STD. In 2023, our 7-member team worked with 800 individuals in 25 counties.

There are many types of STDs. Our work focuses on four of them: syphilis, HIV, gonorrhea and chlamydia.

In the spring of 2023, our STD team learned about a client who tested positive for syphilis while in a substance abuse recovery program. The person left the program without getting treatment. We tracked the client to a county jail and provided repeat testing and treatment. The client told us about three sex partners (contacts), who we found and tested. One of these contacts also had a reactive (positive) test result. Because this same contact had a negative test within the last year, we determined this to be a case of early latent syphilis and knew the patient could continue to spread the infection. Both people who had reactive tests also had multiple risks for STDs, including having unprotected sex and having sex for drugs, money or shelter. Because of these risks, we were concerned that the clients might not complete their treatment. That means they were likely to expose more people to syphilis. Because of these concerns, we received permission to use an injectable treatment medicine even though it was in very short supply and reserved for pregnant persons or persons with a limited immune system. Over the course of the three-month investigation, we identified 44 contacts of our clients who needed public health follow-up. We reached out to all of them and found 11 who had new cases of syphilis. Each of these was successfully treated.

### Reporting

Texas law requires certain communicable diseases to be reported to local or regional health departments. To report a condition to the STD Prevention team, call 210-949-2000 or fax lab results to 210-949-2059. For questions about reporting please call 210-949-2000 or email our staff at [region8.std@dshs.texas.gov](mailto:region8.std@dshs.texas.gov).

### What is syphilis and how can you get it?

*Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. It is spread from one person to another during sexual contact. The signs and symptoms of syphilis change during its four stages (primary, secondary, early latent and late latent). Babies can get syphilis during pregnancy if mom is infected. The number of cases of syphilis and of congenital syphilis (when babies get infected during pregnancy) are on the rise in the United States.*

### Summary of Signs and Symptoms of Syphilis by Stage of Infection

Stage	Symptoms
<b><u>PRIMARY</u></b> <b>HIGHLY INFECTIOUS</b> About 21 days after exposure	One or more chancres (sores). Chancres are firm, round and do not hurt. They appear at the site of infection.
<b><u>SECONDARY</u></b> <b>HIGHLY INFECTIOUS</b> About 4 to 6 weeks after primary stage Starts about 4 to 6 weeks after primary stage	<ul style="list-style-type: none"> <li>• Rash on the palms of hands or soles of feet</li> <li>• Large, raised gray or white sores in armpits, mouth or groin called Condyloma <u>lata</u>.</li> <li>• Muscle aches, fatigue, weight loss</li> <li>• Swollen lymph nodes</li> <li>• Patchy hair loss</li> </ul>
<b><u>EARLY-Latent</u></b> <b>INFECTIOUS</b> First 12 months after infection	<ul style="list-style-type: none"> <li>• Symptoms of primary or secondary syphilis within past 12 months</li> <li>• Lab test shows a sustained rise in blood titers within the past 12 months</li> <li>• Sex or needle-sharing contact with a person who has syphilis in the last 12 months</li> </ul>
<b><u>LATE -Latent</u></b> <b>NOT INFECTIOUS</b> More than 12 months after infection	<ul style="list-style-type: none"> <li>• No current or reported history of symptoms within the last 12 months</li> <li>• No negative syphilis testing in last 12 months</li> <li>• No contact with a person in primary, secondary, or early latent stage</li> </ul>

## Focus on Training

In 2023, the Region 8 Preparedness and Response program focused on comprehensive training, working with county officials, community partners and our staff. This proactive approach played a pivotal role in enhancing resilience and safety within the region.

Elected officials and hospital staff from Frio County participated in a new training option called *Exercise Development 101*. The purpose of the course is to prepare public officials and first responders to conduct disaster response exercises. The course paves the way for exercises designed and led by participants, expanding the scope of instruction to a broader audience.

