TEXAS Health and Human Services

Texas Department of State Health Services

2016 Annual Report

Health Service Region 8

Message from Regional Medical Director

Every year, as we put together our annual report, I'm amazed at all the great work Region 8 of the Department of State Health Services (DSHS) has done in the previous year. Our focus is public health, which is often a misunderstood subject. The fundamental purpose of public health is to prevent disease and injury and to promote health. Since much of our work focuses on prevention, our successes are rarely in the news.

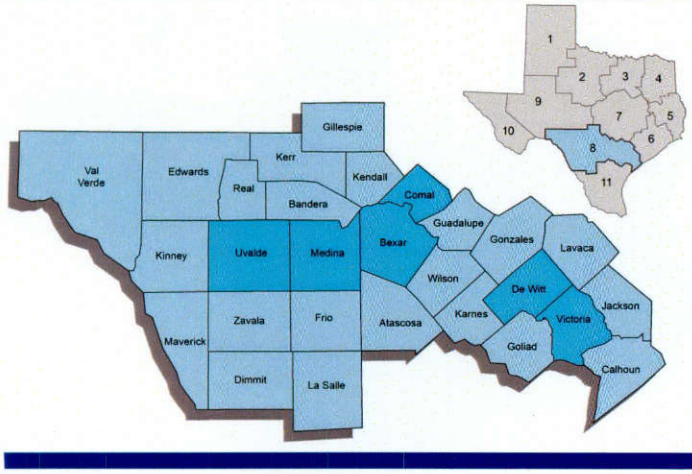
However, with Zika virus emerging as a health threat this year, public health was indeed in the spotlight. Local, regional, and statewide public health mobilized in response. Region 8's prevention efforts included community education about mosquitos, distribution of education materials, and outreach and assistance for healthcare providers.

On an ongoing basis, Region 8 staff work to prevent the spread of diseases such as tuberculosis, HIV, and whooping cough (pertussis) and to promote health and safety with preventive dental services, immunizations, and community education. When an opportunity arises to help a community, our staff eagerly assist. In addition, we are always prepared to respond to a public health need such as a disease outbreak or a natural disaster. As you read our 2016 report, you will find a series of articles that show the broad range of services and interventions we provided over the course of the year. Through this annual report, I invite you to find out more about how we help communities in Region 8.

Lillian Ringsdorf, MD, MPH

Public Health By the Numbers

- 42 animal control officers trained
- 60 people trained with the "Stop the Bleed" campaign so they can help a person who has life-threatening bleeding
- 64 youth camps inspected
- 95 people trained in Points of Dispensing (POD) operations which would be necessary in the event of a bioterrorism attack
- 101 animals tested positive for rabies
- 239 children received services from the Children with Special Health Care Needs Program
- 242 school cafeterias inspected
- 1,089 clients received case management
- 2,238 notifiable communicable diseases investigated
- 6,559 individuals tested for tuberculosis infection through the 1115 Waiver Project



In This Issue

What is Zika and Why Is It A Big Deal?

The Zika virus became a hot topic in 2016 when it was first suspected of causing a birth defect called microcephaly, which means an abnormally small head. It is primarily spread through the bite of a mosquito. If a woman is infected with the Zika virus while pregnant, she has an increased chance of having a baby with microcephaly. The illness that the Zika virus causes in people is very mild and 80% of infected people won't have any symptoms at all. If a person does develop illness from Zika virus, symptoms include joint pain, red eyes, fever, and rash. Microcephaly can occur whether or not a pregnant woman has any symptoms of Zika virus disease.

The mosquito (*Aedes aegypti*) that spreads the Zika virus breeds and lives around people's houses. Since there is no cure for the virus, the key to stopping its spread is by eliminating the mosquitos and preventing them from biting people. An important way to eliminate *Aedes* mosquitos is to prevent them from breeding. Since they lay eggs in standing water, citizens and communities must carefully look for and empty all sources of standing water even as small as a bottle cap. People need to be vigilant and remove any container on their property that may fill with water and recheck for standing water after a rain. Water bowls for pets should be emptied, cleaned, and refilled every few days. If there are areas of standing water that can't be drained, larvacide dunks (available in stores) can be dropped in to prevent new mosquitos. The other essential step is preventing mosquito bites. People can protect themselves by making sure that their windows are covered with intact screens and by using mosquito repellant according to the directions. DEET is a common ingredient found in mosquito sprays, is very effective, and has been shown to be safe for pregnant or breastfeeding women and children down to 2 months of age. Long sleeves and pants also prevent mosquito bites.

All the cases of Zika virus diagnosed in Region 8 to date have involved people who were infected with the virus while traveling outside the United States. Once someone is suspected of being infected with Zika, public health epidemiologists interview the person, ask about travel, and advise the person to stay inside for a period of time. This prevents a mosquito from picking up the virus from the infected person and then spreading it to others. If the infected person is a pregnant woman, she will also need close follow-up by her doctor for the duration of her pregnancy.

Everyone should check the CDC for health alerts when traveling abroad and take precautions including using mosquito repellant to prevent Zika infection. Pregnant women should avoid traveling to Zika affected countries altogether (https://wwwnc.cdc.gov/travel/page/zika-information). Since Zika virus can be spread sexually as well, a pregnant woman should abstain or use condoms with her partner if he has been infected or even if he has only traveled to an area where there's Zika virus transmission. Other recommendations can be found at https://www.cdc.gov/zika/prevention/protect-yourself-during-sex.html.

Even though Zika is not currently in the headlines, Region 8 is preparing for the next mosquito season. No one knows if there will be more cases of Zika virus infection as the weather warms, but we will follow up on any cases and continue to educate our citizens and communities about mosquito bite prevention.

