

# 2017 Annual Report

Texas Department of State Health Services

### **Public Health Region 8**

### Message from Regional Medical Director

Public Health Region 8 (PHR 8), a part of the Texas Department of State Health Services, is committed to serving the people and communities in our jurisdiction. We work daily to promote healthy behaviors and to protect residents from health threats. I'm proud of our work and the dedication of our staff.

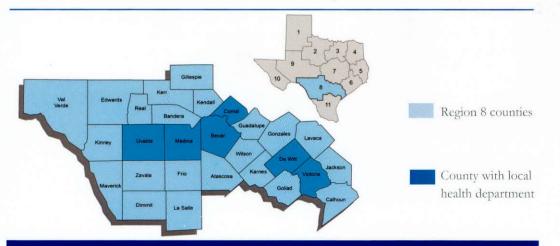
PHR 8 provides a variety of services and depends on public health professionals with many different areas of expertise. However, we are also a team and everyone is ready to help out when needed. Our Preparedness and Response Team plans for disasters and public health emergencies and trains staff so we can respond as a team.

This past year communities within our region faced Hurricane Harvey and its aftermath. PHR 8 responded before, during, and after the storm to help affected residents, healthcare facilities, shelters, and businesses. You can read more about our hurricane response efforts inside.

The following articles show the range of programs and services we provide. I hope this report gives you a glimpse of the commitment of PHR 8 staff to the health and well-being of everyone in our region.

### **Public Health By the Numbers**

- 2 large tuberculosis contact identifications (Frio & Medina counties)
- 20 animal control officers trained
- 32 binational and 46 regional tuberculosis cases identified and treated
- 35 animal guarantine facilities inspected
- 55 animals tested positive for rabies
- 106 youth camps inspected
- 118 pregnant women educated in Maverick county about the risks of Zika
- 137 patients received rabies post exposure vaccine and rabies immune globulin
- 206 children, and adults with cystic fibrosis received services from the Children with Special Health Care Needs Program
- 218 school cafeterias inspected
- 678 food establishments inspected
- 850 clients received case management services
- 1,022 limited oral evaluations, and 1,214 fluoride varnish treatments given to low-income children
- 1,409 notifiable communicable diseases investigated
- 6,117 individuals tested for tuberculosis infection through the 1115 Waiver Project





Lillian Ringsdorf, MD, MPH

#### In This Report

- Hurricane Harvey
- Zika Outreach
- Tuberculosis in Detention Facilities
- Adult Participation in ImmTrac2
- Car Seat Education
- Potential Dangers of Dietary Supplements
- Kids' Health Party
- Specialized Health & Social Services
- Epidemiology
- HIV/STD Summary
- Our Program & Services
- Helpful Phone Numbers

#### Mission

To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

### **Hurricane Harvey Response**

Before August 2017, Harvey was just another guy's name. On August 24, however, Harvey became a category 1 hurricane in the Gulf of Mexico. Then Harvey rapidly strengthened, ultimately becoming a Category 4 storm. On August 26, the hurricane made landfall at peak intensity on San Jose Island, just east of Rockport, with winds of 130 mph. It made a second landfall on the Texas mainland three hours later.





Region 8 staff serving as RMOC liaisons

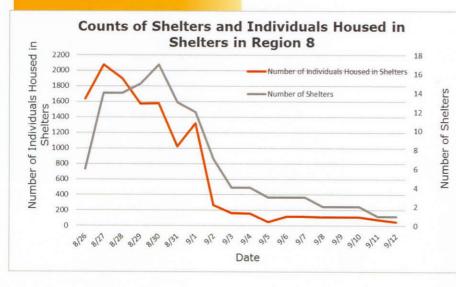


Staff established RHMOC at Region 8 headquarters

Region 8 staff responded in force. We established the Regional Health and Medical Operations Center (RHMOC) at our headquarters office to monitor shelter activities throughout the region. Staff also reported to the Regional Medical Operations Center (RMOC) and Disaster District Committee 18B (DDC), located at the San Antonio/Bexar County Emergency Operations Center (EOC). The EOC operated around the clock for several days. Staff from all our programs answered the call to support these activities.

Preparedness and Response staff acted early, pre-staging the Victoria DDC 17 and the EOC before the full force of the hurricane impacted the coast. These individuals worked with local emergency officials to support the response in the Golden Crescent area. Serious flooding in Victoria meant they had to sleep at the EOC where power and water were not available during part of the storm. Food was also in short supply as they were not able to bring in additional supplies. Preparedness and Response staff stayed in Victoria into the post-impact period.

