



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

DSHS Pandemic Response

Senate Health and Human Services

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June 27, 2022

Outline

- **Pandemic Response Functions**
 - Typical Public Health Response
 - COVID-19 Response
- **COVID-19 Trends & Response Timeline**
 - Trends & Interventions Overview
 - Trends by COVID Wave

Pandemic Response Functions



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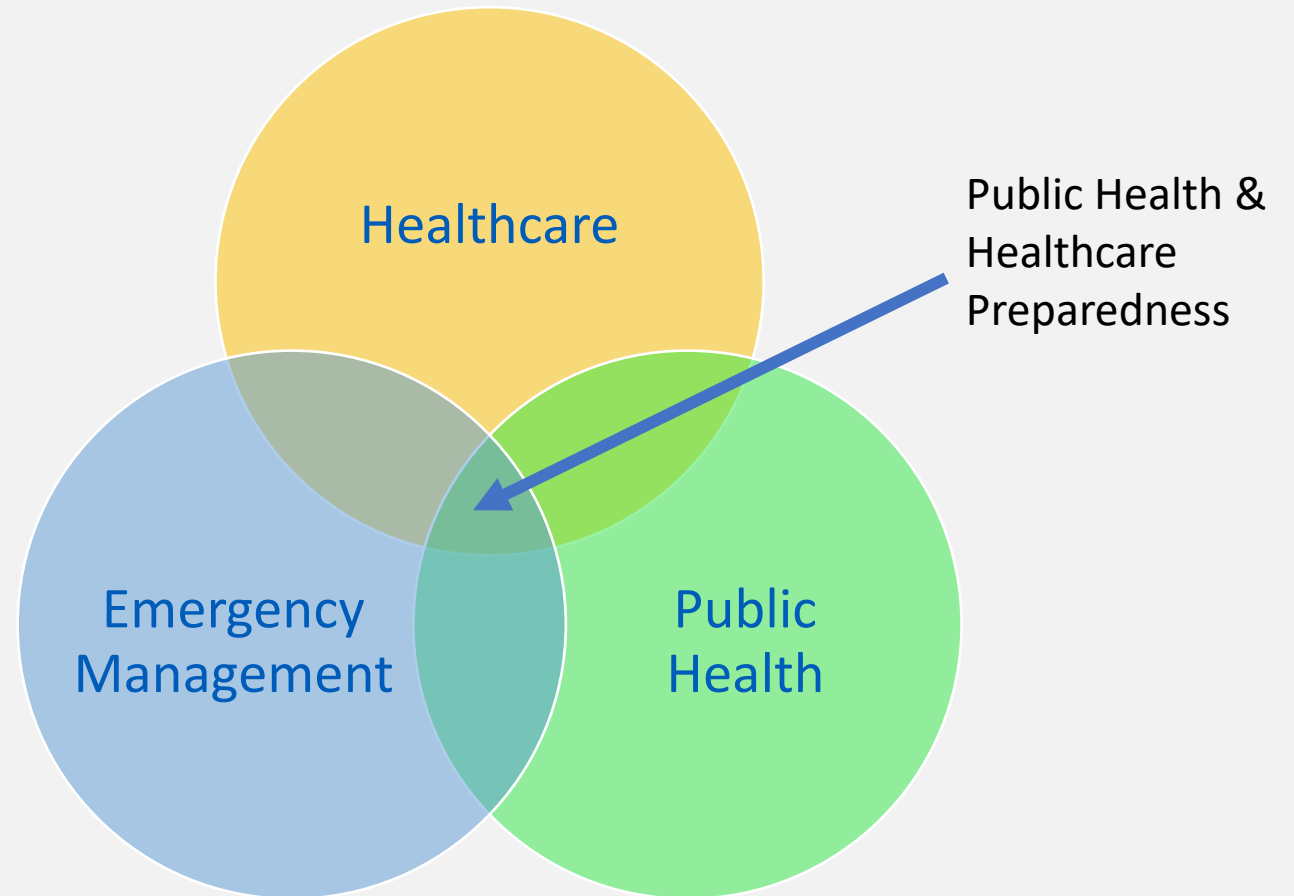
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Types of Emergency Response