Oral Health in Region 8

Healthy People is a program of nationwide health-promotion and disease-prevention goals set by the United States Department of Health and Human Services. The current edition of Healthy People sets objectives and goals to achieve by the year 2020. Some of the oral health goals for Healthy People 2020 include reducing the number of 3 to 5 and 6 to 9 year old children with untreated tooth decay and increasing the number of children receiving dental sealants to prevent decay.

Data collected by the DSHS Region 8 Dental Team during the 2015-2016 school year, using a convenience sampling methodology, shows 3 to 5 year old children in Region 8 are only about a half of a percentage point from meeting the 2020 goal for untreated tooth decay. Children aged 6 to 9 years old did not fare as well with their age group recording untreated tooth decay at a rate over five percent above the 2020 goal. The good news for the 6 to 9 year old group is that they exceed the Healthy People 2020 goal for receiving preventive dental sealants by nearly fifteen percentage points.

Zika Intervention Along the Border

In response to the increase of Zika cases in Texas, the Region 8 Office of Border Services (OBS) has partnered with the Southwest Texas Area Health Education Center (AHEC) to assess Zika awareness in border communities and provide education on strategies that could be implemented to reduce the risk of mosquito-borne diseases.

During the summer of 2016, the Region 8 Office of Border Services contracted with community health workers (CHWs), also known as promotoras, in the border counties of Dimmit, Maverick, Val Verde and Zavala. They were trained on strategies to reduce the risk of becoming infected with mosquito-borne diseases. The CHWs conducted an initial survey, outside home assessment, and provided education to 250 households.

At the time of the home visit, CHWs educated participating families on Zika and mosquito prevention strategies. Each participating household received a Mosquito Prevention and Zika Control Kit which included: mosquito repellent (with 40% DEET), permethrin spray, a large mosquito net, a small mosquito net, mosquito dunks (standing water treatment), and condoms.

A second phase of the project will start during the Spring of 2017. Community health workers will conduct follow-up assessments at the homes and provide additional education to community residents. CHWs will also educate expectant mothers during prenatal doctor visits. Doctors and health clinics will receive educational material to share with their pregnant patients. The educational material will include information on risks, symptoms, and precautions to take when traveling to areas with active Zika transmission.

Community Health Workers are valuable assets when evaluating communities and educating residents about Zika prevention strategies in border communities . Region 8 OBS staff will continue to develop interventions to educate community residents on public health issues affecting the Texas-Mexico Border.

Community Health Workers conducting home assessments and providing recommendations on mosquito breeding prevention and control.

Protect Yourself from Mosquito Bites

- Wear Environmental Protection Agency (EPA)-registered insect repellents. When used as directed, these insect repellents – including those that contain DEET – are proven safe and effective even for pregnant and breastfeeding women.
- Cover up with long-sleeved shirts and long pants.
- Keep mosquitoes out with air conditioning or intact window screens.
- Limit outdoor activities during peak mosquito times.

FIGHT THE BITE

For more Zika information visit: http://texaszika.org/index.htm

Child Abuse Summit—Be the One, Be the Difference

Texas has some of the highest child abuse and neglect fatalities in the nation. Texas has higher numbers, in part, because this state counts types of abuse that other states do not, such as co-sleeping fatalities when a parent has been using alcohol or drugs while sleeping with the child next to them. According to the Department of Family and Protective Services Data Book from 2015 there were 119 confirmed cases of child abuse and neglect and two deaths in the area served by Southwest Texas Child Fatality Review Team: Uvalde, Medina, and Real counties.

Senator Carlos Uresti was a guest speaker and panel participant at the 2016 Summit. Coalition members: Fredlyn Wideman RN, Texas Department of State Health Services HSR 8, Molly Flores, Uvalde County Extension Agent-Family and Consumer Science, Sandra Knunkel, Medina County Extension Agent-Family and Consumer Science, Lesa Parry RN, Wesley Nurse Methodist Healthcare Ministries

One of the strategies for addressing child abuse and neglect in these three counties is the Southwest Texas Child Fatality Review Team (SWTCFRT). The goal of the SWTCFRT is to promote public awareness and action to reduce the number of preventable child deaths. Through a comprehensive and multidisciplinary review of child deaths, the team has come to better understand how and why children die. The SWTCFRT then uses these findings to take action to prevent other deaths and improve the health and safety of all children. A critical area identified by the SWTCFRT is the need for prevention of child abuse. To this end, the SWTCFRT established the Community Education Coalition to plan and conduct an educational event, designed to provide affordable education to improve coordination and cooperation between various agencies, the judicial system, community leaders and child activists. First offered in 2014, an annual child abuse prevention summit, Be the One, Be the Difference, was designed to fill this void in this rural area. The Community Education Coalition is made up of representatives from Texas A&M AgriLife Extension, Health Service Region 8, Methodist Healthcare Ministries, the 38th Judicial District Attorney's Office, area school counselors, and volunteers.

Since the inception of the SWTCFRT in 2013, the team has reviewed 31 cases of child fatalities in the three county area. The Community Education Coalition has been established and two child abuse summits have been held. Other educational efforts have been held, such as providing Safe Sleep information to local hospitals for nursing staff to use for teaching and to send home with new parents.

The child abuse prevention summit has become the flagship of the SWTCFRT. The event has gained statewide recognition among leaders in the field of child abuse. The annual summit is designed to inspire and equip participants to strengthen families, prevent child abuse, and develop innovative strategies to improve outcomes for at risk children and families. It has been overwhelmingly successful. At the summit city, county and state agencies interact and learn about each other's role and duties in the child abuse and neglect investigation process. The summit also focuses on the care and well-being of the child.

The first summit was held in 2015 with 180 attendees. The summit had an increase in 2016 with 223 participants. The summit offered continuing education credit for nine professional disciplines, including physicians, nurses, social workers and teachers. Participants' evaluations of the event have been very positive.

In 2016 the summit raised enough money for the Coalition to donate $1000 to two local child agencies: Hank, Inc. and Bluebonnet Children's Advocacy Center, both of which work with victims of child abuse.