An active partnership between Region 8, San Antonio Metropolitan Health District, Comal County Health Department, and Victoria County Health Department allowed us to closely monitor 29 shelters in 17 counties within the region. Epidemiologists contacted or visited shelters



within our jurisdiction every day after the hurricane hit to obtain a daily census, investigate reported communicable illnesses, and to identify public health needs at the shelter. Of the 29 shelters, 22 were active and 7 remained on standby throughout the response. Up to 2,074 evacuees were housed in active shelters at the peak of the response. The Epidemiology Program also monitored 2 locations in Region 8 that accepted approximately 209 evacuees with RVs, campers, or tents. An additional 2 locations provided meals but did not provide housing for evacuees.

These numbers are based on reports provided by shelters contacted by public health staff.

### Hurricane Harvey Response (cont.)

Some Harvey evacuees fled their homes so quickly they left behind important items like hearing aids or walkers. Region 8 social workers worked in each shelter every day to help individuals replace items left behind, provide needed social services and, eventually, help evacuees return home or find housing in another location.

Region 8 called on our sanitarians to provide public health sanitation advice during and after the storm. They provided guidance documents regarding temporary potable water tanks, instructions for restaurants in communities on a boil water notice, and information about how to reopen a restaurant after a boil order is lifted. The sanitarians are responsible for inspecting shelters housing evacuees to see that they meet at least the minimum standards necessary to protect the public health. These inspections are especially important as they help to prevent disease outbreaks from occurring within the shelter area. During the inspection, sanitarians look at floors, walls and ceiling construction, and take into consideration repair needs and cleanliness. They also look closely at first aid and medical



needs, water supply, sewage disposal, bathing and laundry facilities, food service, solid waste handling, and insect/rodent control.

Harvey's heavy rains created large areas of standing water where mosquitos laid eggs producing a bumper crop of mosquitos. Most were nuisance mosquitos that do not cause disease, but they made it difficult for area residents to work on recovery operations outdoors. As a result, Region 8 staff worked with county governments to determine which counties wanted aerial spraying. The spraying was done by Clarke, Texas' environmental services contractor. The crews worked from dusk to dawn dispersing insecticide in ultra-low volume droplets just the right size to kill mosquitos. The droplets were calibrated to float in the air for a period of time and kill adult mosquitos on contact while limiting exposure to other animals and people. Once any droplets settled to the ground, they quickly broke down on surfaces, in water, and in sunlight. They did not pose a health risk to people, pets or the environment in the area. In Region 8, Lavaca, Calhoun, Jackson, Gonzales and DeWitt counties opted for the spraying.

The rest of our regional staff dedicated themselves to maintaining normal operations. Region 8 persevered together through the emergency to ensure our public health mission continued. In the aftermath of the storm, Region 8 assisted the Health and Human Services Commission (HHSC) in setting up a Disaster Supplemental Nutrition Assistance Program (SNAP also known as food stamps) site in Calhoun County. Region 8 staff delivered and set up large air-conditioned tents. HHSC staff used the tents as offices to process 3300 applications for food benefits that helped people who were affected by the storm.



Region 8 provides tents for Disaster SNAP program

### Zika Outreach Efforts in Public Health Region 8

Zika education in Region 8 was a significant initiative during 2017, a coordinated effort of multiple programs. Our goal was to provide education to prevent Zika infection in the region. The target population included:

- · Health care providers and medical professionals
- Nonprofit and faith-based organizations
- City officials, and county judges and commissioners
- County health representatives
- School and college administrators
- Emergency responders
- Community members

Key project strategies included providing information regarding Zika transmission in target populations, the prevention and control of mosquitos, steps to prevent Zika infection during pregnancy, case definitions, and surveillance and testing recommendations. Specific activities included:

- Educating health care providers and hospitals regarding patients traveling to and from areas with
  active transmission of Zika such as counties in the Lower Rio Grande Valley and travel outside of the
  United States
- Teaching stakeholders about Zika transmission, including mosquito bites, during pregnancy or at delivery from mother-to-child, blood transfusion and sexual contact
- Training area residents about how to control mosquitos in and around their homes
- Speaking to county judges and commissioners on mosquito control and prevention
- Designing and distributing over 4,000 materials for use by providers and community health workers (CHWs). The materials included educational posters (like the one below), magnets, flipbooks, English/Spanish coloring books, and Zika information packets
- Providing health care provider offices and hospitals with handouts and information on the enhanced Zika surveillance in Kinney, Maverick and Val Verde counties following a health alert on August 24, 2017 recommending routine Zika virus testing for symptomatic pregnant women in those counties
- Sending case management referrals for the Zika Pilot program to Region 8 social workers, who
  provided families with Zika education, case management, and referrals to Texas Parent 2 Parent
  where needed



