Task Force on Infectious Disease Preparedness and Response
FINAL DRAFT Meeting Minutes
Tuesday, February 22, 2022
1:00 p.m.

TEAMS Virtual Meeting - Robert Bernstein Bldg. Room K-100

Agenda Item 1: Call to Order

The Task Force on Infectious Disease Preparedness and Response (IDTF) meeting was called to order at 1:00 p.m. by Commissioner John Hellerstedt, M.D. Dr. Hellerstedt welcomed everyone to the fifteenth meeting of the Task Force on Infectious Disease Preparedness and Response. Dr. Hellerstedt announced that questions and comments will be taken after each agenda topic for agenda items #3 through #7.

Mr. John Chacón, Advisory Committee Coordination, Health and Human Services Commission (HHSC), conducted roll call and asked each task force member to briefly introduce themselves after they confirm attendance. He 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 22, 2022 meeting.

MEMBER NAME	YES	NO	MEMBER NAME	YES	NO
Ogechika K. Alozie, M.D.		X	Michael Morath* (Dr. Jeff Cottrill)	X	
Duke, Appiah	X		Kristy Murray, D.V.M., Ph.D.	X	
Toby Baker* - Michelle Havelka	X		Major General Tracy Norris *Colonel Peter Caldwell, PH.D.		X
Christopher R. Frei, Pharm.D.	X		Patrick O'Daniel		X
Sheila Haley, Ph.D.		X	Dorothy Overman, M.D.		X
John Hellerstedt, M.D.	X		Daniel Owens	X	
Peter Hotez, M.D., Ph.D.	X		Gerald Parker, D.V.M., Ph.D.	X	
Deputy Secretary of State – John B. Scott	X		Victoria Sutton, Ph.D.	X	
Harrison Keller		X	The Honorable Nancy Tanner		X
Nim Kidd	X		Surendra Kumar Varma, M.D.	X	
Thomas Ksiazek, D.V.M., Ph.D.	X		Marc Williams	X	
David Lakey, M.D.	X		Bobby Wilkinson	X	
James Le Duc, Ph.D.	X		Executive Commissioner Cecile Young	X	
Scott Lillibridge, M.D.		X	Edward E. Yosowitz, M.D.		X
Tony Marquardt	X		The Honorable Ben Zeller		X
Steve McCraw * Freeman Martin	X				

Yes: Indicates attended the meeting
P: Indicates phone conference call
No: Indicates did not attend the meeting
* Designee in attendance on behalf of Task Force Member.

Agenda Item 2: Consideration of December 2, 2021 meeting minutes

Dr. John Hellerstedt called for a motion to review and approve the minutes of the December 2, 2021 meeting.

Motion:

Dr. Surendra Kumar Varma moved to approve the minutes from the December 2, 2021 meeting as presented. Dr. Christopher Frei seconded the motion. Mr. John Chacón conducted roll call vote and announced the Task Force members approved the minutes unanimously, with 19 approves, no disapproves, and no abstentions.

Agenda Item 3: COVID-19 Situation Update

Commissioner John Hellerstedt, M.D., Chair, and Dr. Jennifer Shuford, Chief State Epidemiologist, provided a situational update on the COVID-19 pandemic and referenced a PowerPoint presentation entitled "COVID-19 Update". Highlights of the update and task force member discussion included:

Dr. John Hellerstedt, Chair: Going to give an update on the COVID-19 pandemic. We are now 2+ years into the pandemic. We have learned an immense amount. I hope we do not forget what we went through and what we learned. I don't think future pandemics will be easier.

Dr. Jennifer Shuford: Briefly give an update on COVID-19 in Texas
Total cases are over 5 million, at 5,415,212. We are now seeing our cases decline. Our current hospitalizations are now below 5,000. We had a peak in hospitalizations about a month ago, but we are currently declining. Our test positivity is currently at 7% and we were at over 31% at the peak of the surge.