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TEXAS A&M AGRILIFE

METHODIST HEALTHCARE MINISTRIES OF SOUTH TEXAS, INC.
"Serving Humanity to Honor God"

Community Assessment for Public Health Emergency Response at the Kickapoo Traditional Tribe of Texas Reservation

In July 2016, Region 8 worked with the Kickapoo Traditional Tribe of Texas to conduct a Community Assessment for Public Health Emergency Response (CASPER) with tribal members residing on the reservation in Eagle Pass. CASPER surveys are usually used to assess community needs after a disaster, such as medical care and basic needs like food, water, and shelter. During non-disaster situations, as was the case in this CASPER, this methodology can be used to obtain baseline data and assess how well prepared communities are if a disaster should happen.

The assessment at the Kickapoo Reservation had a focus on household emergency plans and supplies, mosquito control, Zika, and flu vaccination.

CASPER surveys are completed through a grass roots process of approaching households in a designated area and interviewing a household member who is at least 18 years old. During this survey, Region 8 staff, in partnership with tribal members, approached every household in the reservation and each household had an opportunity to participate. In total, we visited 262 households and completed 153 surveys. Of households where someone answered the door, 73% participated in the assessment.

In addition to conducting the survey, field teams educated residents on each of the assessment topics. Households got mosquito repellent containing DEET, hand sanitizer, a thermometer for taking body temperature, a magnet with a flu vaccine reminder, and a water proof document bag from the ***Ready or Not*** Campaign.

The findings from the assessment will be presented to the tribe and at the 2017 Texas Public Health Association Conference in Fort Worth, TX.

What Happens When We Find Tuberculosis in a School?

In addition to treating patients who are diagnosed with tuberculosis (TB) disease, Region 8 staff also evaluate the patient to determine if the patient is infectious, meaning they can spread TB disease to other people. We talk to the patient to determine who they have spent enough time with to potentially expose them to TB. This is called a contact investigation. While many of these contact investigations are limited to household members, close friends, and even co-workers, there are times when TB exposure occurs in a large, high-profile setting. These contact investigations require intense data collection, planning, and screening of many people. In 2016, Region 8 staff performed one of these high priority contact investigations.

A teenager was referred to Region 8 in February of 2016 with chest x-ray evidence of TB, a positive sputum smear test, and symptoms of TB that included cough, weight loss, fever, chills, and shortness of breath. A positive sputum smear test in a teenager means that there were TB bacteria in the teenager's lungs that could have been coughed out into the air. This could have exposed other people to the TB bacteria.

Since the patient attended a local high school, Region 8 staff determined that a risk of exposure existed for the patient's classmates and teachers. Region 8 staff coordinated with the school nurse, principal, and administrators to collect information about who was in class with the patient. Region 8 also planned and implemented informational sessions for faculty and parents to provide information on TB, its transmission, and treatment. We sent out permission slips for testing to be performed at the high school and dates were set for our staff to perform TB screening tests at the school.

Region 8 staff identified 239 contacts and 192 of these completed the screening process (80.3%). Of the 192 who completed the evaluation, two contacts had previous positive skin test results and had received treatment for latent TB infection. However, DSHS staff offered chest X-ray (CXR) referrals to both people to ensure no disease was present. One patient's CXR was normal and the parents of the other patient declined the CXR.

Three contacts without a prior positive skin test were positive for TB infection (a condition where the person has TB germs in the body but they are not causing illness). Two of these contacts completed treatment for TB infection and one person refused treatment. TB infection can progress to TB disease, which early treatment can prevent.

DSHS staff made contact via telephone, mail, and home visits to offer testing to those who did not receive screening during the school testing event. Many of the students had incorrect address information on file with the school and were no longer attending the school.

Due to the low number of contacts who tested positive for TB infection, Region 8 was able to determine that the risk of the patient transmitting the TB infection to others at the school was very low. No one was found who had TB disease other than the original patient.

Region 8 Field Offices Now Licensed as Class D Pharmacies

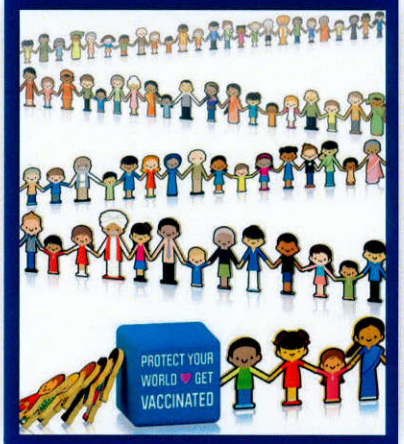
In July of 2015, the Department of State Health Services (DSHS) Pharmacy Branch met with the Texas State Board of Pharmacy. They decided that all DSHS regional headquarters and field offices that store and provide medications for patients must be licensed as Class D pharmacies. A Class D Pharmacy (or clinic pharmacy) license is issued to a clinic with a limited scope of services. It authorizes the pharmacy to provide or administer drugs contained in the clinic's formulary that can be administered, in the case of Region 8, under the Regional Medical Director's standing delegation orders. Previously this was only a requirement for the regional headquarters pharmacies.

In 2016, all Region 8 field offices were licensed as Class D pharmacies and are stocked with vaccines and medications used for the treatment of tuberculosis, gonorrhea, chlamydia, and syphilis. Each Region 8 Class D pharmacy is subject to inspection by the Texas State Board of Pharmacy (TSBP). Each location is required to follow the rules outlined by the TSBP relating to security of medications, storage temperature, and access to reference materials. To ensure compliance with TSBP rules, the DSHS Pharmacy Branch will visit each licensed regional pharmacy to ensure that each location will pass inspection by TSBP.

In 2016, eight of the Region 8 Class D Pharmacies were inspected by the TSBP. In each inspection the TSBP inspector showed up unannounced. All pharmacies passed inspection with no violations.

