

**Task Force on Infectious Disease Preparedness and Response
DRAFT Meeting Minutes
Tuesday, February 4, 2020
1:00 p.m.**

**Moreton Building - Room M-100
1100 West 49th Street, Austin, TX 78756**

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:02 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the meeting and asked for DSHS staff in the room to introduce themselves.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and announced that the meeting was being conducted in accordance with the Texas Open Meetings Act, and noted that a quorum was present for the meeting.

Table 1 notes Task Force member attendance.

Table 1. IDTF member attendance at the Tuesday, February 04, 2020 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Baker, Toby	X		Morath, Commissioner Mike		X
Bass, James	P		Murray, Dr. Kristy	P	
Frei, Dr. Christopher	P		Norris, Major General Tracy* (General Tom Suelzer)		X
Hellerstedt, Dr. John	X		O' Daniel, Patrick		X
Hotez, Dr. Peter	P		Overman, Dr. Dottie	X	
Hughs, Secretary Ruth R.		X	Parker, Dr. Gerald	P	
Keller, Commissioner Harrison	X		Phillips, Dr. Courtney	X	
Kidd, W. Nim* (Chuck Finny)	X		Slayton, David		X
Ksiazek, Dr. T.G.	P		Stillsmoking, Dr. Kristina	P	
Lakey, Dr. David	X		Sutton, Dr. Vickie	P	
Le, Dr. Jade	P		Tierney, Dr. Bill	X	
Le Duc, Dr. Jim	P		Wilkinson, Bobby	X	
Lillibridge, Dr. Scott		X	Yosowitz, Dr. Edward	X	
Marquardt, Tony	X		Zeller, The Honorable Ben	X	
McCraw, Steven		X			

Yes: Indicates attended the meeting No: Indicates did not attend the meeting

P: Indicates phone conference call

* Other designated member was in attendance on behalf of Task Force Member.

Agenda Item 3: Rapid Assessment Subcommittee Actions Taken, 2019

Dr. John Hellerstedt provided an update on the Rapid Assessment Subcommittee. Highlights of the update and Task Force member discussion included:

- The Rapid Assessment Subcommittee is now down to eight members, as Dr. Muriel Marshall is no longer a part of the Task Force on Infectious Disease Preparedness and Response.
- On February 22, 2019, Dr. Hellerstedt called a meeting to discuss Texas Ebola Assessment Hospitals.
 - Consensus was reached that every hospital should be prepared to receive, test, and respond to a patient who presents with signs, symptoms, and relevant case history associated with any high consequence infection, including Ebola.
 - DSHS has been working with the Texas Hospital Association to develop a communication campaign directed toward healthcare facility leadership to remind them that all Texas hospitals must prepare for and respond to a high consequence infectious disease (HCID) from the point of initial presentation. The campaign will include a recommendation from DSHS that all healthcare facilities collaborate with their local health department to establish a response plan for assessing and caring for a person suspected of having an HCID.
 - DSHS expects that the campaign will kick off early in 2020. Dr. Hellerstedt is scheduled to have a conversation with physician executives at a Texas Hospital Association meeting later this month.
 - The subcommittee recommended that hospitals follow published guidance for infection control measures to prevent the transmission of HCIDs, including the Identify, Isolate, and Inform algorithm. The committee also recommended that facilities exercise their response plans and maintain proficiency with appropriate levels of personal protective equipment.

Agenda Item 2: Review & Action on Meeting Minutes from October 3, 2018

Dr. John Hellerstedt called for a motion to review and approve the minutes of the October 3, 2018 meeting.

Motion:

Dr. David Lakey moved to approve the minutes from the October 3, 2018 meeting as presented. Dr. Edward Yosowitz seconded the motion. The Task Force members unanimously approved the minutes by voice and roll call vote, with 20 yeas, no nays, and no abstentions. Dr. Phillips and Dr. Parker were not yet present when this vote took place, so they are not counted in this tally.

Agenda Item 4: Public Comment

No Public Comment Was Offered.