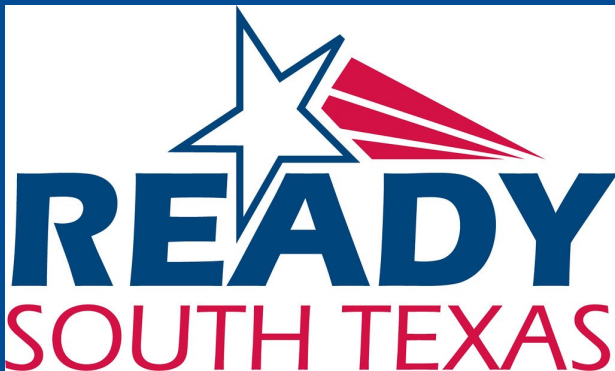
Participants from eight counties (including the City Readiness Initiative counties, military personnel and private contractors) attended the course co-hosted with TEEEX (Texas A&M Engineering Extension Service) called *Medical Countermeasures: Point of Dispensing, Planning, and Response*. This course honed exercise and planning skills using an all-hazards, whole-community approach. The course aligns with Public Health Emergency Preparedness Capability 8 - Medical Countermeasure Dispensing and Administration.

Emergency managers and rural first responders in Victoria and Fredericksburg attended *Emergency Operations Planning for Rural Jurisdictions*. This course, also co-hosted with TEEEX, prepares participants to develop emergency operations plans (EOPs) tailored to their respective jurisdictions.

The *Texas Ready* program prepares individuals, families and communities for natural and human-made disasters. Program staff went to county fairs, HeadStart programs and agency meetings to teach residents of Region 8 what they can do to be ready in the event of a local disaster.

Being ready includes preparing Region 8 staff to respond in the event of an emergency. As part of National Preparedness Month in September 2023, Region 8 employees participated in 52 courses including Disaster Preparedness for Pets, Electrical Safety, Defensive Driving, Field Safety, CPR and Stop the Bleed. Our preparedness partners, including Union Pacific Railroad, San Antonio Police Department, City Public Service and other external organizations, taught us about their areas of expertise as we fostered strong working relationships with them.

The Region 8 Preparedness and Response team led various other trainings throughout the year, including Population Monitoring at Community Reception Centers, advanced Incident Command courses and Narcan (opioid overdose prevention) training for law enforcement providers. These initiatives served as conduits for engaging with stakeholders, fostering collaboration, and fortifying community bonds across the region. Each training event provided an important opportunity to meet, prepare and connect with individuals throughout Region 8.

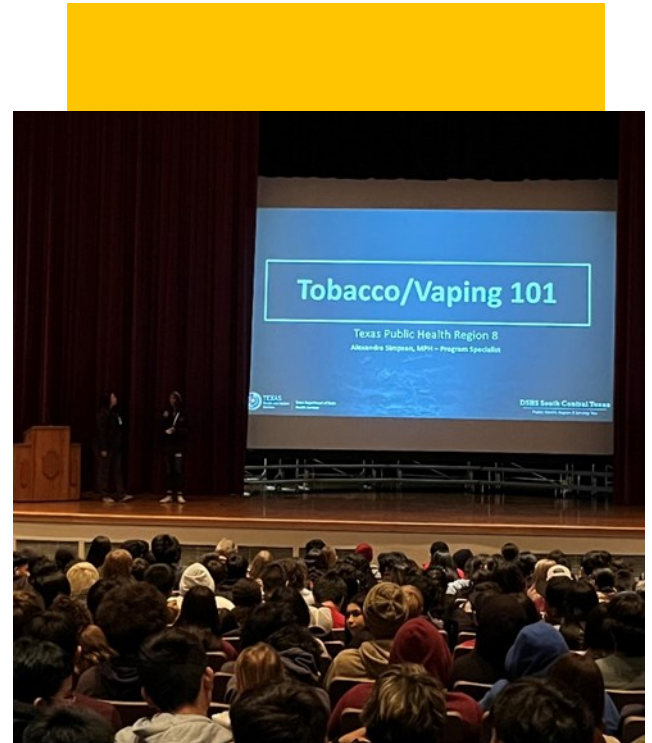


## Tobacco Use and Vaping in Schools

While regular cigarette use among youth has decreased, vaping has become more common in the United States. A 2022 study conducted by the Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC) found that 2.55 million middle and high school students in the United States currently use e-cigarettes or vapes (CDC 2022). The most recent Texas Youth Tobacco Survey (conducted in 2021) found that 5.6% of middle school students and 11.2% of high school students in Texas reported using e-cigarettes in the previous month. Due to the rise in e-cigarette use, the Texas Legislature passed House Bill 114 in 2023. The bill created new requirements around vaping, tobacco and tetrahydrocannabinol (THC) use in schools. THC is responsible for most of marijuana's effects on a person's mental state. House Bill 114 revised Section 37 of the Texas Education Code, requiring that a student be removed from class and placed in a disciplinary alternative education program if the student possesses, uses, sells or gives marijuana or e-cigarettes to another person (HB00114; Texas Education Code 37.006-8). As a result, school districts and community organizations have contacted Region 8 asking for resources and educational presentations on this important topic.