Texas Immunization Coverage Rates Increase

Health Service Region 8 staff continued working to improve vaccination rates and reach the Healthy People 2020 goal of 90% coverage rates. Region 8 is helping to reach this goal by collaborating with community partners to provide education to medical providers and the public; by promoting the medical home; and by promoting the statewide immunization registry, ImmTrac.



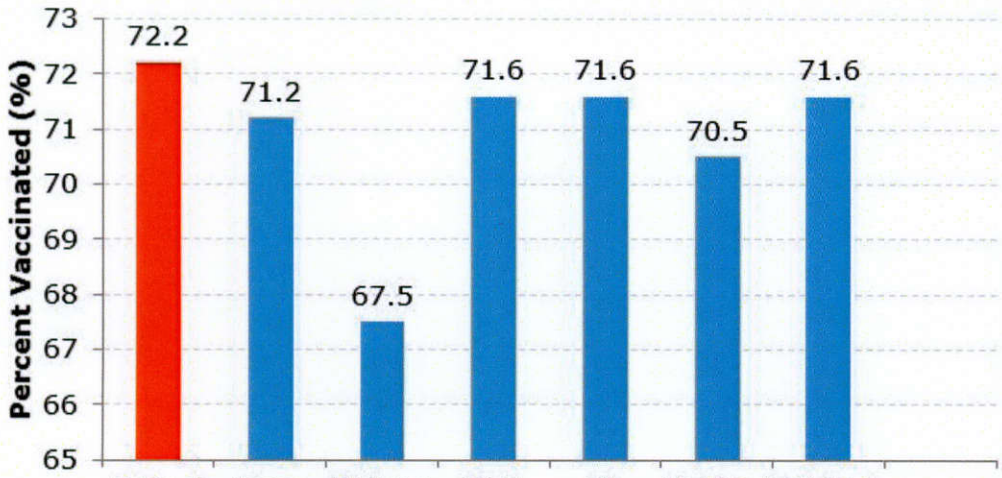
Each year the Centers for Disease Control and Prevention assess the immunization coverage levels among pre-school children 19 to 35 months old through the National Immunization Survey (NIS). This national survey is conducted annually to measure the many vaccines that are recommended for children (see Figure 1).

The recommended vaccines for children are included in the 4:3:1:3:3:1:4 series and consists of the following vaccines:

- 4 doses of diphtheria-tetanus-pertussis (DTaP)
- 3 doses of polio
- 1 dose of measles-mumps-rubella (MMR)
- 3 or 4 doses of Hib depending on the product
- 3 doses of hepatitis B
- 1 dose of varicella
- 4 doses of pneumococcal conjugate vaccine (PCV)

The 2015 National Immunization Survey (NIS) reported an increase in the immunization coverage rates of children in Texas. In 2015, the coverage rate for Texas for the 4:3:1:3:3:1:4 series had a statistically significant increase from 64% in 2014 to 71.2% in 2015. Texas is still slightly below the national average of 72.2.

Figure 1: 4:3:1:3:3:1:4 Series Among Children 19-35 Months of Age, US and Texas - NIS, 2015



Specialized Health and Social Services Programs

Specialized Health and Social Services (SHSS) provides case management for children with special health care needs as well as provider liaison services in all 28 counties across Region 8. These services are not provided by any local health departments, yet impact some of our most vulnerable Texas residents—children and adults with Cystic Fibrosis, children who qualify for Medicaid, and children with special health care needs. Many of these children have chronic conditions that range from Attention Deficit Hyperactivity Disorder and asthma to untreatable cancers, debilitating genetic disorders, and traumatic injuries resulting from events like trauma due to shaking, drowning, and a variety of unintentional injuries; the rest are Medicaid recipients who are at risk of greater health care challenges that programs strive to prevent.

In 2016, Region 8 case managers served 1,925 clients for personal attendant and habilitation services. The majority of clients received approval for 40 hours or fewer of personal care services (PCS) per week; 265 clients received over 40 hours weekly (this is a 25% increase from 2015).

The Children with Special Health Care Needs (CSHCN) program, is a last resort health payer for children with very special health care needs and limited income. In 2016, we saw all clients from the CSHCN program waitlist pulled to the active list. Region 8 has 239 children, and adults with Cystic Fibrosis on the active list. Staff and contract staff also provide case management for waitlisted clients; Region 8 staff provided 1,089 clients with case management services.

Texas Health Steps staff provide technical assistance to pediatric Medicaid medical and dental providers and visit each one at least once per year. Our staff continue to outreach and provide technical assistance to increase and retain the number of providers for all of these services. This year the federal government required the re-enrollment of all Medicaid medical and dental providers. Our staff provided referral services for providers who needed assistance or were slow to re-enroll.

Many of our clients have multiple healthcare providers, medicines, treatments, and equipment. They must tell their stories and health histories repeatedly. This year our staff created and distributed 500 care notebooks to keep related documents in one place in order to make tracking and telling their stories more manageable. The notebooks included emergency plans, too. Additionally, our regional staff sponsored families for Thanksgiving meals and December holiday gifts for clients and their siblings across the region.

The most significant change for our Medicaid clients was the transition to STAR Kids in November 2016. STAR Kids provides the same services through managed care organizations (MCO's); five service areas cover Region 8 and offer 6 different MCO's for clients. With fewer clients to assess for personal care services, our staff will continue case management and focus on outreach, provider recruitment and retention, and professional development in the region.

SHSS Programs:

Children with Special Health Care Needs (CSHCN)

Case Management for Children and Pregnant Women (CPW)

Texas Health Steps

Newborn Screening

Community First Choice

Assessments for Personal Care Services (PCS)

Case Management to Children receiving SSI

Blue Bike Project - Bandera, TX

A Bandera County gym owner first shared his idea of the Blue Bike Project with Bandera County Commissioners in 2014. He had 24 bikes that were donated by local community members, painted blue, and placed around Bandera County to spark curiosity and start the conversation about a healthier and more active lifestyle. At the request of one of the Bandera County Commissioners, Bridget Wahler, RN with Region 8, made contact with the gym owner, to offer assistance in this endeavor. The Arthur Nagel clinic and the Wesley Nurse from Methodist Healthcare Ministries were invited to join in planning a community wide challenge. When the project design was completed, the Commissioners' Court and the City Council both signed proclamations in its support.