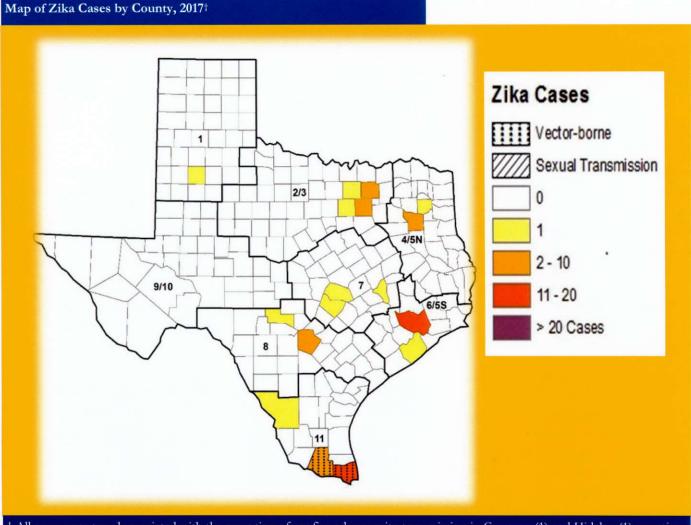
Design of Educational Poster Developed by PHR8 Communicable Disease Branch

### Zika Outreach Efforts (cont.)

Over 380 stakeholders received training and education throughout the region:

- Training 58 CHWs in Uvalde, Del Rio, Eagle Pass & New Braunfels
- Participating in health loterias (bingo parties) in Del Rio to discuss Zika as part of Border Binational Health Month
- Educating 65 clinical providers at United Medical Centers in Maverick, Val Verde, Comal and Uvalde counties
- Teaching service providers (clinical and non-clinical) about Zika in Del Rio
- Holding education sessions at the Kickapoo Traditional Tribe of Texas reservation and for community residents and leaders in Goliad County
- Educating 118 pregnant women in Maverick County as part of the Zika Border Health Initiative

In 2017, a total of 48 cases of Zika disease were reported in Texas. Region 8 had one Zika case in Kerr County and four in Bexar County, all travel-associated. Below is a map of Texas Zika cases by county (See below). For more information on Zika Virus, visit <u>http://www.texaszika.org/</u>. Zika continues to be a disease of public health significance in Texas.

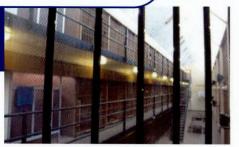


† All cases were travel associated with the exception of confirmed mosquito transmission in Cameron (1) and Hidalgo (1) counties. Source: <u>http://dshs.texas.gov/news/updates.shtm#Zika</u>

## TUBERCULOSIS (TB)

### What Happens When TB Is Found In Detention Facilities?

In addition to treating patients who are diagnosed with tuberculosis (TB) disease, Region 8 staff also determine if the patient is infectious, meaning he or she can spread TB disease to other people. Region 8 staff talk to the patient to determine who he or she has spent enough time with to potentially



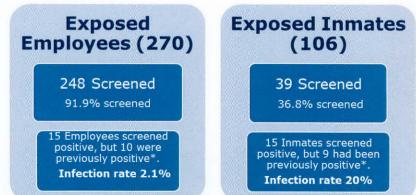
expose to TB. This is called contact identification. While many of these contact identifications are limited to household members, close friends, and co-workers, there are times when TB exposure occurs in large, high profile settings, such as a detention facility. These contact identifications require intense data collection, planning, and screening of many people.

In March 2017, three inmates were diagnosed with TB disease while detained at the South Texas Detention Center. Contact identification was complicated by the fact that these three patients had been housed at multiple detention facilities: South Texas Detention Center, Rio Grande Detention Center, Val Verde Correctional Facility, and Karnes County Correctional Center.

Each of these three patients was initially evaluated for TB as part of testing done upon intake into the detention system. Because persons in congregate settings and those from countries where TB is common are at a higher risk for TB they are screened more frequently. These patients met those high risk criteria and, upon testing, the patients had abnormal chest x-rays. Specimens collected from the lung secretions of the patients were also positive for TB. All three patients had previously documented negative tuberculin skin tests (TST) performed by correctional facility medical staff upon entry into the detention system. These false negative TSTs were an unusual finding that complicated the identification of TB. Region 8 staff provided medical consultations to facility physicians so that patients diagnosed with TB disease could receive proper treatment.