- **Texas takes an all-hazards approach to preparedness and response, which includes:**
 - Natural events
 - Biological events
 - Hazardous material spills
 - Radiological accidents
 - Terrorist acts
 - Man-made disasters
- **Texas Division of Emergency Management (TDEM) is the lead agency for state disaster response in Texas:**
 - State of Texas Emergency Management Plan (State Plan)
 - State Operations Center (SOC)

DSHS Responsibilities in Emergency Response

- **DSHS primary responsibility falls under the State Plan:**
 - **Emergency Support Function 8:** coordinating public health and medical response during emergencies
 - **Annex D:** radiological emergencies



Emergency Public Health Response: COVID-19 in Focus

- The statewide scope and scale of COVID-19 required different approaches to disaster response functions typically implemented at local or regional levels
- Resource scarcity felt nationwide and globally led to different approaches at the federal level, requiring states and public health to adapt to changing expectations for disaster response needs
- Evolving understanding of the disease at national and global levels resulted in ever-changing needs for communications to the public, providers, and public health partners at state and local levels
- DSHS had more direct interaction with healthcare settings (surge staffing support on a statewide scale) and patient care (therapeutics distribution)

Context: Typical vs. COVID Response

Typical Disaster Response

- **Event Type:** Weather-based disasters are overwhelming majority, fires
- **Scope:** Local or regional
 - Redirect existing assets to affected areas
 - Use existing equipment/supplies to assist in operations limited to the needs of event responders
 - Regional partners (HPPs) directly handle healthcare setting and patient care-related coordination
- **Duration:** Limited time periods
 - State Medical Operations Center activations of 30 days or less
- **Communication:** information directed to specific communities about a specific issue
- **Response Approach:** Not novel in most cases
 - Events follow familiar scripts regarding preparedness, response

COVID-19 Disaster Response

- **Event Type:** Novel infectious disease
- **Scope:** Statewide
 - Existing assets could not be deployed for simultaneous needs occurring statewide
 - National/international resource scarcity meant all sectors in need of same equipment/supplies
 - More direct involvement with healthcare setting (hospital surge staff) and patient care (therapeutics) needs at statewide level
- **Duration:** Extended duration
 - Approaching 900 days of continuous State Medical Operations Center activation
- **Communication:** information directed statewide to address multiple issues
- **Response Approach:** Novel epidemiology, response
 - Impact of changing asset availability and federal requirements/guidelines/initiatives required constant adaptation

COVID-19 Pandemic: Emergency Response by DSHS

- **Coordination and Control**
 - SMOC activated for 868 days as of June 27, 2022
 - Over 2,700 DSHS employees supporting response
 - Over 1,400 reports and plans produced and over 900 maps and GIS products produced
- **State of Texas Assistance Requests (STARs)**
 - 16,431 STARs processed by DSHS:
 - 2,079 facilities/organizations receiving resources
 - 3,299 staffing requests filled by SMOC
- **Total Cost of Response as of June 16, 2022: \$10.1 billion**

COVID-19 Pandemic: DSHS Expenditures

	Amount Obligated
Medical Surge Staffing	\$8.4 Billion
Local Response	\$906.8 Million
Local Contracts	\$390.4 Million
COVID-19 Surveillance	\$328.5 Million
Lab Costs	\$56.9 Million
Repatriations	\$5.6 Million
Other Cost	\$0.3 Million
	\$10.1 Billion

COVID-19 Pandemic: Emergency Response by the State

- **Missions Unique to COVID-19**
 - Over 13,600 infusions administered by mobile infusion teams
 - 379 Healthcare Acquired Infections-Epidemiology (HAI-EPI) nursing home missions completed
 - Over 5,500 homebound vaccinations completed
 - 108,000 calls/emails received by COVID Call Center
 - 1,700 EMTF nursing home testing/transfers
- **Vaccines**
 - 44,889,696 vaccine doses administered, 2,401,735 distributed by SMOC
- **Equipment/Supplies**
 - Over 400,000,000 pieces of PPE provided
 - Over 6,600,000 pieces of testing material provided
 - Over 54,000 DME deployments, 11,861 DME purchased
 - 54 fatality management trailers deployed
- **Patient Care**
 - 23 Alternate Care Sites and 16 Isolation and Quarantine sites opened; 2,211 individuals admitted
 - 16 Regional Infusion Centers opened with over 53,589 infusions given
 - 242 air medical transfers