Agenda Item 5: Introduction to Upcoming Pandemic Influenza Tabletop Exercise

Mr. Jeff Hoogheem introduced Task Force members to the upcoming Pandemic Influenza tabletop exercise and referenced a handout entitled "Questions to Think

About in Advance of the Upcoming Pandemic Influenza Tabletop Exercise.”

Highlights of the introduction and Task Force member discussion included:

- The pandemic influenza tabletop exercise was introduced at this meeting, but is scheduled to take place at the next Task Force on Infectious Disease Preparedness and Response meeting. It will be 3.5 hours long and include three modules: preparedness, response, and recovery.
- It will be a discussion-based exercise where people at the table discuss what their roles are and what their responsibilities and actions would be in response to pandemic influenza.
- It is a no-fault environment, meaning there are no wrong answers, it will be a discussion, no precedent will be set, and no policies or procedures will be made. It’s only a discussion about the topic and actions that would be performed.
- It’s important to think about the big picture parameters of a pandemic. Pandemic means widespread contagion on at least two continents, but doesn’t necessarily relate to the intrinsic severity of the virus.
- Pandemics are typically novel – no pre-existing immune experience among the population, which allows them to spread as wide and as fast as they do.
- Members should think about the following three questions in advance of the exercise and be prepared to answer them:
 - How might a pandemic influenza affect your agency/organization?
 - What infectious disease preparedness plans does your agency/organization have in place?
 - How do you foresee the Task Force on Infectious Disease Preparedness and Response being engaged in a response?
- Tony Marquardt said that it might be useful to have an understanding of Texas’ first responder pandemic flu supplies reserves among the 22 Regional Advisory Committees.

Agenda Item 6: 2019 Novel Coronavirus Situation Update

Dr. John Hellerstedt and Dr. Jennifer Shuford provided an update on the 2019 Novel Coronavirus (2019-nCoV) Situation. Highlights of the presentation and Task Force member discussion included:

- Dr. Hellerstedt said that DSHS is the lead agency in formulating Texas’ response to 2019-nCoV. Communication will be important, and some of the major things Task Force members can do is to recognize the role that they play as experts, be as informed as possible, and feel confident in the responses they give people. Members need to be straightforward, fast, timely, and truthful in the way that they communicate with the public.
- Dr. Hellerstedt explained what coronaviruses are, the origins of 2019-nCoV, and the details currently know about acquisition, symptoms, treatment, and prevention of 2019-nCoV. He said that scientifically, there’s still a lot of detail we would like to know about the virus, but right now we need to concentrate on the things we can do to slow its spread. Messaging should be consistent among local, state, and federal partners.
- Dr. Hellerstedt said that nationwide, 11 cases have been confirmed via laboratory testing. All but two were travel-related. As of this meeting, Texas does not have any confirmed cases. DSHS will only report confirmed cases that have positive test results.

- Dr. Hellerstedt said that DSHS will have guidance and screening protocols coming out soon and will work with local partners on monitoring patients and making arrangements for quarantine if needed. DSHS will be able to test for 2019-nCoV in its lab. The Centers for Disease Control and Prevention (CDC) should be releasing the supplies and instructions needed to conduct the test soon. After receipt, DSHS estimates it will take two weeks to set up the test and validate it.
- Dr. Hellerstedt said that public health interventions have been set up to limit the spread, such as airport screenings of individuals who have traveled to the U.S. from China, isolating and testing individuals identified to be at risk, and identifying and monitoring close contacts of those who have been infected. The World Health Organization (WHO) also declared an International Health Emergency and the Secretary of Health and Human Services declared a Public Health Emergency in the United States. This allows the government and public health to take certain actions to protect public health, including redirection of certain flights and monitoring of individuals coming into the country.
- Dr. Hellerstedt said that individuals should be aware of the travel guidance issued by the State Department and the CDC, and follow the authoritative sources of information, including the CDC, DSHS, and local health departments.
- Dr. Jennifer Shuford provided an update on screening and monitoring of travelers, DSHS lab functions, and guidance documents.
- According to Dr. Shuford, the Dallas-Fort Worth Airport will be one of 11 airports nationwide to funnel passengers from China. She explained the screening and evaluation processes for individuals returning from China, and potential monitoring and quarantine protocols. The CDC will notify DSHS of any travelers meeting these criteria, and DSHS in turn will notify the local public health jurisdiction.
- Dr. Shuford said DSHS is providing information via daily statewide phone calls, and will also plan for phone calls with local health departments to discuss specific plans.
- Dr. Shuford said that non-pharmaceutical interventions like quarantine and social distancing can help slow the spread of infection so there's not one point in time that a large number of cases overwhelms the healthcare system. Slowing the spread also may buy us time to develop treatments and vaccines.
- Dr. Shuford said that right now, all lab testing is being performed by the CDC in Atlanta using RT-PCR. The CDC will be sending test kits out to state and Laboratory Response Network labs by the end of the week. After receipt, those labs will need to complete validation, which is expected to take two weeks. In total, DSHS expects its lab to be ready to test for 2019-nCoV in three weeks.
- Dr. Shuford said DSHS continues to adapt CDC monitoring guidance for travelers, healthcare workers, and healthcare facilities, and is developing public notices and monitoring logs. Once finalized, these documents will be communicated to our public health partners and posted on the DSHS website.