In order to identify TB exposures, the detention facilities evaluated staffing and inmate lists for the days that the three diagnosed patients were in custody. South Texas Detention Center asked Region 8 to screen their employees who had been exposed. Employees identified as having exposure to TB at the other facilities involved were screened by their employee health services. Employee screenings were the most successful when organized as a mass screening event, where all employees were given appointments during a one or two-day period at the place of employment. Most inmates who were identified as having exposure were deported before screening could be conducted. This is the reason for the low percentage of inmates screened successfully. Had these inmates not been deported they would have been screened at the facility where they were housed, and treated if necessary. Throughout the contact identification, Region 8 staff compiled and tracked the results of the screenings at all facilities and notified facilities when additional screenings were due.

This contact identification was successful due to the extensive efforts of the Region 8 TB team, the staff at South Texas Detention Center, staff at Rio Grande Detention Center in partnership with DSHS Region 11, staff at Karnes County Correctional Center, and staff at Val Verde Correctional Facility. For further information, please contact Magdalena Trujillo at (210) 949-2194.



\*Previously positive persons are excluded from infection rate calculations due to the fact that their positive test is not a result of the recent exposure -

### **Increasing Adult Participation in ImmTrac2**

ImmTrac2, the Texas Immunization Registry, is a nocost service that consolidates and stores vaccine records from a variety of sources, including health care providers, pharmacies, public health clinics and health insurance providers.

In 2012, ImmTrac2 became a lifetime registry, storing records for both children and adults. This change to a lifetime registry is a great help to keeping up with important vaccination records. The challenge is keeping children already in ImmTrac2 as adult records when they turn 18. An ImmTrac2 Adult Consent Form must be signed by anyone wanting to maintain their record in ImmTrac2 once they turn 18.

To meet this challenge and increase the adult participation in ImmTrac2 Region 8 staff have partnered with public and private school districts to educate students and obtain adult consent for ImmTrac2. Working with school nurses, regional staff provide educational materials and Adult Consent Forms for 18-year-old students to sign to maintain their immunization record in ImmTrac2, as well as school district employees who want to participate. This partnership with the school nurses also allows us to promote ImmTrac2 and provide consent forms at school health advisory meetings, health fairs, college preparatory meetings, and vaccination clinics.

Through these connections and partnerships, Region 8 has helped over 400 18-year-olds enroll in ImmTrac2 as well as school employees and students' families. Region 8 Immunizations will continue to expand on this partnership to ensure that immunization records are maintained in ImmTrac2 for a lifetime.

> *ImmTrac2 isn't just for kids*



What is ImmTrac2? ImmTrac2 is for both children and adults. It makes it easy to keep track of your and your family's immunization records.

Why should I enroll? It is important to keep record of your immunization history for school, military enlistment, college entrance, travel and employment in health and safety fields.

How can it help in an emergency? Most recently we saw the importance during and after a natural disaster where flooding or other weather events destroyed immunization records.

How do I enroll? For assistance in enrolling please contact Jessica Everett at 210-949-2021. ImmTrac2 consent forms are available at: https://www.dshs.texas.gov/immunize/immtrac/ forms.shtm



### Car Seat Education and Distribution Program for Border Residents

Injury prevention is a public health priority for Region 8. To reduce the number of injuries and deaths of children who are not properly restrained in vehicles, Region 8's twelve (12) Certified Child Passenger Safety Technicians (CPSTs) provide car seat education and conduct car seat inspections. DSHS Office of Border Public Health (OBPH) and Community Health Improvement (CHI) staff in Maverick and Val Verde counties have partnered with the DSHS Safe Riders Program, the Eagle Pass Police Department, United



Page 8

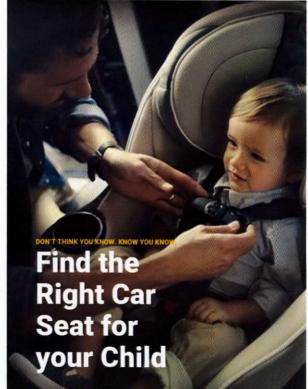
Medical Centers, and the Mexican Consulate Offices in Del Rio and Eagle Pass to educate border residents on the importance of child passenger safety.

In 2015, the Maverick County Child Fatality Review team investigated a death in which a child from Maverick County died during a motor vehicle crash. The child, who was 7, was not sitting in an appropriate seat for her age or size. As a result, Region 8's Office of Border Public Health (OBPH) became a Car Seat Distribution Center through the DSHS Safe Riders Program in Maverick County. Region 8 opened a distribution program in Val Verde County the following year.