Reducing tobacco use is a Title V Maternal and Child Health National Performance Measure (NPM) and a Region 8 area of focus. In 2023, our focus expanded toward e-cigarette and vape use due to rising rates among youth and adults. In our community presentations, we explain what vaping is, its dangers and how it relates to smoking and nicotine use. Staff also promote quitting tobacco and vaping, and provide alternatives to cope with stress and avoid addiction. Our presentations are age appropriate and tailored to the audience. To encourage quitting, we promote the *Texas Quitline*, *Texas Say What*, *Teen Smoke Free*, the *Truth Initiative* and *Yes Quit*. *Texas Say What* provides helpful resources and recruits community members and student ambassadors to promote being tobacco free. The *Texas Quitline* and *Texas Say What* are funded by our agency, the Texas Department of State Health Services.

In fall 2023, our staff engaged with over 600 students at Uvalde High School during an interactive discussion about the effects of vaping on the body, why people use tobacco products and resources to quit. In Frio County, elementary school staff requested our support for Red Ribbon Week (October 23<sup>rd</sup> through 31<sup>st</sup>). The mission of Red Ribbon Week is keeping kids drug-free. Region 8 staff presented to 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> graders with age-appropriate messages about body autonomy, peer pressure and tobacco use.





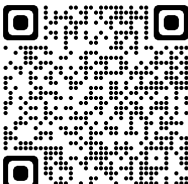

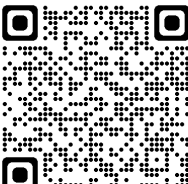
*"Tobacco/Vaping 101" at Uvalde High School*

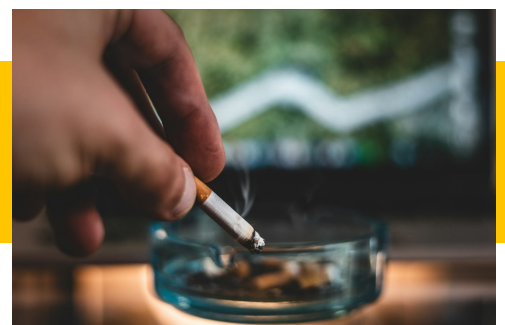
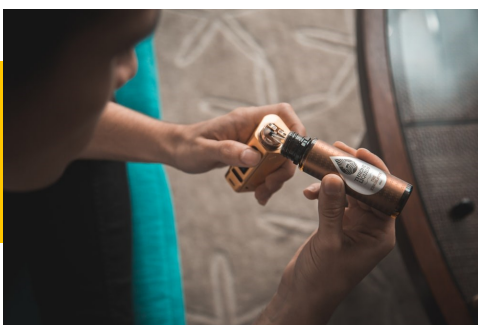


*Texas Say What promotes not using tobacco*

# Tobacco Use and Vaping in Schools

(continued from page 12)

Program	Contact Information	Services
<p><b>Texas Quitline / Yes Quit</b></p> 	<p>1-877-YES-QUIT or 1-877-937-7848</p> <p>YesQuit.org</p>	<ul style="list-style-type: none"> <li>*Free coaching over the phone to help quit smoking or vaping (Quit Coach®)</li> <li>*Free medicines to help quit using tobacco products</li> <li>*Online quit program</li> </ul>
 <p><b>Texas Say What</b></p>	<p>1-877-304-2727 1-512-245-8082</p> <p>TXSAYWHAT.com</p> 	<ul style="list-style-type: none"> <li>*A youth advocacy movement that connects students interested in eliminating tobacco from their schools and communities</li> <li>*Online resources and information</li> <li>*Downloadable resources, fact sheets, signage, etc.</li> </ul>
<p>teen</p> 	<p>@BeTobaccoFree.gov</p> <p>Teen.smokefree.gov</p>	<ul style="list-style-type: none"> <li>*Helps teens stop using tobacco through information and free tools</li> <li>*Includes SmokefreeTXT for teens: Text QUIT to 47848</li> </ul>
<p><b>Truth Initiative</b></p>	<p>Truthinitiative.org</p> 	<ul style="list-style-type: none"> <li>*Encourages community change by giving young people the facts about smoking, vaping, nicotine and the tobacco industry, as well as tools to prevent or quit tobacco/vaping</li> </ul>



# Flea-borne Typhus Cases Surge in South Central Texas

Flea-borne typhus (often referred to as typhus) is caused by the bacterium *Rickettsia typhi* (*R. typhi*). Most of the time, people get typhus from the bite of infected fleas.