The Blue Bike Challenge is a 75 day challenge to commit to be fit: to get up, get out and get active. It ran from September through November. The challenge was for individuals to be active daily for a minimum of 24 minutes and for them to log the activity, the total time spent and how well they enjoyed the activity. In December the three males and three females who had the most activity won trophies. The challenge also included a pre- and post-survey to compare activity levels and gather participant feedback. The 2016 challenge had 51 participants who competed. The twelve participants who completed the activity log exercised for a total of 53,531 minutes.

Plans are underway for a yearly challenge. We would like to increase the number of participants, to engage more community groups (school districts, Boys and Girls Clubs and others), and to improve the challenge based on community feedback. Also in the works are a web page and promotion of the project on social media or through a phone app.

Preparedness & Response Leads State-wide Inventory Management System Roll Out

In 2013 the Region 8 Preparedness and Response program began the process of purchasing an inventory management system to help track, deploy, maintain and demobilize our extensive response vehicles and equipment. While we intended to purchase this software for Region 8, other Regions and Austin decided this would benefit them as well. What we intended to be a Region 8 venture, became a statewide project that now includes all of the Health Service Regions plus Austin.

Asset Inventory Management (AIM) is a sophisticated web-based asset management software system that can be accessed from any web browser. Smartphones and tablet devices can be used to audit assets and manage inventory. Users of the Asset Inventory Management (AIM) software can document and track the use of their preparedness and response assets, customize screens, and design reports to meet their needs. Users can also customize workflows to streamline the routine processes.

In August of 2016 the Asset Inventory Management (AIM) project was finally approved and Region 8 Preparedness and Response team was asked to lead the statewide implementation. In September the implementation workgroup, with representatives from every region and Austin, was formed and has met regularly to customize the software to meet our needs. All of that hard work and many long hours has culminated with the system officially coming online in January 2017.

Region 8's responsibility will now be to provide additional training and on-boarding services to regional Preparedness and Response programs throughout the State and to deploy Asset Inventory Management (AIMS) Kits to the other seven Regions.

Mass Gatherings and Temporary Food Vendors

Region 8 is home to many community festivals, concerts and events. These often include food vendors from local non-profit organizations or churches, and professional food vendors who travel to different events over the course of the year.

The **Mass Gathering Act** under Health and Safety Code 751 defines the mass gathering as an event held outside the limits of a municipality. It may attract more than 2,500 persons or more than 500 persons, if 51% of more of them are reasonably expected to be younger than 21 years of age and alcoholic beverages will be sold. The Act also says mass gatherings are events where people will remain more than five continuous hours or for any amount of time between 10 p.m. and 4 a.m. The Mass Gathering Act also defines the permit requirement, application process and inspection process. County judges are responsible for permitting these events. If the event will be held in an area where the local health authority is the Region 8 Medical Director, Dr. Lillian Ringsdorf, she is available to review the application with consultation from Region 8 sanitarians and staff from the Department of State Health Services Emergency Medical Services program. In addition, Region 8 sanitarians will inspect the event to ensure that there are adequate toilet and hand washing facilities, that trash is disposed of properly, and to inspect permitted food vendors.

A **temporary food establishment** is a food establishment that operates for a period of no more than fourteen consecutive days in conjunction with a single event or celebration. An application for a temporary food establishment permit must be received by the Texas Department of State Health Services at least 30 days before the event. There are two types of permits: single event and multiple event. The multiple event permit is valid for one food both at multiple events for two years. The Texas Food Establishment Rules Section 228.222 outline the requirements of the temporary food establishment. Compliance requirements consist of food preparation, equipment, personal hygiene, water, toilet facilities, waste disposal and booth construction.

Region 8 sanitarians are available to work with local jurisdictions where we have regulatory authority to ensure that temporary food establishments are aware of the requirements established by the Texas Food Establishment Rules. Please contact the sanitarian assigned to your county if you would like his or her help in preparing for a temporary food event or mass gathering.

Texas Restaurants Required to Provide Inspection Results to Customers

The current Texas Food Establishment Rules (TFER) require that retail food establishments notify their customers that the most recent inspection report is available on request. They can post a sign or use another approved method to provide customers with this information. Restaurants may also post a copy of the inspection report for customers to see.

When conducting routine or compliance inspections, Region 8 sanitarians will be providing restaurant owners and managers with clear plastic sheet protectors they can use to post the inspection report. Our sanitarians will recommend that the inspection be posted next to the restaurant's permit. You may visit the DSHS food establishment web site for more information at http://www.dshs.texas.gov/foodestablishments/.

In 2016, Region 8 added two new sanitarians to our roster. Because of these additions, the county assignments have changed. Below is the current list of sanitarians and the counties they cover. If you have questions, please contact the sanitarian assigned to your county.

DSHS Registered Sanitarian County Assignments for 2017

Sanitarian	Telephone	Email	County Assignments
Genevieve Guerrero, RS	210-949-2181	Genevieve.guerrero@dshs.texas.gov	Dimmit, Frio, La Salle, Medina
Carlos Mora, RS	210-949-2134	Jeancarlos.moracolon@dshs.texas.gov	Bandera, Comal*, Kerr*, Real
Maricela Zamarripa, RS	830-591-4389	Maricela.zamarripa@dshs.texas.gov	Edwards, Kinney, Maverick*, Uvalde (city), Zavala
Janie Wetsel-McGuire, RS	210-949-2137	Janie.mcguire@dshs.texas.gov	Atascosa*, Goliad, Gonzales, Guadalupe, Karnes, Lavaca

*Local inspectors conduct inspections in one or more municipality in the County.