The Car Seat Distribution Centers teach child passenger safety classes for parents and caregivers, which are held twice a month, and participate in other safety events. CPSTs are certified technicians

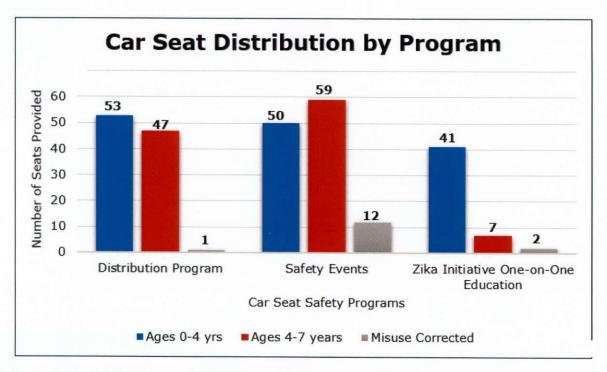
who teach parents how to correctly restrain children in the appropriate seat when traveling in a vehicle. They also inspect car seats to make sure families are using them correctly. Families are referred to the program through the police department, Head Start centers, and other local agencies. Parents who participate in the class or during safety events, learn about how to best secure a car seat for the type of vehicle, the ideal safety seat for their child's age and size, how to properly secure their child in a car seat, safety in and around a vehicle, and common car seat misuse practices.

In addition to safety events and distribution center classes, the OBPH began an initiative in 2017 to provide seats to pregnant women who participated in a Zika Prevention Border Initiative. Expectant mothers who attended a class about Zika prevention and hosted an assessment of their property for mosqu to breeding grounds, were awarded a car seat for their child. The expectant mothers learned through a one-on-one session how to correctly use the new car seat.



### Car Seat Education and Distribution Program for Border Residents (cont.)

The Distribution Centers gave 257 car seats to children in Maverick and Val Verde Counties in 2017. Additionally, CPSTs were able to correct 15 seats that were improperly installed.



The DSHS car seat distribution and education program, as well as car seat safety events are essential in educating parents and care givers about how to correctly install a child safety seat in any vehicle. Region 8 wants to prevent injuries to children by making sure they are correctly restrained in properly fitted car seats. Due to the efforts of DSHS staff, 272 children along the border are riding safer.



Eagle Pass Mexican Consulate's Office, and TX DSHS Staff during a car seat safety event. Pictured from left to right: Officer Henry Cardona, Consul Ismael Navejas, Norma Cardona-Price, Officer Humberto Garza, Sandra Cahvillo, Danny Price, Rosy De Los Santos, Araceli Ramirez, and Aracely Castro.

### **The Potential Dangers of Dietary Supplements**

In 2017, the Region 8 Epidemiology Program investigated the death of an individual caused by invasive salmonella. Salmonella is a bacterial disease that causes headache, abdominal pain, diarrhea and nausea. The individual was taking a foreign dietary supplement made of ground rattlesnake. The supplement was tested and proven to contain salmonella. Snake pills like this can be purchased in the United States via online merchants.

#### **Dietary Supplement Safety**

Dietary supplements can be made of vitamins, minerals, herbs, animal parts, and many other products. Many dietary supplements are manufactured in safe, clean conditions and are correctly labeled but not all may be. Supplements can also interfere with prescription medications and/or cause unwanted side effects. Those who are immunocompromised should be extra cautious when taking supplements.

To safely use dietary supplements, it is important to:

- Talk to your doctor or health care provider before starting any supplement. Follow their recommendations on usage and dose.
- Avoid products with non-English labels.
- Avoid products that claim to be a miracle cure.

If you are a health care provider, ask your patients if they take any dietary supplement.

### The Kid's Health Party in Lavaca County

Texas Department of State Health Services (DSHS), Texas A&M AgriLife Extension, and Hallettsville Pharmacy started the Kids' Health Party 13 years ago to combat the growing epidemic of childhood obesity. Fully funded and developed through community donations and volunteers, the Party takes place in October of every year for all fifth-graders in Lavaca County.

In 2017, 385 fifth-grade students from 11 different schools in Lavaca County attended. Students experienced ten stations of interactive games, activities, and presentations focusing on the importance of a balanced diet, daily physical activity, and proper hand hygiene to stay healthy. Each participant received an event t-shirt, lunch, and a packet of information to take home. The students learned a lot of valuable information and had so much fun.

Presenters for the event included representatives from DSHS, and local businesses and organizations. The learning stations included Five-a-Day Bingo, Milk Mustache, Vegetables, Protein, Great Grains, My Plate and Reading Labels, Hand Washing, Obstacle Course, Kick Boxing, and Proper Stretching.