Overview of the Pandemic so far: medical surge staff have been deployed over the pandemic at 30,788 total and at 4,833 currently out in the field today to take care of patients in the hospital. Direct medical equipment / consumables: 54,093 total and 5,380 currently deployed in the field today. Coordination: the SMOC is still activated and coordinating responses for the pandemic. Vaccines – Dr. Saroj Rai will tell you more about this in a minute but over 42 million have been administered since 12/14/20.

Overview New Cases per Day: through each of the surges that we have had, it felt overwhelming at the time but the most recent surge due to Omicron surpassed all past surges with at least 2-3 time more cases per day.

Overview of Hospitalizations: the current surge due to Omicron contributed about the same number of hospitalizations as the previous surges.

Seven-day rolling average of 24-hour lab-confirmed COVID-19 hospitalization rate by age: rates for hospital admits through all of the surges, the older adults had a much lower rate of hospitalization compared to the previous surges, likely due to the vaccination in this age group. We are seeing COVID-19 impact our young adults and children.

Overview of Fatalities: we are starting to plateau with the current surge, and we see that the peak was not as high as the previous surges. We hope to see a decline in fatalities soon. Demographic data: This data was not presented this way previously, but we have now broken out the 2021 and 2022 data, and this can be found on our website.

COVID-19 activity US: there is still high community transmission throughout the country. Variants National Data: We saw Delta be dominant for months and then in a matter of weeks Omicron took over as dominant strain. We now see the BA.1 Omicron variant be dominant and are starting to see an increase in the sub-lineage BA.2, which is more transmissible, but we are hoping is not more able to evade immunity.

Variants Texas: BA.1 is still dominant in Texas and we are seeing between 1-2% BA.2
MIS-C: MIS-C is the multisystem immune syndrome in children that happens about 2-5 weeks post COVID-19 infection and can lead to ICU admission and severe clinical disease. There was a huge peak in the 0-20 age group, and we are waiting for the MIS-C cases to be reported to us. We are trying to update and streamline the reporting of MIS-C cases to catch more.

Regional Infusion Centers (RIS): these centers are run my Texas Division of Emergency Management (TDEM) and DSHS and provide therapeutics to citizens. Currently these therapeutics are allocated to providers and centers due to supply issues. Hope to increase supply soon.

Therapeutics DSHS orders and Allocates: These treatments can help prevent hospitalization and death. There were multiple monoclonals that were found to not be effective against Omicron and so there are now only 2 monoclonals available for administration – Sotrovimab and Bebtelovimab. There are also two antiviral treatment that have been give FDA EUA to help prevent severe disease/hospitalization/death. There is also a pre-exposure monoclonal antibody for immunocompromised patients – Evusheld. We have had provider webinars educating the providers out there on the current treatments and their indications for use. Resources for Therapeutics: can be found on the DSHS website. There is also a therapeutic finder through the US Department of HHS.

Ongoing Public Awareness Campaigns: Targeting vaccine-hesitant parents, kids, and pregnant people. Online, TV campaigns. DSHS is using research-based messages and has used surveys to help tailor/target these messages.

Q&A and Comments

Dr. Hellerstedt: We are pleased that the trends are becoming more and more favorable over time. With Omicron, it seemed more stark; when we were living through it we saw a steep increase and I was worried that it would take a long time to come down. But we see that cases are coming down quickly. When we look at each of the surges, they each have their own shape of the curve and it can tell us about how this was different with what was going on at the time.

Dr. Peter Hotez: Where do we think that BA.2 is going to go in Texas and Nationally? Do we think it will increase and lead to another surge? It's difficult to see with the data from other countries.

Dr. Hellerstedt: You (Hotez) would have been the person I would have asked about this. We are going to just have to wait and see what the data looks like. What the make-up of the population is will likely effect what the BA.2 sub-lineage will do. But if it is not any more likely to cause a breakthrough infection than the parent linage than I think it is limited in its ability to cause another spike. Much of what we expect going forward is going to be a function of the biology of the virus itself. What variants will come forward and what the characteristics of these variants will be. We could expect it to become more communicable but not more virulent. We do see that BA.2 in Texas is lower than other states and nationally but would like others to chime in. Will BA.2 become dominant? If BA.2 becomes dominant does this change the shape of the curve and the trajectory?