Symptoms of typhus include fever, headache, muscle pain and rash. When typhus is not treated, it can lead to much more serious illness.

In Texas, when a healthcare provider diagnoses a person with typhus, the provider is required to report it to the local or regional health department. Reporting allows for the timely follow-up and actions required to prevent further spread of the disease. In 2023, 45 total cases of flea-borne typhus were reported to Region 8, compared to 20 in 2022, 26 in 2021, and 27 in 2020.

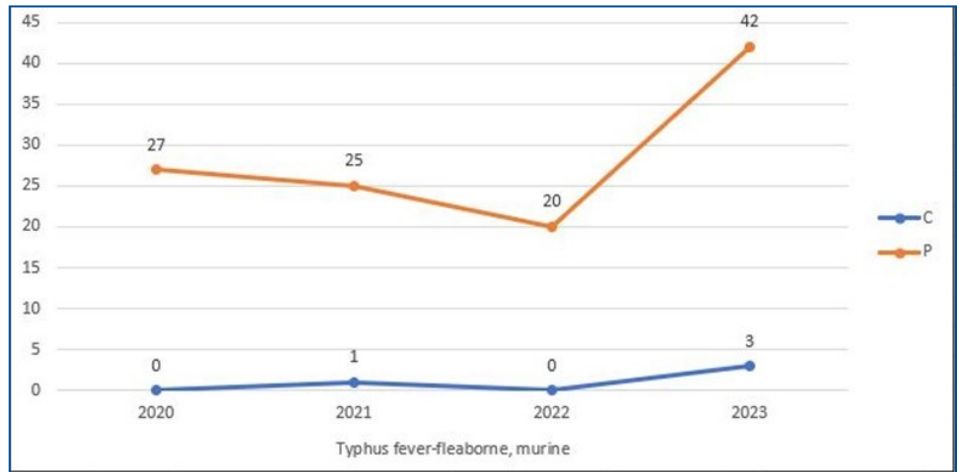


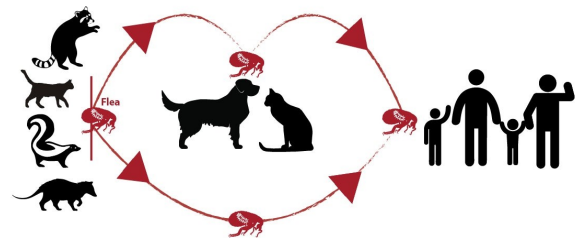
Figure 1: Confirmed and Probable Reported Cases of Flea-borne Typhus in Region 8, 2020-2023 (C = Confirmed, P = Probable)

Table 1: Reported Cases of Confirmed and Probable Flea-borne Typhus in Public Health Region 8, 2020-2023

County	2020	2021	2022	2023
Atascosa County		5	1	3
Bandera County			1	2
Comal County		2	2	
De Witt County	2			2
Dimmit County		1		4
Frio County	1		1	1
Gillespie County		1	1	
Gonzales County	2	4		1
Guadalupe County	2		3	7
Jackson County	1			2
Karnes County		1		2
Kendall County	1			1
Kerr County	2	1	1	3
La Salle County		3	1	1
Lavaca County			1	2
Maverick County	1	2	1	
Medina County	3		1	5
Uvalde County	2			
Val Verde County	1			
Victoria County	5	4	5	6
Wilson County	3	1		2
Zavala County	1	1	1	1
<b>Total</b>	<b>27</b>	<b>26</b>	<b>20</b>	<b>45</b>

For a case to be counted as flea-borne typhus, a patient must have both symptoms and lab results. The symptoms of typhus are a fever and at least two of the following: headache, muscle pain, rash, nausea or vomiting, low platelet count or abnormal liver enzyme levels. To be counted as a probable case of typhus, the patient would need to have symptoms, and lab results that support possible *R.typhi* infection. To be counted as a confirmed case of typhus, the patient would need to have symptoms and lab results that confirm *R. typhi* infection.