Through events such as the Kids' Health Party, the communities of Lavaca County empower our youth to make healthier eating choices and adopt physical activity into their everyday lives! Page 10







### **Specialized Health and Social Services (SHSS)**

The Specialized Health and Social Services (SHSS) Program provides medical social services to families, and training and technical assistance to medical and dental providers participating in Medicaid and the Children with Special Health Care Needs (CSHCN) Programs across our 28 counties. These services benefit 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 Shaken-Baby Syndrome, near-drownings, and a variety of unintentional injuries. Other program beneficiaries are Medicaid recipients who are at risk for greater health care problems that our program strives to prevent.

In 2017, Region 8 case managers served 254 clients who receive personal attendant and habilitation services. Habilitation services are those that teach a person to do everyday tasks, such as bathing, eating or dressing, without help. Most clients receive fewer than 40 hours of in-home personal care services (PCS) each week.

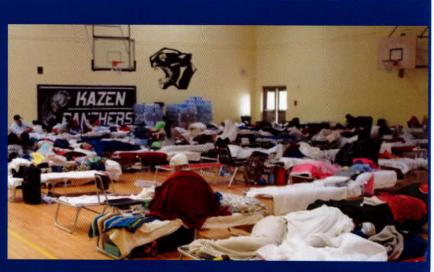


The Children with Special Health Care Needs (CSHCN) program is a last resort payer and health safety net for children with special health care needs and limited income. The program also serves adults with Cystic Fibrosis. Region 8 has 206 children and adults receiving CSHCN services and 120 on the waitlist. In 2017, Region 8 staff also provided 850 clients with case management services. During case management, a social worker assesses the needs of the client and, when appropriate, arranges, coordinates, and advocates for a package of services to meet the client's needs.

**Texas Health Steps** staff provide technical assistance and policy training to medical and dental providers participating in the state Medicaid program in the region. Staff conduct trainings in various locations throughout the region and visit each of the 290 medical and 458 dental provider offices at least once during the year.

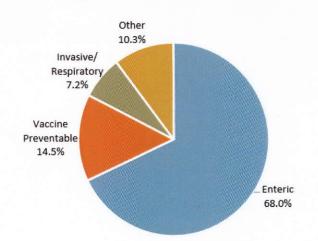
#### **Hurricane Harvey**

Of major significance during 2017 was the work done by our staff in support of the victims of Hurricane Harvey. Social Workers provided crisis intervention services and conducted medical functional needs assessments for evacuees who relocated to San Antonio and other areas within the region as the result of this massive storm and subsequent widespread damage. Staff worked tirelessly to ensure that evacuees secured needed medical care, medications, transportation, and clothing. Ultimately staff assisted clients to relocate to new housing or to return to their homes.



### Epidemiology

In 2017, the Region 8 Epidemiology Program investigated over 1,400 illnesses or conditions reported by health care providers. The majority (68.0%) of the notifiable conditions reported were Enteric enteric conditions. conditions are commonly transmitted by contaminated food or water and usually cause symptoms such as nausea, vomiting, and diarrhea. The best way to protect yourself and your family from getting an enteric condition is by washing your hands after using the bathroom and before preparing or consuming food.



**Region 8 Notifiable Conditions** 

Vaccine preventable conditions and invasive/respiratory conditions ranked second and third respectively in the number of cases reported and investigated. Keeping up to date with immunizations is the best way to reduce the possibility of becoming infected or reducing the severity of symptoms caused by vaccine preventable diseases.

Condition <sup>1</sup>	2017 Case Count <sup>2,3</sup>	Incidence <sup>3,4</sup>
Campylobacteriosis	306	40,40
Salmonellosis	261	34.46
Shigellosis	71	9.37
Varicella (Chickenpox)	65	10.12
Streptococcus pneumoniae, invasive disease (IPD)	59	9.25
Pertussis	25	3.92
Streptococcus, invasive Group B	49	6.47
Streptococcus, invasive Group A	19	2.51
Legionellosis	8	1.06

<sup>1</sup>The conditions in the table represent the three most common conditions in enteric, vaccine preventable, and invasive/ respiratory disease categories. <sup>2</sup>Case counts are based on preliminary data pending final quality assurance analysis and are subject to change

<sup>3</sup>Investigations conducted by Local Health Departments within PHR 8 are not included

Incidence per 100,000 population, based on U.S. Census estimated 2015 population

### **Flu Prevention**

Flu activity has been widespread during the 2017-2018 influenza season. To prevent the spread of flu and other respiratory illnesses, remember to stay home if you are sick with flu-like symptoms such as fever, cough, and sore throat. If you are sick with the flu, it is also important to stay away from young children and the elderly, as these groups are more likely to suffer from complications due to flu. Remember to get a flu vaccine every year to protect yourself and the people around you from getting sick.