Dr. James Le Duc: Question about our state lab capacity to monitor the strains that evolve. Do we have capacity for COVID-19 and other diseases?

Dr. Shuford: Our lab does have capacity for surveillance. They have planned for capacity for the surge by working with other surveillance labs to ensure that we are getting specimens tested across the state. The contractor for these other labs is UT School of Public Health. This is specific to COVID-19, but they are starting to plan for other diseases and the future.

Dr. Kristy Murray: In terms of the fatalities – it was good to see during the Delta surge we saw a decrease in the number of hospitalizations in the older age groups. But as we saw in the current surge, we were seeing that the vaccination has not provided as much protection against hospitalizations during this current surge. Will you all break out the fatality data by vaccination status and booster status?

Dr. Shuford: We will have data that shows the data broken out by vaccination status and booster status, which shows that being fully vaccinated and fully vaccinated with boosters is decreasing fatalities in the oldest age group. This data is up on our website in a dashboard.

Agenda Item 4: COVID-19 Vaccine Update
Saroj Rai, Ph.D., Senior Scientific Advisor, DSHS, provided an update on the COVID-19 Vaccine and referenced a PowerPoint presentation entitled "COVID-19 Vaccine Update". Highlights of the update and task force member discussion included:

Dr Saroj Rai: For this presentation I am going to share with you the vaccine development and implementation, and data on the current Omicron surge. The information is only current as of today and is subject to change.

FDA Authorization Changes: Earlier this month on 2/1/22, Pfizer began a submission on the expansion for their vaccine to the youngest, age 6 months to 4 year. FDA did schedule a meeting for review on 2/15/2022. However, FDA postponed the meeting on 2/11/2022 based on additional data that was submitted by Pfizer. The current Pfizer vaccine is a 2-dose schedule but the vaccine for the youngest age group is going to be a 3-dose series. So, the FDA wanted to review the full data with information for 3-doses. This review will likely happen in April of this year.

FDA Moderna: FDA fully approved Moderna's vaccine, now called Spikevax, for ages 18+. We now have 2 fully approved vaccines. We always like to track what is happening with the vaccines that we have in the US. Moderna did apply for expansion for their vaccine down to age 12 last year in June but they are still awaiting a decision. Moderna is still only approved for 18 years and older but when we look at other countries, we see that Moderna is approved down to age 12, and in Australia they just approved Moderna down to age 6. Novavax: On January 31, 2022, Novavax submitted a request for FDA EUA. This is a 2-dose series. This vaccine has been approved in the EU, US, Canada, Australia, and by WHO. The company has announced positive results of the vaccine in adolescents 12-17 and will submit the data to global regulatory agencies.

Omicron Variant and COVID-19 Vaccines: After Thanksgiving when we started seeing an increase in Omicron variant, the manufacturers started looking at how effective the vaccines were against the variant. The UK health security agency does a great job at looking at vaccine effectiveness and this data is pulled out from their January 14, 2022 report on vaccine effectiveness. The vaccine effectiveness against symptomatic infection against Omicron is lower when compared to Delta. But we do see that protection against hospitalization is still high. This data is also broken out by dose number. After dose 3 (booster), the vaccine effectiveness remains in the high 80% range. Moderna and Pfizer have initiation specific vaccine towards the Omicron variant. In the slide we have the specific studies listed, looking at this Omicron-specific vaccine as a booster. They are also looking at fully vaccinated/boosted individuals with original vaccine with a second booster of

the Omicron-specific vaccine 3 months later. Pfizer is also looking at vaccine-naïve patients receiving only the Omicron-specific vaccine as a primary series and booster. What is really important for this variant is that individuals receive their boosters. FDA made a lot of changes over the last few months to allow for more individuals to receive boosters, including ages 12-15 to receive booster, shortening the booster dose interval to 5 months from 6 months, and allowing for a third additional primary dose in immunocompromised individuals 5-11 years old.

