



## **TEXAS TASK FORCE ON INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE**

October 17, 2014

The Honorable Rick Perry  
Governor of Texas  
P.O. Box 12428  
Austin, Texas 78711

Dear Governor Perry,

Infectious diseases are responsible for more deaths worldwide than any other single cause. On September 30, 2014, the first case of Ebola diagnosed in the United States occurred in Dallas, Texas. While no state, nor country, would ever wish to be faced with the challenges that arise from the threats and presence of infectious diseases, the state of Texas must face that challenge now.

On October 6<sup>th</sup>, 2014, you announced the creation of the Texas Task Force on Infections Disease Preparedness and Response in response to the initial Ebola case reported in the State of Texas. You created the Task Force with the charge to provide expert, evidence-based assessments, protocols and recommendations related to the current Ebola response, and develop a strategic emergency management plan for incident command teams and their partners at the state and local levels of government. This plan would build upon the existing State of Texas Emergency Management Plan, which addresses multiple aspects of preparing for, responding to and recovering from public health and medical crises in the state.

While the first of two reports of the Task Force is not due until December 1, 2014, recent events warrant the release of our initial recommendations. As your appointed Director of this Task Force working closely with 16 other members, representing public health experts, epidemiologists, and leadership from state agencies, we present to you our initial recommendations regarding preparedness and response to infectious diseases, for your consideration. Enclosed in this packet are the first state of recommendations, approved by the Task Force for submission to your office.

Sincerely,

A handwritten signature in black ink, appearing to read "Brett P. Giroir" followed by a flourish and the initials "MD".

Brett P. Giroir, M.D.  
Director



## **TEXAS TASK FORCE ON INFECTIOUS DISEASE PREPAREDNESS AND RESPONSE**

### **Recommendations**

October 17, 2014

### **State Designated Hospitals for the Treatment and Care of Diagnosed Ebola Patients**

#### Issue

As Texas hospitals continue to advance in capabilities for identifying, isolating and treating Ebola patients, it is critical for the state to designate specific hospitals as Ebola Treatment Facilities that are dedicated to receiving and treating Ebola cases from surrounding hospitals or health facilities within the state. As a state designated Ebola Treatment Facility, the hospital would be equipped to provide highly specialized infectious disease care, including but not limited to: infection control and protection of health care workers, decontamination, waste management, complex early stage experimental therapies, and a myriad of coordination and communication capabilities with local, state and federal partners. While this recommendation is in immediate response to the current Ebola threat, these same principles and recommendations would apply broadly to any number of high consequence infectious diseases.

#### Recommendations

1. DSHS should coordinate the establishment of specific hospitals that are designated as Ebola Treatment Facilities.
  - a. There initially should be two hospitals in Texas that can care for a pre-defined number of Ebola patients, with the highest standards of training and clinical care, including related issues such as infection control. A protocol should be established to determine if additional (more than two) Ebola Treatment Facilities are needed.
  - b. It is imperative that every health care facility, as well as a broad spectrum of health care providers, should be able to identify a patient at risk of Ebola, institute



- professionals to safely and effectively care for Ebola patient needs.
- b. UTMB already has in place a plan to leverage its current GNL resources, including personnel, fluid decontamination, and qualified incinerator to establish an Ebola Treatment Facility second to none. Such a facility could also be employed for a number of other high consequence infectious diseases that may arise in the future.
  - c. UTMB, with assistance from the DSHS, should organize a highly qualified, certified workforce both from UTMB, as well as institutions within the Texas Medical Center in Houston. This workforce will be world leading in credentials, training, and qualification, and can be mobilized to Galveston to supplement UTMB patient care staff.
    - i. While the CDC has announced a rapid response force, such a response force is non-scalable in a more widespread outbreak and therefore the State should not rely on the presence of expertise that may not be available in a crisis.
  - d. The Task Force recommends that the State allocate funding to establish the physical center at UTMB as well as equip and train the health care professionals, as may be required, who will staff the UTMB facility.
3. The Task Force recommends that DSHS immediately initiate discussions with additional state health-related institutions, local officials, and stakeholder groups to establish the location for a second Ebola Treatment Facility for Texas.
  4. DSHS should ensure that Ebola Treatment Facilities have specially trained staff and appropriate technology to care for pediatric patients with Ebola, and also assess the state's children's hospitals to determine if treatment of children with Ebola could safely be done in one or more pediatric hospitals.
  5. DSHS should develop contingency plans in the unlikely event that a widespread outbreak of Ebola occurs in Texas that overwhelms all Ebola Treatment Facilities and secondary regional centers. Plans should consider mobilization of all State resources, including the Texas Guard, state employees at Health Related Institutions, etc. These plans should build upon current disaster plans with broad development that covers not only Ebola, but other high consequence infectious diseases.