Region 8 counties not included in the above table have local inspectors who conduct all food establishment inspections.

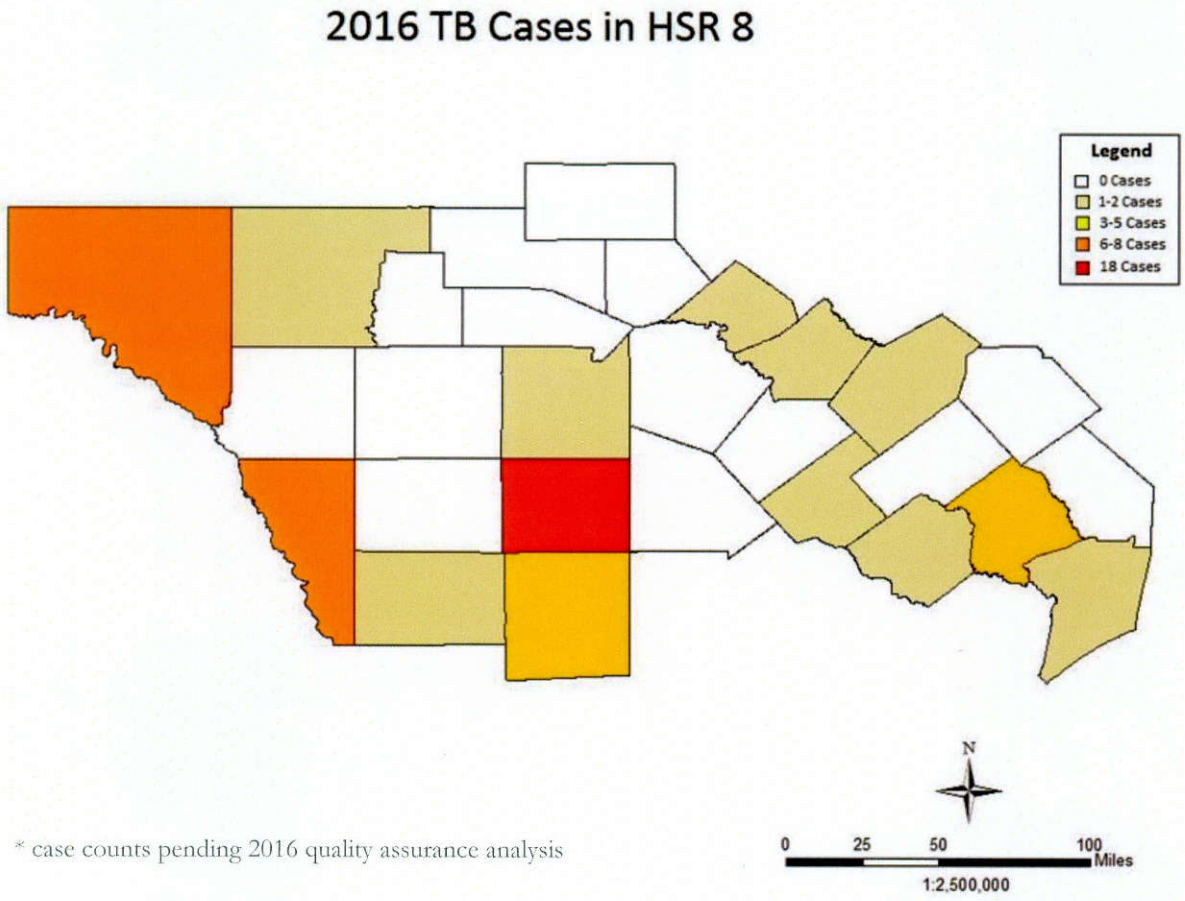
Region 8 Tuberculosis (TB) Program

Fifty cases of tuberculosis were reported in 2016 in the 27 counties where Region 8 provides TB treatment, up from 46 cases in 2015. The geographic distribution of cases across the region is listed in Table 1. Frio County continues to have the highest number of cases at 18, or 36% of the total cases in Region 8. All 18 cases reported from Frio County in 2016 were reported from the federal detention facilities located there. Figure 1 shows the distribution of cases in the region.

Most patients in Region 8 who are diagnosed with TB are male (74%), white (86%), Hispanic (82%), and are born outside of the US (64%). The large majority of patients are diagnosed with TB in the lungs (96%). Two patients were diagnosed with TB of the eye.

There is concern across the world about the spread of TB that is resistant to antibiotics (called drug-resistant TB). However, in Region 8 the vast majority of patients who are diagnosed with TB can be treated successfully with the four main TB drugs (96%). In 2016, two patients in Region 8 could not be treated with one of the four main TB drugs. They were successfully treated with additional medicines without complications.

Figure 1. Map showing geographic distribution of counted cases of TB, Region 8, 2016*