COVID-19 Vaccination Recommendations: Pfizer is the only vaccine authorized in the US for ages 5-17. Pfizer 5-11, there is no booster authorized currently. Pfizer 12+ booster is recommended 5 months later. Moderna 18+ booster is recommended 5 months later. J&J 18+ booster is recommended 2 months. There is a preferential recommendation for mRNA vaccines over J&J vaccine. For individuals that are immunocompromised, their primary series constitutes 3 doses. After first 2 doses, there is a third primary additional dose 28 days later. For ages 5-11, there is no booster after the 3rd dose of primary series. For Pfizer 12+, there is a booster dose 3 months after 3rd dose of primary series. For Moderna there is a half booster dose 3 months following the 3rd dose of primary series. For J&J following the primary dose of J&J, individuals should receive an mRNA vaccine 28 days later and then a booster dose 2 months following 2nd dose.

Q&A and Comments

Dr. David Lakey: Thank you for the presentation. It seems like there is going to be an opportunity with the Novavax vaccine if it gains approval since this is a protein-base vaccine to reach the individuals that have been hesitant to receive an mRNA vaccine. Are there any thoughts as to how to use this vaccine to help with individuals that have been hesitant so far?

Dr. Rai: We are watching what is happening around the world. Today I read an article from Germany that they are using their first shipment of Novavax to target the individuals that are hesitant since this technology is more recognizable. We are also going to be looking at the data for using Novavax as a booster following the other approved vaccines.

Dr. Hellerstedt, Chair: This will add to our armory. We cannot promote one vaccine over the other in our messaging. But we can inform about the vaccine and the science. I do hope that we can work with stakeholders to help with the idea of using the vaccine to reach the vaccine hesitant. We cannot promote one vaccine over another, but we can make very clear the science around the vaccines.

Agenda Item 5: COVID-19 Vaccine Distribution Plan Update
Saroj Rai, Ph.D., Senior Scientific Advisor, DSHS, provided an update on the COVID-19 Vaccine Distribution Plan and referenced PowerPoint entitled "COVID-19 Vaccine Distribution Plan Update". Highlights of the update and task force member discussion included:

Dr. Saroj Rai: Texas COVID-19 Vaccine Administration Summary: We are over 42 million doses administered current as of last Friday. Over 17 million individuals are fully vaccinated. Of the fully vaccinated, over 6 million individuals have received a booster dose.

Population breakdown:
5+ - 64% fully vaccinated
12+ - 69% fully vaccinated
18+ - 70% fully vaccinated
65+ - 84% full vaccinated

5+ - 23% boosted
12+ 26% boosted
18+ 28% boosted
65+ 52% boosted

Seven-day rolling average doses administered by dose number: we track this to see how we are doing over time. This data is from 12/14/2022 to 2/18/2022. We see around the Omicron surge the booster dose has gone up, but we see with the recent data from February that the doses administered is going down.

Percent of People Vaccinated by Age Group: About a third of the 5-11 age group is vaccinated, this is the most recent group to become eligible for vaccination. The individuals 65+ are at 90% or over with at least one dose of vaccines. With some of the other younger age groups we have seen a plateauing of people with at least one dose, so we want to continue to encourage the younger age groups to be vaccinated.

Percent fully vaccinated by Age: 5-11 age group is the most recent age group to be eligible for vaccine and there hasn't been enough time for a lot of the individuals to complete their vaccination series.

Percent of population 5+ vaccinated by race/ethnicity: Asian population has the highest vaccination rate. White and Black groups are plateauing.

COVID-19 Boosters: Similar to the curves for dose 1 and dose 2, this is looking at booster by age group. 65+ on average, at least half of that population have received a booster dose and half have not received a booster. The 12-15 age group just became eligible for a booster in January so there hasn't been enough time to boost these individuals.

Fully vaccinated individuals eligible for Booster: 12+ age group, there are about 1 million individuals that are eligible and have received a booster but over 8.9 million individuals are currently eligible for the booster. Collectively we have about 9 million individuals that can receive the booster vaccine but have not received it. Please get your booster dose as soon as possible.