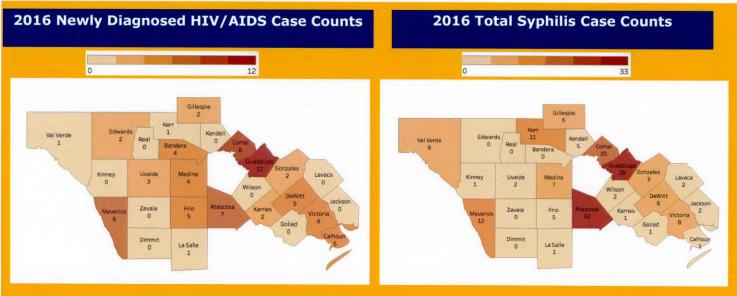
### Region 8 HIV/STD 2016 Program Summary

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.

To reduce the risk of acquiring any sexually transmitted disease:

### **Protect yourself from HIV & STDs**

- Use protection (condoms) during sexual exposure
- · Routinely test for any STD at your primary care physician or local health department
- Reduce the number of partners and engage in talk about current STD status
- Do not engage in sexual activity while under the influence of alcohol or drugs



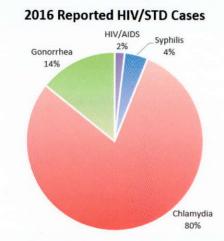
Case counts for Bexar County not shown

Conditions	2016 Case Counts <sup>1,2</sup>	Incidence <sup>1,2,3</sup>
HIV	47	4.8
AIDS	27	2.7
Syphilis	171	17.4
Chlamydia	3214	326.4
Gonorrhea	575	58.4

<sup>1</sup>Data does not include information from Bexar County

<sup>2</sup>Most current data available for HIV/STD is from 2016

<sup>3</sup>Incidence per 100,000 individuals, based on U.S. Census 2015 population estimates



To report a case of chlamydia, gonorrhea, HIV/AIDS, or syphilis, please fax report to (210) 949-2059.

### **Our Services and Programs**

#### **Community Health Improvement**

- Assess community health needs
- Provide health education and other services to improve health
- Provide referrals for community and social services
- Provide public health nursing services, including: immunizations; STD testing and treatment; and evaluation and treatment of patients for tuberculosis, among others
- Participate in Child Fatality Review Teams, School Health Advisory Councils and other community groups

### Epidemiology

- Investigate, control and prevent diseases that are contagious from person to person
- Offer subject matter expertise on diseases that pose a threat to the public
- Track and monitor the burden of disease in communities

### Food Establishments Group

- Inspect restaurants, mobile food units and temporary event food vendors
- Assist food establishments preparing to re-open after a natural disaster, or water or power failure

### HIV/STD Program

- Identify, counsel and treat people with syphilis, gonorrhea and chlamydia
- Identify, counsel and refer people with HIV infection for care and treatment
- Educate health and medical providers about STDs and HIV
- Work with at-risk groups to control STDs

### Immunizations

- Prevent and control vaccine preventable diseases
- · Vaccinate eligible children and adults
- Assess vaccine coverage in communities and schools
- Establish partnerships to improve vaccination coverage
- Train health care providers to properly administer and store vaccines

### **Office of Border Public Health**

- Support international health councils
- Work to meet Healthy Border objectives
- Conduct investigations of unincorporated communities (colonias)
- Monitor diseases, conditions and environmental hazards

### **Oral Health Program**

- Provide preventive dental services to low-income preschool and school-aged children
- Collect oral health data
- Expand opportunities for preventive dental services
- Promote awareness of available local dental services

### **Public Health Sanitation**

- · Investigate public health sanitation complaints
- Inspect youth camps, school cafeterias, senior nutrition centers and correctional food service operations

#### Preparedness and Response

- Plan for and respond to all-hazards events, whether naturally occurring or man-made, with an emphasis on public health and medical needs
- Promote public health preparedness through education, training and exercising in cooperation with local officials and community partners
- Provide technical assistance to local emergency management regarding planning and response to public health emergencies, including use of the Strategic National Stockpile resources