## Flea Bites Can Spread Typhus



(continued next page)

## Flea-borne Typhus Cases Surge in South Central Texas *(continued)*

Steps in reporting flea-borne typhus cases:

**Clinical Diagnosis:** Healthcare providers play a crucial role in diagnosing and reporting flea-borne typhus. Clinical suspicion arises when a patient presents with symptoms consistent with the disease.

**Laboratory Confirmation:** Diagnostic testing should be used to confirm flea-borne typhus. Positive laboratory results contribute to the confirmation and reporting of cases.

**Reporting to Local or Regional Health Departments:** Healthcare providers report flea-borne typhus to local or regional health departments. This includes patient demographics, clinical details and laboratory results.

**Texas Department of State Health Services (DSHS):** Local health departments forward reported cases to the Texas DSHS, where data is collected and analyzed. The state health department coordinates responses, conducts surveillance and implements public health measures.

**Surveillance and Intervention:** Data is used for surveillance purposes and for helping public health officials monitor disease trends. Public awareness campaigns, vector control and targeted healthcare strategies may be needed to prevent more cases.

The increase in flea-borne typhus cases in Region 8 during 2023 may be related to ecologic factors, to increased recognition by physicians and to better surveillance. Robust reporting procedures with support from physicians and laboratories will improve our tracking and management of the disease. This will contribute to public health efforts aimed at controlling its spread and protecting the community.

Reporting flea-borne typhus is vital. It allows surveillance, outbreak response, resource allocation, research and collaborative efforts to prevent and control the disease. Because reporting is so important, there are several laws in Texas (Texas Health & Safety Code, Chapters 81, 84 and 87) that require healthcare providers, hospitals, schools and labs to inform the Texas Department of State Health Services (DSHS) if they think someone has a [notifiable condition](#)®(25 Tex. Admin. Code §97.2).

## Texas Early Hearing Detection and Intervention Pilot

Specialized Health & Social Services (SHSS) volunteered to assist with a pilot program through the Texas Early Hearing Detection and Intervention Program (TEHDI). As part of the Newborn Screening Unit, the TEHDI program oversees hearing screening for all babies born in Texas.

Identifying hearing loss helps aid the child's development related to speech, language and social skills. Once a child is diagnosed they get access to resources such as Special Education and technology to improve hearing, such as a hearing aid. According to TEHDI, there are two painless ways to test a baby's hearing. The results of these exams determine if more testing by an audiologist is needed. If so, an audiologist would screen the baby to see what else is needed.

The pilot project identifies infants three months of age who did not pass the initial screening at birth and have not completed an outpatient (second) screening. Region 8 is one of three regions assisting with the pilot.

According to TEHDI data from 2022, there were 500 infants who needed follow-up screening and diagnosis. These infants were lost to follow-up in two ways: data was not updated in the TEHDI system, or a follow-up appointment was not completed with the physician after the initial referral.

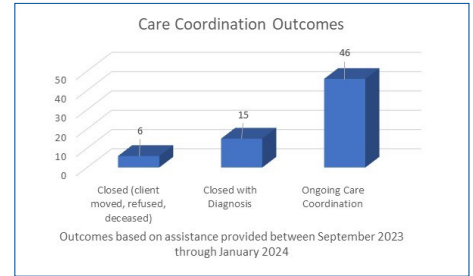
In September of 2023, the pilot program started in Region 8. The three responsibilities for Region 8's SHSS staff are to: contact the provider for follow-up information; enter updated data; and give education and technical assistance to the providers. Region 8 social workers contact the audiologist to determine if an evaluation was done. If not, our social workers reach out to the infant's primary care provider (PCP) to determine if there are records of a hearing test evaluation or if a referral to an audiologist was made. If social workers are unsuccessful with their outreach efforts to the audiologist and PCP offices, they follow up with the birthing facility for records or testing updates. Outcomes of the contact are then logged into the TEHDI *(continued next page)*

## Texas Early Hearing Detection and Intervention Pilot *(continued)*

Management Information System to help support future actions. Recently we have been working with TEDHI staff in Austin to find ways to provide education to audiologists on TEHDI and help them navigate barriers to follow-up.