Booster dose by Age group in our largest county: Looking at the 12-17 age cohort, about 14-26% of individuals have received their booster in our largest counties but this is the age group that just recently became eligible for a booster. Looking at the age group 18-64, 36-47% of individuals have received their booster in our largest counties. Looking at the 65+ age group, 64-72% of individuals have received their boosters.

County Map People Vaccinated/Fully Vaccinated 5-11: The darker the color on the map the better. We want things to be in the purple. We have a lot of room to grow here with most of the map being in the light yellow.

County Map People Vaccinated/Fully Vaccinated/Boosted 12-17: We have purple in the people vaccinated/fully vaccinated but not much purple for boosters.

Staying Up-to-Date with COVID-19 Vaccination: We have been talking about fully vaccinated throughout the pandemic but now the CDC has the term "up-to-date" which is in the same vein as children "staying up to date" for their childhood vaccinations. The definition for "fully vaccinated" has not changed – 2 doses of mRNA or single dose of J&J. What has changed is "Staying up to date" and that differs between the individual and whether they are immunocompromised. For immunocompromised they need their third

additional primary dose and booster and for non-immunocompromised, this is fully vaccinated with primary 2-dose series and their boosters.

Up-to-Date in Texas: Texas total, 29% of individuals are up-to-date.

COVID-19 vaccine looking forward: Vaccinate and Boost. Areas of Focus: continued emphasis on the unvaccinated and encouraging/initiating vaccination for these individuals. Emphasis on boosters for eligible populations. Planning for vaccination of the youngest age group, 6 months to 4 years.

Q&A and Comments

Dr. John Hellerstedt, Chair: This is fascinating data. The message that I continue to say is "booster, booster, booster." We have this tremendous opportunity to get individuals boosted. Boosters help with severe disease, hospitalization, and death. But we also see that boosters can help with prevention of transmission. I do not want 2022 to be a replay of 2020 and 2021, meaning that I do not want intermittent surges where loss of life and health continues to be an ongoing problem. I would like to comment that I have discussed with the director of the CDC that they cannot change the definition of "fully vaccinated" due to legal reasons, which is unfortunate because if we changed fully vaccinated to include boosters this would help encourage people to be vaccinated and clear up confusion around the need of boosters. It is important for individuals to get boosters because we do not want a replay. The easiest and fastest way to suppress COVID-19 in our community is through boosters. The vaccine is plentiful and readily accessible. The vaccine is free of change. Booster, booster, booster.

Agenda Item 6: Respiratory Viruses Update

Dr. Jennifer Shuford, Chief State Epidemiologist, provided an update on respiratory viruses (Influenza/Respiratory Syncytial Virus) and referenced a PowerPoint presentation entitled "Respiratory Viruses Update". Highlights of the update and task force member discussion included:

Dr. Jennifer Shuford: Last time I talked about RSV and flu during the pandemic, and this is just an update.

RSV: most common cause of bronchiolitis in children in the US. Infants are the most at risk. In the US, we see RSV activity in the cold/flu season. RSV is not a reportable disease, but we have providers that inform us of cases. There is a medication, Palivizumab, to prevent severe disease in those at risk. It is important to know when the season is so that we have the drug on hand. The drug is expensive, at $2,500 a dose, and requires multiple doses.

RSV positivity: reached the peak in November/December with the uptick in cases beginning in October in 2017-2018. For the 2019-2020 season, we see an increase starting in October with a peak in November/December; and then around when the stay-at-home orders due to the COVID-19 pandemic were issued, we see a steep decrease in activity. In the 2020-2021 season, we did not see the usual increase in the fall/winter and instead started seeing the increase in May 2021; CDC issued an alert that RSV was increasing outside of the normal season. For the current season, it will be interesting to see what happens after the Omicron surge and whether RSV cases go back up. RSV Season 2021-2022 inter-seasonal RSV activity differed by region, started in June or July, and ended on September 30, 2021.