## **Evaluation of, or Interactions with, Patients with Suspected Ebola Infection**

### Issue

Although only designated hospitals are recommended to provide in-patient care to diagnosed Ebola patients, the Task Force recommends that all hospitals, clinics, and diverse health care providers, including nurses and pharmacists, should have the knowledge, training, and capability to:

1. Identify a patient at risk for Ebola based on travel history, contact history, symptoms, and signs.
2. Call for immediate assistance from the local public health authority or other prospectively designated authority.
3. Implement the appropriate procedures for isolation of the individual in order to prevent exposure both of the provider and other individuals.

### Recommendations

1. The Task Force will conduct a hearing that includes a broad spectrum of Texas health professional organizations, hospital associations, urban and community institutions, county and regional health authorities, law enforcement, etc. to ascertain answers to the questions listed below. The Task Force shall then make timely recommendations based on the broad input received at the hearing:
  - a. What is the appropriate and potential role of the institution/organization in education, training, and initial identification of patients with potential Ebola viral disease?
  - b. What can the organization/institution do to ensure that Ebola patients will be identified on their first symptomatic encounter and receive appropriate isolation and prompt public health notification?
  - c. What are best practices, including training, exercises or other measures, which could serve to ensure that Ebola patients will be identified at the earliest possible time?

- d. What could be done to improve actionable information/guidance from federal, state, and local sources about Ebola or other contagious high-consequence diseases?
  - e. Has your organization/institution encountered any barriers in preparation for Ebola, influenza pandemics, or other contagious high-consequence diseases?
  - f. Are there any specific actions at the local, regional, state, or federal level to improve overall preparedness and response to infectious diseases?
2. Education of Institutions, Health Care Providers, First Responders, and other Stakeholders:
- a. In addition to specific suggestions from the Task Force hearing, the UT System Executive Vice Chancellor for Health Affairs, in coordination with DSHS and other state educational and health related institutions, should launch an immediate and collaborative educational effort, including social media and community engagement, to educate a broad range of health care professionals, emergency responders, and public leadership on the identification and reporting of Ebola and other serious emerging infectious disease.
  - b. The state's Health Related Institutions and Higher Education Institutions with health professions programs, in conjunction with DSHS, should establish an online inter-professional education module for education of the broad health care and emergency response community on the identification and initial isolation of patients with Ebola, as well as other infectious diseases of high consequence.
  - c. The Task Force recommends that State Licensing Boards implement an ongoing requirement for continuing education in identification and initial management of patients with Ebola and other high consequence infectious diseases.
3. EMS
- a. The Task Force recommends establishing a specific regional designated hospital(s) to which all EMS transports of patients meeting risk criteria for Ebola should be transferred. This will enable more rapid and effective evaluation of patients, and minimize potential disruption to provision of emergency services within an entire region.
4. DSHS should develop a standardized triage protocol that is tailored for university and community hospitals, outpatient clinics, and other sites of potential initial patient encounter.

## **Control Order Authority for State Health Official**

### Issue

The Commissioner of the Department of State Health Services currently has the power to issue a control order for an individual who has been exposed to Ebola requiring that individual to stay within a residence. However, the Commissioner has no authority to enforce that order via law enforcement until the individual violates that order and leaves the designated premises into the public domain. Specifically, law enforcement stationed outside of the premises cannot stop the individual from leaving until DSHS is alerted of the violation, and initiates a legal proceeding so that the police can limit potential new exposures from the individual. This lack of authority potentially allows an exposed individual to put at risk additional individuals until the exposed individual can be again found and isolated.

### Recommendation

The Legislature should empower the Commissioner of DSHS to issue an enforceable control order for an individual who has been exposed to Ebola for a period of at least 48 hours. During that time period, there could be a judicial or other oversight process to either extend, or rescind, the enforceable control order. This assures that law enforcement can protect the public from additional exposures that could occur under current law.

The Task Force also recommends that DSHS, in conjunction with CDC and other authorities, comprehensively reassess contact protocols, focusing on those contacts that may require restrictions on mobility, and over what time period.

## **Laboratory Testing**

### Issues

Texas is one of 16 states authorized to conduct Ebola testing through its laboratory in Austin, Texas. Given the size of the Texas population, it is critical that the state develop additional laboratory capacity for the diagnosis of infectious and other diseases.

CDC has significant diagnostic capabilities to supplement the state, but air carriers have refused to transport samples, thus leading to the need for private aircraft transport (which does not scale) or transport by motor vehicle (which causes delay). As a result, Texas cannot rely on CDC to substantially expand the state's testing capability.

### Recommendation

Texas should take all necessary steps, including training of public health personnel and necessary funding for equipment, to establish at least two additional regional centers to perform Ebola diagnostic assays, and in the future, other assays for infectious diseases of high consequence.

Texas should take steps to prospectively negotiate appropriate transportation contracts that answer safety concerns of the carriers, to facilitate transport of samples in a public health emergency.