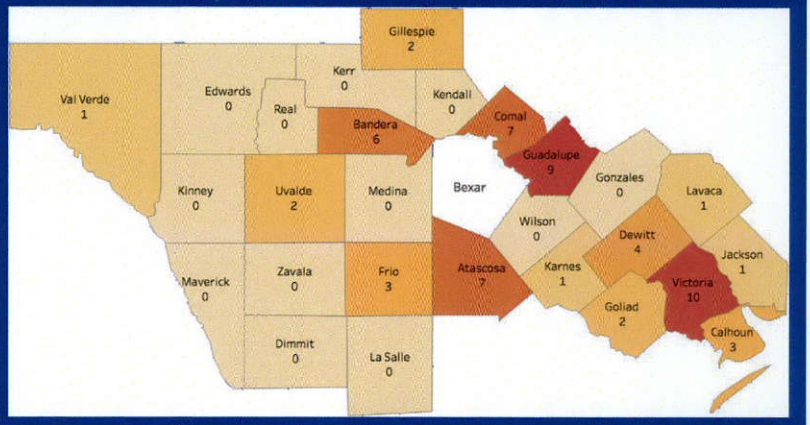


* case counts pending 2016 quality assurance analysis

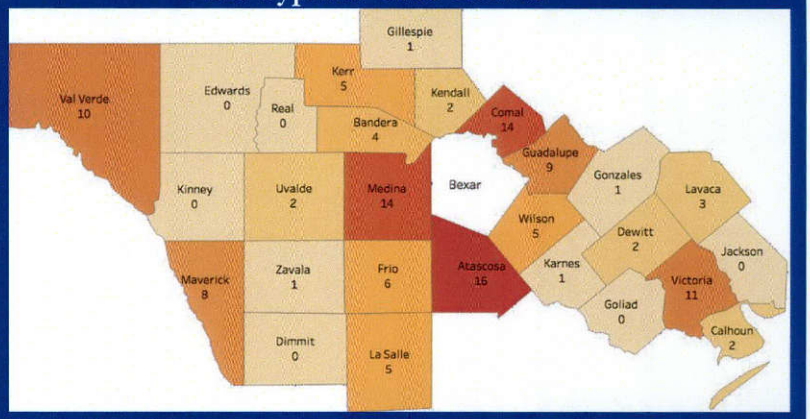
Region 8 HIV/STD 2016 Program Summary

The HIV/STD Program follows up on all new HIV, AIDS, syphilis, gonorrhea, and chlamydia cases reported in Region 8. Follow up includes providing adequate testing, treatment, partner follow up, and referrals to link newly diagnosed HIV and AIDS patients to appropriate medical care. Additionally, the program has worked on extending HIV and STD training for providers and other staff across Region 8.

2015 Newly diagnosed HIV/AIDS Case Counts

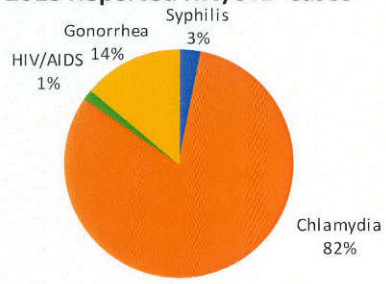


2015 Syphilis Case Counts



Data for Bexar County not shown

2015 Reported HIV/STD Cases



Case counts for Bexar County not shown

Conditions	Case Counts[1,2]	Incidence[1,2]
HIV	32	3.4
AIDS	27	2.8
Syphilis	122	12.9
Chlamydia	3188	336.4
Gonorrhea	542	57.2

[1]Data does not include information from Bexar County

[2]Most current data available for HIV/STD is from 2015

Epidemiology

In 2016, the Region 8 epidemiology team investigated over 2,238 reports of notifiable conditions. The vast majority of investigations were of enteric diseases (70.2%). Enteric diseases can be transmitted by eating or drinking contaminated food or water, through exposure to infected vomit or feces or through direct or indirect contact with people, animals or contaminated objects. To prevent these types of illnesses, remember to wash your hands after:

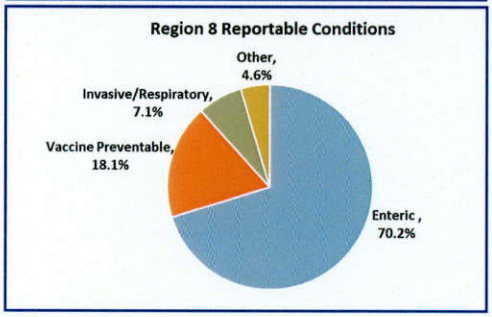
- Handling raw meat and poultry
- Touching animals
- Handling pet food
- Using the toilet

Vaccine preventable conditions and invasive/respiratory conditions ranked second and third respectively in the number of cases reported. There have been a number of outbreaks associated with vaccine preventable conditions in Texas (outside of Region 8). It is important to remember to keep up to date with immunizations to reduce the possibility of becoming infected or reducing the severity of symptoms caused by vaccine preventable conditions.

SAFETY TIPS

Wash hands often after:

- Handling raw meat
- Touching animals
- Handling pet food
- Using the toilet



Condition	2016 Case Count[1,3]	Incidence[2,3]
Campylobacteriosis	348	35.9
Salmonellosis	295	30.5
Shigellosis	230	23.8
Varicella (Chickenpox)	155	16.0
Streptooccus pneumoniae, invasive disease (IPD)	53	5.5
Pertussis	18	1.9
Streptococcus, invasive Group B	54	5.6
Streptococcus, invasive Group A	39	4.0
Legionellosis	3	0.3

[1]Case counts pending 2016 quality assurance analysis

[2]Incidence per 100,000 population, based on estimated 2015 population

[3]Data does not include Bexar County

To report a notifiable condition, call the Region 8 24/7 Reporting Line at 210-949-2121.

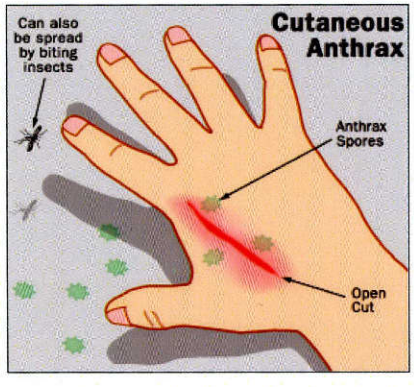
Anthrax in Region 8

Anthrax is a serious infectious disease caused by bacteria known as *Bacillus anthracis*. Although it is rare, one of the ways people can get sick with anthrax is if they come in contact with infected animals or contaminated animal products. During the past five years, cases of anthrax in animals have been identified in parts of Region 8 including Edwards, Kinney, Uvalde and Val Verde Counties. Most cases start with a landowner unexpectedly finding groups of dead white-tailed deer on their property. Being environmentally resistant, *B. anthracis* spores can lie dormant in the soil for years. Grazing animals are thought to most often acquire the infectious spores while eating grasses and other plants close to the soil. Humans can become exposed to anthrax by direct contact with contaminated tissues, body fluids, hair, or wool from infected animals or carcasses. The most common form of disease to result from exposure to animal carcasses is cutaneous anthrax. Cutaneous anthrax can develop when anthrax spores get into the skin, usually through a cut or scrape. It usually appears on the head, neck, forearms and hands. It is the most common and least dangerous form of anthrax. Almost all patients with cutaneous anthrax are treated successfully.