- Members discussed the need to stress that if nothing happens, it's not that it wasn't a big deal, it's that we did our job.
- Member discussion took place regarding pandemic viruses often starting in China. Dr. Hellerstedt suggested that it could be related to hygiene in live seafood and animal markets. Dr. Shuford agreed with this suggestion, paired with rapid transportation networks around the country. The WHO and CDC have been proactive with China in monitoring for emerging viruses, particularly with influenza.
- Dr. Hotez asked a question about the response at Lackland Airforce Base, and if there is risk to people in San Antonio. Dr. Hellerstedt said that the screening at Lackland is different than what is occurring at the 11 airports where the United States Government is funneling travelers returning from China. Lackland is a federal operation, and everyone arriving there will be quarantined on-site for 14 days, so there is no risk to San Antonio.
- Dr. Hotez asked Dr. Hellerstedt if DSHS had a position on the United States travel ban from China. Dr. Hellerstedt said he did not, and DSHS' information will remain consistent with the federal government.

Agenda Item 7: Closed Meeting Session: 2019 Novel Coronavirus Discussion

Dr. John Hellerstedt stated that the time was 2:12 p.m. and that the Task Force would be moving into a closed session to discuss the 2019 Novel Coronavirus situation, as authorized by Texas Health and Safety Code Section 81.406(d). He stated that the Task Force would be moving to a different conference room for the closed session and would return to this room immediately afterwards to continue the open portion of the meeting. He stated that guests from the public are invited to remain in the M-100 room and that the open meeting would reconvene at the end of the Closed Session.

Agenda Item 8: Planning and Discussion of Future Meeting Dates & Topics

Dr. John Hellerstedt reconvened the open meeting at 3:34 p.m. and led the discussion. Dr. Hellerstedt then asked Task Force members to provide future meeting dates and topics. Highlights of member discussion included:

- Dr. Lakey suggested that, in light of the novel coronavirus, it might be better to postpone the pandemic influenza exercise until we complete our current 2019-nCOV response. Having a tabletop exercise for flu in the midst of a coronavirus response may be confusing. Dr. Hotez agreed.
- Dr. Hotez suggested that the Task Force might want to reconvene via teleconference in a few weeks to further discuss 2019-nCOV. Dr. Hellerstedt said that due to Open Meeting Act requirements, calling the full Task Force together at a moment's notice may not be practical. The Rapid Assessment Subcommittee can be convened at any time as needed.
- Dr. Hellerstedt suggested that a status report on 2019-nCOV be given at the next full Task Force meeting, along with an assessment of public health and other assets to appropriately manage and mitigate the risk of the disease in Texas. The other Members agreed.
- Dr. Tierney suggested an after action report be developed in order to learn from this experience and better prepare for the future.

- The group agreed that a meeting should be scheduled for three and six months from now. If not needed, the three-month date could be cancelled.

Agenda Item 9: Adjourn

Dr. John Hellerstedt adjourned the meeting at 3:47 p.m.

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