#### **Specialized Health and Social Services**

- Help children with extraordinary medical needs, disabilities and chronic health conditions to get the services they need
- Provide application assistance and case management for children in the Children with Special Health Care Needs (CSHCN) program; children who are on traditional Medicaid; and pregnant women and children on Medicaid with a health condition or risk
- Determine eligibility for personal care (attendant) and habilitation services for children on traditional Medicaid
- Assist other Region 8 programs with case management services for clients

### **Our Services and Programs**

### Texas Health Steps

- Educate Medicaid clients about Texas Health Steps (screening, diagnosis and treatment services for Medicaid clients from birth to age 20)
- Recruit and retain health care providers who offer Texas Health Steps services through outreach and by providing training and technical assistance

### **Tobacco Prevention and Control**

- Reduce the health and economic toll of tobacco use
- Promote tobacco cessation
- · Eliminate exposure to environmental tobacco smoke
- Prevent initiation of tobacco use by youth

#### Tuberculosis (TB) Control Program

- Provide TB treatment to people diagnosed with TB disease.
- Prevent the spread of TB disease
- Identify people exposed to a person with TB and provide testing and preventive treatment
- Educate the public and health care providers about TB infection and TB disease

### TB 1115 Waiver Project

- With community partners, identify and test individuals at risk for latent TB infection
- Treat high risk individuals for TB infection to prevent TB disease
- Educate health care providers about screening, testing and treatment of latent TB infection

#### Zoonosis Control Program

- Prevent, investigate and control zoonotic (diseases transmissible from animals to people) and vector borne diseases.
- Educate communities about zoonotic and vector borne diseases.
- Train animal control officers
- Inspect and certify animal control facilities that hold animals suspected of having rabies
- Serve as the regional subject matter experts on zoonotic and vector borne diseases for medical and veterinary health care providers, public health personnel and residents.

### **Field Offices**

CITY	ADDRESS	PHONE
Bandera	702 Buck Creek	(830) 796-7540
Boerne	216 Market Ave., Ste. 160	(830) 249-3511
Del Rio	173 Wildcat	(830) 768-2800
Eagle Pass	1593 Veterans Blvd.	(830) 758-4253
Floresville	310 Paloma Drive	(830) 393-6225
Goliad	329 W. Franklin Street	(361) 645-2595
Hallettsville	1309 E. Cemetery Rd.	(361) 798-4371
Karnes City	417 Panna Maria	(830) 780-2303
Kerrville	818 Water St., #290	(830) 896-5515
Pearsall	1009 N. Oak St., Ste. A	(830) 334-4104
Seguin	612 Jefferson Ave.	(830) 401-5780
Uvalde	112 Joe Carper	(830) 591-4386
Victoria	2306 Leary Lane	(361) 574-7421

Health Service Region 8 covers the following counties: Atascosa, Bandera, Bexar, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson and Zavala

The following counties have local health departments: Bexar, Comal, Dewitt, Medina, Uvalde and Victoria

**Region 8 offices are located in:** Bandera, Boerne, Del Rio, Eagle Pass, Floresville, Goliad, Hallettsville, Karnes City, Kerrville, Pearsall, San Antonio, Seguin, Uvalde and Victoria

Services provided in most Region 8 offices include: Immunizations (for eligible children and adults), tuberculosis treatment and contact investigation, health and community education, HIV and STD testing and treatment, communicable disease investigation, and case management

### **2017 ANNUAL REPORT**

Texas Department of State **Health Services** 



### Texas Department of State Health Services Region 8

		1	

Program	Contact Name	Phone	E-mail Address
Notifiable Conditions	On-call staff	(210) 949-2121	Call to report notifiable conditions or public health emergencies
Office of Border Public 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
Community Health Improvement	Katherine Velasquez, PhD, RN	(210) 949-2091	Katherine.Velasquez@dshs.texas.gov
Food Establishments Group & Public Health Sanitation	Maricela Zamarripa, RS	(830) 591-4389	Maricela.Zamarripa@dshs.texas.gov
HIV/STD Program	DeAndre Opoku	(210) 949-2152	Deandre.Opoku@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) 949-2040	Sammy.Sikes@dshs.texas.gov
Specialized Health & Social Work Services	Leticia Guerra, LBSW	(210) 949-2147	LeticiaD.Guerra@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
		(040) 040 0040	

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

Zoonosis Control

**Public Health Region 8** 7430 Louis Pasteur Dr. San Antonio, TX 78229

Amanda Kieffer, DVM, MPH

Phone: (210) 949-2000 Fax: (210) 949-2015

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

(210) 949-2048 Amanda.Kieffer@dshs.texas.gov

www.dshs.texas.gov/region8