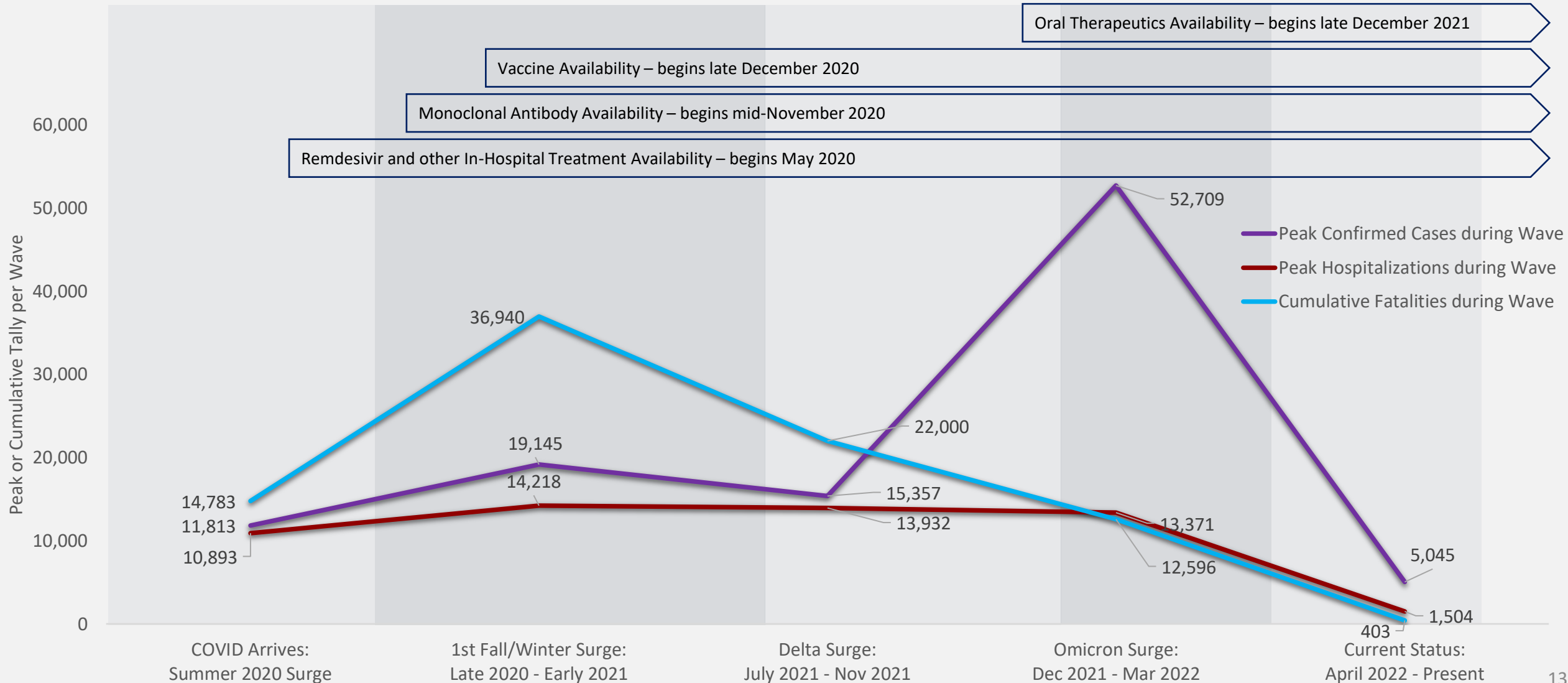
COVID-19 Trends & Response Timeline



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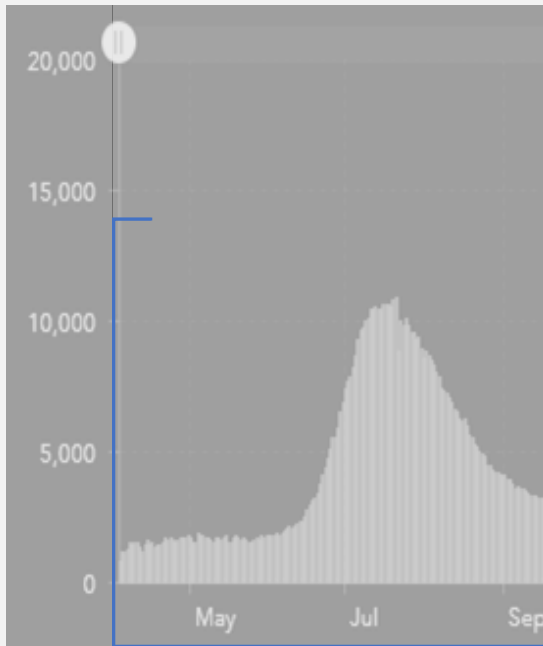
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COVID-19 in Texas: Trends & Interventions Timeline