Influenza: Influenza A and influenza B are viruses that circulate in humans. About 20% of our population will be infected in any given season. Influenza is not a reportable disease but DSHS does ask that outbreaks and novel strains be reported. There is a DSHS weekly

surveillance report. For this season, almost all specimens tested have been influenza A and all subtypes have been H3N2. We saw that there was an increase at the beginning of December, but then with the COVID-19 Omicron surge, we saw a decrease in activity. In normal seasons, we see a peak at around 30% so you can see that we are still well below that.

US Clinical Flu Testing: There has been some influenza B detected but they are seeing the same trend in positivity. It peaked in December, then fell, and now is increasing again. But the trends look similar to Texas.

Texas ILI: Influenza-like-illness is a way to monitor flu activity. In the 2019-2020 season, there was an early peak and a lot of pediatric mortality. For the 2020-2021 season, there was hardly any flu at all. In the 2021-2022 season, we saw an increase in activity but have seen a decrease since then. We know that flu activity can continue into the spring so we will continue to monitor.

US ILI Activity: Most states have low activity, which matches the trends in Texas.
Influenza-Associated Pediatric Deaths: CDC data from the 2018-2019 season through 2021-2022 season; in the 2018-2019 season, there was a total of 144 deaths. In 2019-2020, there were 199 deaths. And in 2020-2021, there was only 1 death, and this was not in Texas. In 2021-2022, there have been 5 deaths so far, which is still low for the season. Texas has not reported any pediatric deaths associated to influenza.

Texas Flu and COVID-19 Associated Pediatric Deaths 2015-2022: in the 2015-2016 season, there were 7 reported deaths; in 2016-2017, 8 reported deaths; in 2018-2019, 17 reported deaths; and in 2019-2020, there were 20 reported deaths. In 2020-2021 and 2021-2022, there were no influenza deaths but there have been more COVID-19 associated pediatric deaths that surpass the counts of influenza deaths. In 2020-2022, the number of COVID-19 pediatric deaths was 75.

Novel Influenza: highly pathogenic avian influenza (HPAI) has been found in back yard flocks in the US. There have been cases in Indiana, Kentucky, and Virginia. Even though there has been HPAI detected in flocks, there haven't been any cases in humans.

Wild Bird Avian Influenza Surveillance US: USDA conducts surveillance in wild birds in migratory paths. There have been many detections of HPAI H5 infections in the Atlantic flyway in 2022. They are increasing surveillance in the North American flyways.

Q&A and Comments

Dr. John Hellerstedt, Chair: That is the first avian flyway map I have seen. I think those patterns of influenza and the complete lack of influenza in the expected time and the behaviors that the pandemic is encouraging (masking, distancing) is that the correlation is unmistakable. It only reinforces that there is strong evidence of the efficacy of these measures. There are competing things – decrease the amount of disease in the community and maintain the flow of goods and services. You cannot take either to the extreme without causing harm. You can't lock everyone away because good and services need to continue, and you can't allow spread that would lead to very high peaks and a lot of disease/death.

Agenda Item 7: Update on Other Diseases Report

Dr. Paul Grunenwald, DVM, Laboratory and Infectious Disease Services, provided an update on other infectious diseases and referenced a PowerPoint presentation entitled "Update on

Other Diseases Report". Highlights of the update and task force member discussion included:

Dr. Paul Grunenwald: We have already discussed COVID-19; now, we are going to discuss the other diseases that are reported to the state. These are diseases that are reported through NEDSS. It takes time to enter the data into the database. The data that we have for 2021 is preliminary and we are in the process of cleaning that up now. For all of the diseases that are in NEDSS, we saw a decrease in reported diseases in 2020 and 2021 and we are not seeing a spike. You can see that diseases are staying down in 2020 and 2021 relative to 2019.

Neglected Tropical Diseases: This is very preliminary data. There was a bit of a peak in 2019 and a decrease in 2020 and 2021. The total number in 2021 is not 56, it's 84. Again, we're seeing the same trend. It peaked up in 2019, then went back down in 2020 and continued down in 2021.