Since the pilot project began in September, SHSS has provided ongoing assistance to 67 infants and their families. Thirty-one percent of these cases were closed because the client moved, refused services, died or had received a diagnosis. As the pilot program moves forward, SHSS continues to meet with TEHDI staff on a regular basis to identify ways to improve outcomes for both the infants and providers involved.

SHSS continues to identify ways to improve service delivery. Staff advocate for ways to improve the program as barriers are identified. They strive to make sure that patients in our region receive the care needed. The role of SHSS is proving to be impactful as providers are contacted, infants complete their hearing screening and receive a diagnosis.

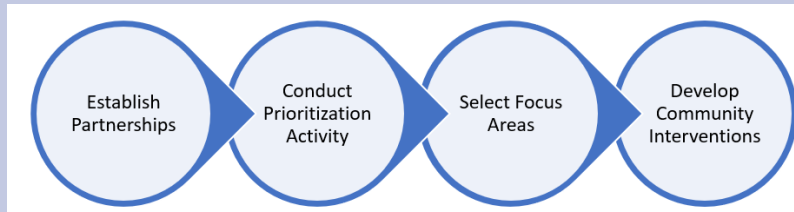


## Building the Maverick County Child Injury Prevention Coalition

In response to community concerns about child injuries and deaths, Region 8 (PHR 8) staff are supporting a new child safety coalition in Maverick County. The purpose is to reduce the number of preventable injuries and injury-related fatalities of children who live in the county. Forty-nine children died in Maverick County between 2020 and 2023. This total includes natural death and deaths due to injury. The Coalition will review the deaths related to injuries.

Region 8 began consulting key partners in the county, including Eagle Pass Police Department, the Maverick County Hospital District, Fort Duncan Regional Medical Center, STAT Specialty Hospital, the Texas Department of Transportation and Maverick County, to gauge interest in establishing the coalition in 2022. As a result, 5 agencies agreed to participate in the coalition.

### Steps for Building the Maverick County Child Injury Prevention Coalition



- Participation in community events.
- Meet with community organizations to determine interest.
- Present data to community partners
- Facilitate discussions between community subject matter experts to find common goals.
- Determine focus area(s) to be addressed.
- Review effective community strategies
- Select strategy for community intervention
- Develop plan for implementation
- Monitor and assess impact

In August of 2023 during the first meeting of the Maverick County Child Injury Prevention Coalition (MCCIPC) members participated in a prioritization activity. They selected mental health, water safety, car seat safety, distracted driving and internet safety as top priorities. As their first collaborative project, members of the MCCIPC developed a flyer with Holiday Safety Tips for the community. Each participating agency distributed the flyer to key stakeholders.



Above: Maverick County Child Injury Prevention Coalition members promoting safe driving.

Region 8 staff will keep working with the MCCIPC to develop strategies aimed at reducing injuries due to the identified priorities. Through mobilizing partnerships and building an effective and sustainable coalition, the group hopes to decrease injuries and deaths among children in the county.



## Combating Antibiotic Resistant Bacteria

According to the World Health Organization antibiotic resistance occurs when bacteria, viruses, fungi and parasites no longer respond to antibiotics or antimicrobial medicines. In 2022, the Global Antimicrobial Resistance and Use Surveillance System (GLASS) report emphasized that antibiotic resistance is a global concern with alarming rates of resistance. The U.S. National Action Plan for Combating Antibiotic-Resistant Bacteria (CARB) is a national initiative that aims to slow the emergence of antibiotic resistant organisms. To address this emerging public health threat, Region 8 has been working to implement a CARB Survey to find out about antibiotic use in Maverick County.



Region 8 surveys community residents

Research conducted in 2022 on antibiotic use in border communities showed that access to antibiotics was one of the most common reasons people crossed into Mexico for healthcare. Since inappropriate antibiotic use is linked to antibiotic resistance, the Region 8 Border Infectious Disease Surveillance (BIDS) program developed the CARB project to find out about the current use of antibiotics and knowledge of antibiotic resistance. The program is collecting information by conducting surveys at sites including flea markets, the port of entry, the Mexican Consulate’s Office and health fairs.