COVID-19 in Texas: Trends & Response

COVID Arrives-Summer 2020 Surge



COVID Arrives –
Summer 2020 Surge

Data Peaks

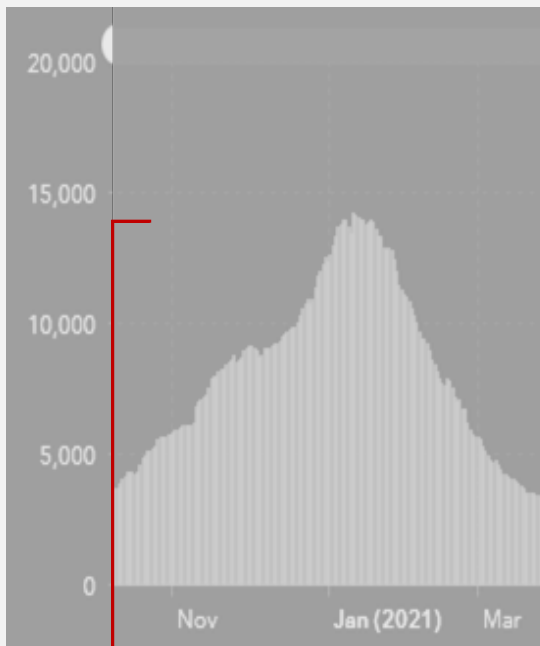
- **Cases:** 11,813 (7-day rolling average - 8/10/20)
- **Positivity:** 20.54% (7/7/20)
- **Hospitalizations:** 10,893 (7/21/20)
- **Fatalities:** 256 (7-day rolling average – 7/28/20)

Major response activities:

- Securing supplies for PPE, testing
- Allocating remdesivir (~57,000 doses) – states required to allocate limited supply to hospitals
- Addressing IT needs to collect needed data to assess disease spread
- Beginning of medical surge staff support
- Messaging regarding hygiene and non-pharmaceutical interventions
- Starting testing efforts to support local communities and long-term care facilities

COVID-19 in Texas: Trends & Response

1st Fall/Winter Surge



1st Fall/Winter Surge
Late 2020 - Early 2021

Data Peaks

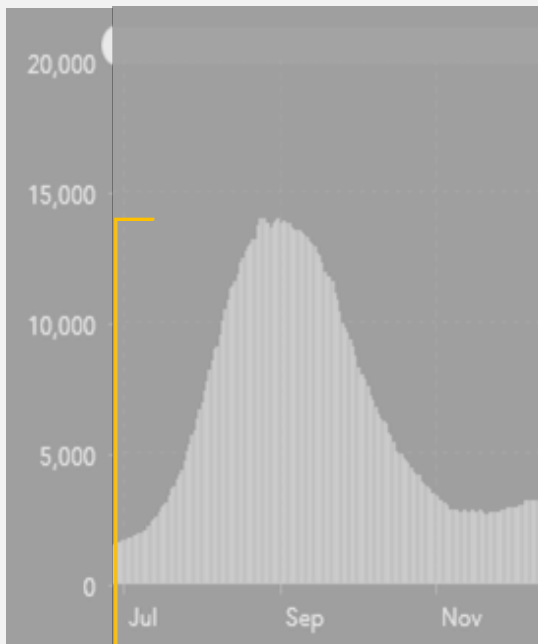
- **Cases:** 19,145 (7-day rolling average – 1/17/21)
- **Positivity:** 20.80% (1/3/21)
- **Hospitalizations:** 14,218 (1/11/21)
- **Fatalities:** 352 (7-day rolling average) (1/14/21)

Major response activities:

- Vaccine rollout preparations and targeted solutions for specific populations (IT and logistics)
- Formation of the Expert Vaccine Allocation Panel
- Allocation of monoclonal antibodies
- Allocation and distribution of Pfizer/Moderna/J&J COVID-19 Vaccines authorized
- Medical surge staff support
- Messaging regarding vaccines
- Continuing testing efforts
- Establish large vaccination sites (Hubs) to administer high volume of vaccines
- Vaccine effort to target long-term care residents and elderly Texans

COVID-19 in Texas: Trends & Response

Delta Surge



Data Peaks

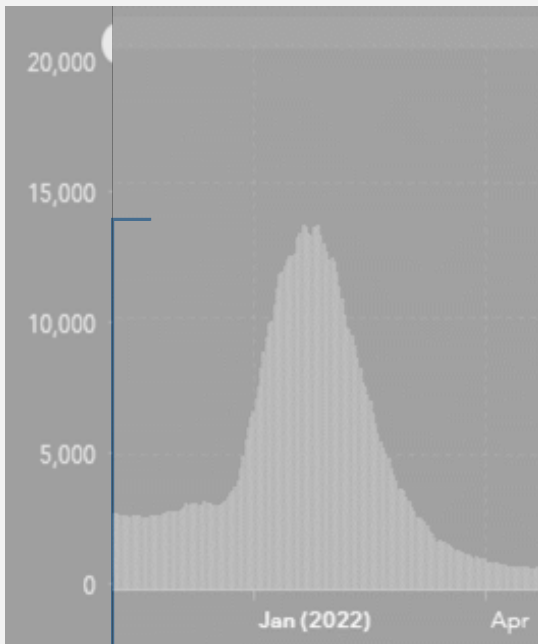
- **Cases:** 15,357 (7-day rolling average – 9/14/21)
- **Positivity:** 18.73% (8/9/21)
- **Hospitalizations:** 13,932 (8/29/21)
- **Fatalities:** 317 (7-day rolling average – 9/31/21)

Major response activities:

- Vaccine rollout adapts as additional populations qualify for vaccine/need for additional doses/boosters
- Monoclonal antibody distribution continues
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences

COVID-19 in Texas: Trends & Response

Omicron Surge



Data Peaks

- **Cases:** 52,709 (7-day rolling average - 1/17/22)
- **Positivity:** 35.98% (1/14/22)
- **Hospitalizations:** 13,371 (1/20/22)
- **Fatalities:** 244 (7-day rolling average - 1/28/22)

Major response activities:

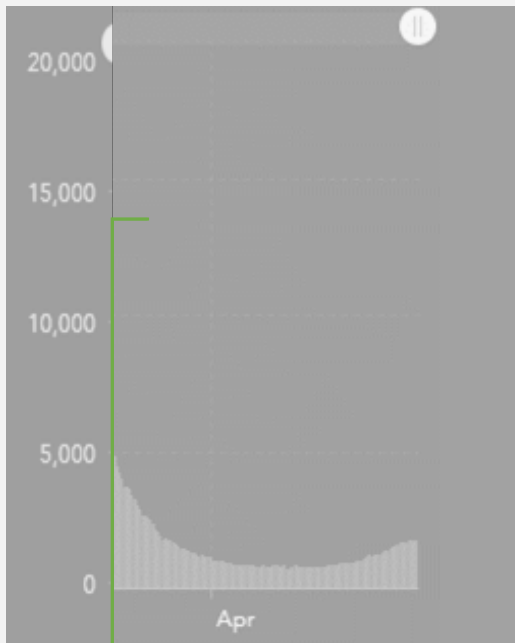
- Vaccine efforts continue, including boosters
- Monoclonal antibody distribution adapts due to some therapeutics having less effectiveness against variant
- Allocations of new therapeutics (oral medications and pre-exposure monoclonal antibody)
- Medical surge staff support
- Messaging regarding vaccines for targeted audiences
- Messaging regarding the changing virus

Omicron Surge

Dec 2021-Mar 2022

COVID-19 in Texas: Trends & Response

Current Status



Point in Time Data – June 20th

- **Cases:** 4,548 (7-day rolling average)
- **Positivity:** 22.60%
- **Hospitalizations:** 1,765
- **Fatalities:** 0.86 (7-day rolling average)

Major response activities:

- Rollout of pediatric vaccines
- Monoclonal antibody distribution – only one monoclonal therapy currently effective
- Oral therapeutics distribution – widely available through pharmacies
- Federal government establishes test to treat sites for oral medications

Current Status
April 2022-Present