Now, looking at these, these are the really rare diseases. So, going with trends can be tricky with these. A couple of the outliers with these, I did verify with the epidemiologists that the individual numbers are correct; it's the total for the 2021 column that is not, it's actually 84. But you can see two of the diseases, Chagas and Dengue, going up in 2020 and we're seeing less of a dramatic drop than the other diseases. Zika has continued to drop and stay low.

Q&A and Comments

Dr. John Hellerstedt, Chair: Do you want to speculate as to why we are seeing some of these patterns?

Dr. Grunenwald: For a lot of these diseases, we would need to look at each individual disease and see how these reports are coming in. How is it reported, is travel going down, etc.? I am hesitant to say anything about overall trends.

Agenda Item 8: Public Comment
Mr. John Chacón, Advisory Committee Coordination Office, Facilitator, stated that there were no registrations for public comment and no requests for public comment were received during the meeting.

Agenda Item 9: Planning and Discussion of Future Meeting Topics
Commissioner John Hellerstedt, M.D., Chair, led the discussion and asked task force members to provide future meeting dates and topics. Highlights of member discussion included:

Dr. John Hellerstedt, Chair: This is for the members to discuss when we meet again and what we will discuss. I know we will meet again in this calendar year. What other topics would the Task Force like to address?

Dr. Gerald Parker: I think it would be nice to hear some discussions on what the state has taken as lessons observed and what are the plans for future situations.

Dr. Hellerstedt: I agree.

Dr. David Lakey: That was going to be my question – how do we learn from the pandemic and how are we thinking about this related to the legislative session? How do we meet the gaps?

Dr. Hellerstedt: I think it is a fascinating question. We should expect that we will have future infectious disease crises that we will need to address. When I started my term, we were presiding over the Zika crisis. I think we can rest assured that we will have future crises.

Executive Commissioner Cecile Young: We know that there are a lot of federal dollars that have come in to address this crisis, like what has been upgraded in our IT, since we know there were issues with reporting. I think it would be good to understand what was done so that we can know how to address things in the future.

Dr. Hellerstedt: I agree with Commissioner Young that we can look into where the federal dollars came in. In DSHS, we have been looking into what capabilities are needed to address a crisis, which capabilities did we have before, and what capabilities can we not live without. Another thing to look at is the scalability of the capabilities. I'm thinking about test results, especially with COVID-19, where we were asking for both positive and negative test results whereas we have never before asked for negative results for another disease.

Dr. Kristy Murray: Thank you to Dr. Grunenwald on the presentation on other diseases that are not COVID-19. What we are also interested in is vaccine uptake for other diseases. Can we look at uptake of other vaccines and updates on other vaccine preventable diseases?

Dr. Hellerstedt: If there is going to be another pandemic, it means that we do not have the tools to address it. Can science be so flexible to be able to think up any emerging infectious disease? Maybe, but I don't know when. Where will the next pandemic come from? I think again, looking back at this pandemic, we need to see clearly that science and public health have been a success. Many people are taking in that it has not been a success, but it has. We know that our knowledge has changed and the way we address things have changed. We need to expect that we will need to learn about the crisis we are facing and that we will need to change the way we are addressing the crisis based on new information.

Dr. Gerald Parker: Add one more point to the same thing, what are the lessons learned for the Task Force and how can we help the state address things?

Dr. Hellerstedt: What do people think of timing? Early May? First half of May? It is already March. Maybe May is too soon.

Dr. Parker: May-June timeframe sounds reasonable to me.

Dr. Murray: I would suggest May, it is about 3 months from now so we can meet quarterly.

Agenda Item 10: Adjournment
Commissioner John Hellerstedt, M.D., Chair, adjourned the meeting at 3:09 p.m.

Below is the link to the archived video of the February 22, 2022 Task Force on Infectious Disease Preparedness and Response that will be available for viewing approx. two years from date of meeting posted on the website and in accordance with the HHS records retention schedule.

Task Force on Infectious Disease Preparedness and Response