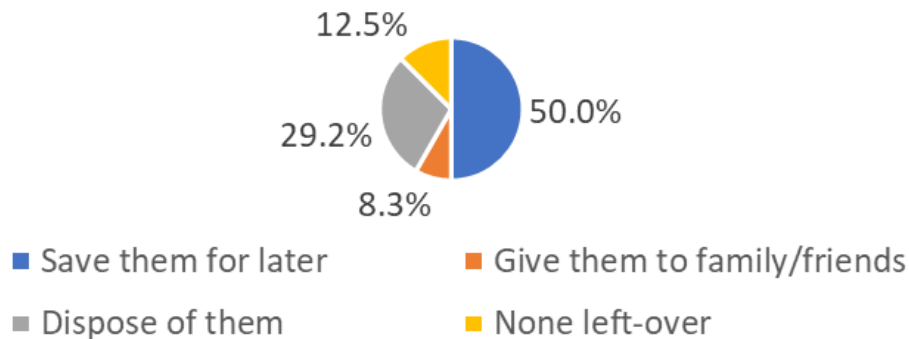


Conducting the CARB survey at a local event in Maverick County

Program staff began surveying community residents in November 2023 and will continue to collect data through April 2024. We are collecting information about participant demographics, communication preferences, healthcare access, and antibiotic knowledge and use. Participants also learn about best practices for using antibiotics responsibly, stopping the spread of antibiotic resistance and preventing infections. We developed an Antibiotic Use Tracker tool to serve as a guide on correct antibiotic use and to help participants track future use of prescribed antibiotics.

Preliminary findings show that survey respondents report knowing about antibiotics and 87.8% of them indicate that they use antibiotics. Findings also show that 16.3% do not take the full course of their prescribed treatment and 50% indicated that they save left-over antibiotics for future use.

### What do you do with any left-over antibiotics?

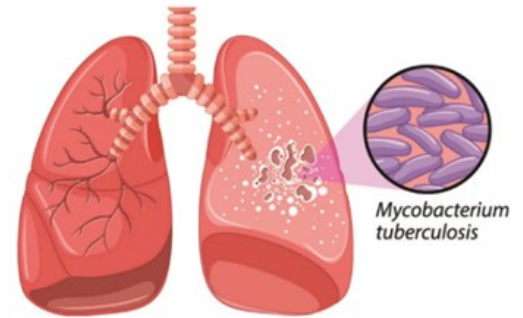


Understanding the community’s knowledge and use of antibiotics will help us develop targeted educational materials and other resources with the goal of improving responsible antibiotic use.

## What You Should Know About Tuberculosis (TB)

In 2023, Region 8 cared for 85 people newly diagnosed with tuberculosis (TB). Region 8 has a high burden of TB illness compared to the rest of Texas and to the rest of the country.

TB is an ancient illness. The first evidence of it comes from two people (a mother and child) who died of it 9000 years ago. We had no medicines to treat tuberculosis until the 1940s. Before that, people who had TB (called consumption) rarely survived. If not treated properly, TB disease can still be fatal. In fact, in 2022 1.3 million people died of tuberculosis throughout the world. Treatment is complicated and time-consuming, requiring several months of daily medications.



In addition to the people who have active TB disease, many more people are infected with TB-causing bacteria. When people are infected without being ill with TB, it is called latent TB infection or LTBI. Although infected, these people have no signs of illness and cannot spread TB to other people. Without treatment, 10% of people with LTBI, however, may go on to develop active TB disease that can be spread to others. TB germs usually attack the lungs, but they sometimes infect other parts of the body. When TB disease is in the lungs it can spread through the air from one person to another.

When we find a person who has active TB disease, we ask the patient who they spend time with. Our goal is to find other people who have been in contact with the person who is ill: family members, co-workers, friends and others who have spent time with the patient. We offer testing to all of these people to see if they have been infected or are ill with TB. If they are infected or ill, we provide treatment at no cost to them until they are cured. We want to make sure the patient’s family, friends and community stay healthy.

If you have symptoms of TB or think you have been exposed, talk to your doctor. If you need more information about TB, send an email to [Tuberculosis.Region8@dshs.texas.gov](mailto:Tuberculosis.Region8@dshs.texas.gov) or visit [www.dshs.texas.gov/tuberculosis-tb](http://www.dshs.texas.gov/tuberculosis-tb).

Our 24/7 phone number is 210-949-2121.