Recommended Preventive/Protective Measures

- Monitor the property regularly for dead animals. Promptly report unexpected deaths or animal die offs to a veterinarian.
- Do not attempt to necropsy dead animals in which anthrax is suspected. A diagnosis can be made from a blood sample collected and submitted by a licensed veterinarian.
- Keep pets and children away from dead animals.
- Avoid direct contact with animal bones, horns or shed antlers
- Wear long sleeved garments and gloves when handling potentially exposed livestock or animal carcasses.
- Employ sanitary practices such as hand washing with soap and water and laundering clothes immediately after animal exposure.
- Vaccinate grazing livestock to prevent additional cases and losses. The vaccine is available from feed stores, through veterinarians and livestock supply representatives.
- Move healthy animals off contaminated pastures during an outbreak.
- Use DEET based insect repellents when biting flies are present
- If you think you have been exposed to anthrax, go to your doctor right away and explain why you think you may have been exposed. Getting prompt medical care gives you the best chances for a full recovery.

Texas Animal Health Commission regulations require that dead animals resulting from an outbreak along with their bedding and manure are incinerated to prevent filth associated fly proliferation and additional soil contamination. A waiver of the incineration requirement may be requested when drought conditions prohibit this from being done safely. Pouring lye (NaOH) on the carcasses is not recommended because the lye enhances anthrax spore survival.



Rabies in Region 8

Within Region 8 a total of 101 cases of rabies were confirmed in animals in 2016 (*Figure 1*). Results were inconclusive for another 38 samples submitted because the sample was not testable. Most of the confirmed cases were in skunks and bats but there were also cases in other wildlife and domestic animal cases (spillover cases). Spillover cases occur when a rabies strain adapted to a given host species infects another species. This year, we have seen several spillover cases of South Central Skunk rabies that involved other wildlife and domestic animals including dogs, cats, foxes and even horses. The infection of domestic animals with any strain of rabies virus poses a serious risk to public health and safety because it increases the chances of human exposure. In at least two recent instances, domestic animals that were infected with skunk rabies exposed multiple people to the deadly virus.

What can you do? The best protection is vaccination of domestic animals. To protect livestock, vaccinate on the same schedule recommended for dogs and cats using a vaccine product approved for those species. Texas state law requires rabies vaccinations to be administered only by or under the direct supervision of a licensed veterinarian.

Feral colonies of cats also pose a real problem because they are often fed by humans but remain unseen for most of the day, during which they may interact with rabies infected wildlife. Cats and skunks can and sometimes will use the same food and water sources. Feral cats can also be extremely difficult to catch to vaccinate, bite readily, and can be extremely dangerous to handle.

What can you do? Vaccinating or eliminating peridomestic feral cat colonies can help to control rabies in or around your property. Eliminating outside pet food bowls and edible trash around your home or property will help deter both feral cats and skunks from colonizing your property. Children should be warned about the potential danger and trained not to touch or pick-up any wild animals or feral cats or kittens.

Figure 1: Lab-confirmed positive cases in 2016 for HSR 8

Type of Animal	Count
Bats	52
Skunks	28
Raccoons	12
Foxes	3
Dog	1
Cats	3
Bovines	2
Total Lab-confirmed positives	**101**

Helpful Phone Numbers

Program	Contact Name	Phone	E-mail Address
Notifiable Conditions	**On-call staff**	**(210) 949-2121**	**Call to report notifiable conditions**
Border Health	Rosy de los Santos	(830) 758-4241	Rosy.delossantos@dshs.texas.gov
Communicable Disease	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Epidemiology	Miguel Cervantes, MPH	(210) 949-2075	Miguel.Cervantes@dshs.texas.gov
Family & Community Health	Theresa Kostelnik, RN	(361) 798-9639	Theresa.Kostelnik@dshs.texas.gov
Food Establishments Group & Public Health Sanitation	Maricela Zamarripa, RS	(830) 591-4389	Maricela.Zamarripa@dshs.texas.gov
HIV/STD Program	Ana Anguiano	(210) 949-2152	Ana.Anguiano@dshs.texas.gov
Immunizations	Laurie Henefey	(830) 591-4386	Laurie.Henefey@dshs.texas.gov
Oral Health Program	Matthew Williams, DMD	(210) 949-2124	Matthew.Williams@dshs.texas.gov
Preparedness & Response	Sammy Sikes	(210) 949-2051	Sammy.Sikes@dshs.texas.gov
Specialized Health & Social Work Services	Katherine Velasquez, RN, PhD	(210) 949-2157	Katherine.Velasquez@dshs.texas.gov
Texas Health Steps	Velma Stille	(210) 949-2159	Velma.Stille@dshs.texas.gov
Tobacco Prevention & Control	Rick Meza	(210) 949-2125	Rick.Meza@dshs.texas.gov
Tuberculosis (TB) Control Program	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.texas.gov
Zoonosis Control	Edward Wozniak, DVM,	(830) 591-4382	Edward.Wozniak@dshs.texas.gov

Lillian Ringsdorf, MD, MPH
Regional Medical Director
(210) 949-2001

Health Service Region 8
7430 Louis Pasteur Dr.
San Antonio, TX 78229
Phone: (210) 949-2000
Fax: (210) 949-2015
www.dshs.texas.gov/region8

Gale Morrow, MPH, MCHES
Deputy Regional Director
(210) 949-2002