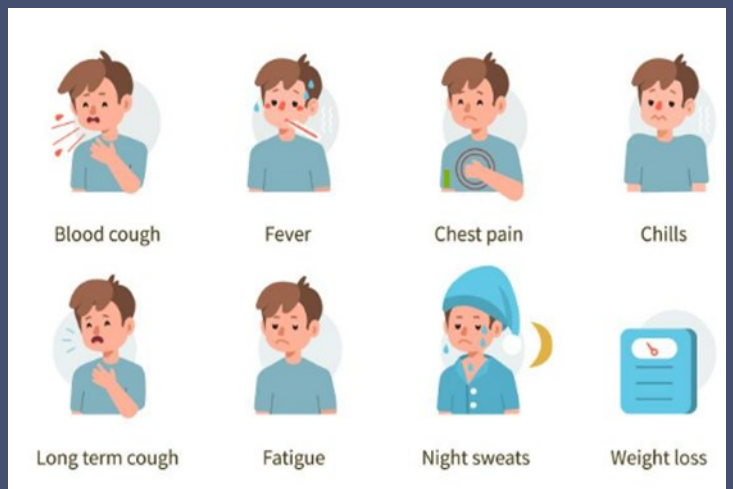
### A person with TB disease:

- Has TB symptoms
- Feels sick
- May spread TB bacteria to others
- Usually has a skin test or blood test result indicating TB infection
- May have an abnormal chest x-ray or other lab results

### A person with LTBI:

- Has no symptoms
- Does not feel sick
- Cannot spread TB bacteria to others
- Usually has a skin test or blood test result indicating TB infection
- Has a normal chest x-ray
- Needs treatment for LTBI to prevent TB disease

### Symptoms of active TB disease include:



## A New Way to Communicate with Region 8



Region 8 has begun work on a new Web Inquiry System. Expected to be completed in 2024, the new system will allow anyone to ask non-emergency public health questions to all programs of Region 8.

This system will not replace the current phone-based 24/7 reporting system but will allow users an alternative way to communicate with Region 8.

Users will be able to select their topics of interest, such as:

- Disease Reporting
- Sanitation Concerns
- Social Services
- Animal Bites
- Immunizations
- And More...

Users will be able to submit their questions or reports on their own time.

By providing basic contact information, users will receive quick responses from the appropriate Region 8 program.

We hope this new system will give those in Region 8 more options to communicate with us and encourage more conversations with those we serve.

### Helpful Phone Numbers

Program	Contact Name	Phone	E-mail Address
Notifiable Conditions	On-call staff	(210) 949-2121	Call to report notifiable conditions or public health emergencies
Community Health Improvement	Katherine Velasquez, RN, PhD	(210) 949-2091	Katherine.Velasquez@dshs.texas.gov
Epidemiology	Elise Rush, MPH, CIC	(210) 949-2095	Elise.Rush@dshs.texas.gov
HIV/STD Prevention Prog.	Lauren Mata	(210) 949-2151	Lauren.Mata@dshs.texas.gov
Immunizations	Laurie Henefey	(830) 591-4386	Laurie.Henefey@dshs.texas.gov
Office of Border Public Health	Rosy De Los Santos	(830) 758-4241	Rosy.Delossantos@dshs.texas.gov
Oral Health Improvement Program	Matthew Williams, DMD	(210) 949-2124	Matthew.Williams@dshs.texas.gov
Preparedness & Response	Sammy Sikes, CHS, EMT-B	(210) 949-2040	Sammy.Sikes@dshs.texas.gov
Retail Foods & Public Health Sanitation	Maricela Zamarripa, RS	(830) 591-4389	Maricela.Zamarripa@dshs.texas.gov
Specialized Health & Social Services	Diane Bernal, LMSW	(210) 949-2147	Diane.Bernal@dshs.texas.gov
Texas Health Steps	David Garcia	(210) 949-2159	DavidC.Garcia@dshs.texas.gov
Tobacco Prevention & Control	Rick Meza	(210) 867-7634	Rick.Meza@dshs.texas.gov
Tuberculosis (TB) Control Program	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Zoonosis Control	Amanda Kieffer, DVM, MPH	(210) 949-2048	Amanda.Kieffer@dshs.texas.gov

### Public Health Region 8

7430 Louis Pasteur Dr.  
San Antonio, TX 78229

**Lillian Ringsdorf, MD, MPH**

Regional Medical Director

(210) 949-2001

Phone: (210) 949-2000

Fax: (210) 949-2015

**Gale Morrow, MPH, MCHES**

Deputy Regional Director

(210) 949-2002