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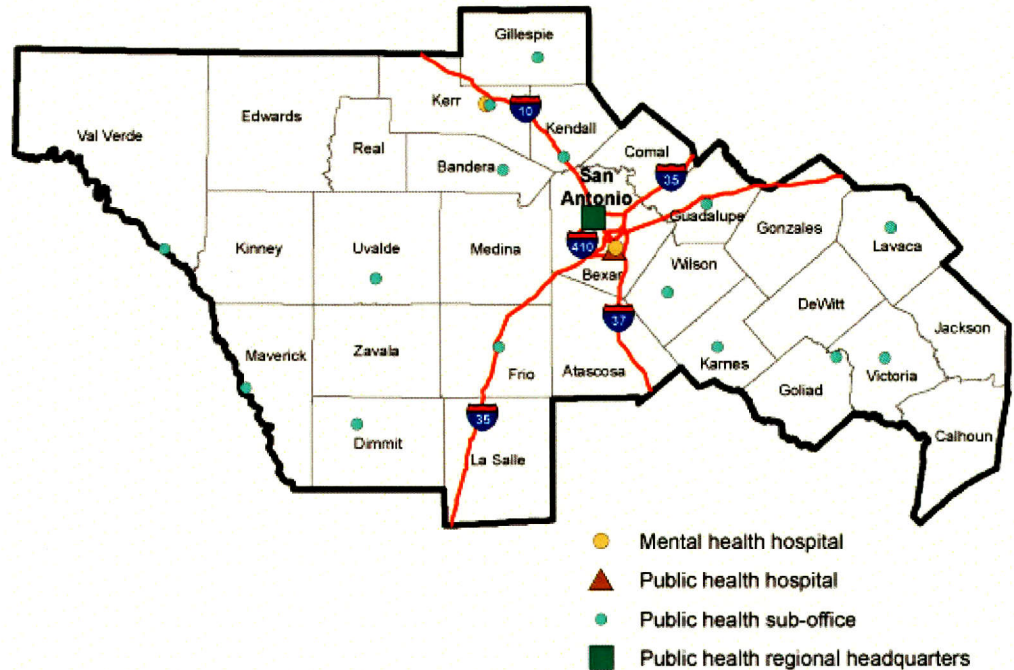
Department of
State Health Services

Health Service Region 8

2013 Annual Report

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Message from Regional Medical Director

I'm excited to share with you DSHS Region 8's Annual Report for 2013. As you will see, we have been very busy this past year working to protect public health through a variety of activities. Our staff are dedicated to their jobs and many drive long distances to care for patients, educate the public, keep health care providers informed, and build community coalitions -- all to promote and protect health.

We designed our annual report so that significant activities from this past year are highlighted. As you read through the report, you will see how wide-ranging our work is; from public health emergency preparedness to communicable disease control and prevention to case management for children with special healthcare needs. I hope you enjoy reading our report and learning about the services we provide in Region 8.

Lillian Ringsdorf, MD, MPH

Public Health By the Numbers

- 1,150 children served by the Personal Care Services Program
- 9,546 doses of vaccine administered to eligible Region 8 clients
- 882 general sanitation and retail food inspections conducted
- 133 presentations performed for Texas Health Steps medical and dental providers
- 1,191 third grade students and 465 preschoolers Oral Health evaluated
- 257 child safety seats checked or installed and 208 safety seats distributed
- 1,596 rabies investigations conducted
- 38 rabies quarantine facilities inspected

Planning for Mass Fatalities

Public Health Emergency Preparedness (PHEP) staff worked with our many partners in Health Service Region 8 to complete the development of our Mass Fatality Concept of Operations (ConOps) plan. A group of fifty-seven (57) individuals from our twenty-eight (28) counties actively participated in the plan development process. Meetings were held around the region with an emphasis on involving local emergency managers, the Bexar County Medical Examiner, Justices of the Peace, public health staff and hospitals. The formal plan was then presented during a roll-out meeting sponsored by the Southwest Texas Regional Advisory Council (STRAC) in San Antonio. BCFS* provided planning assistance to this project.

Following the delivery of the Mass Fatality ConOps plan, we hosted training courses about the plan in Eagle Pass, San Antonio, Seguin and Victoria. Two hundred and nineteen (219) area partners from twenty-four (24) counties participated in the Mass Fatality Fundamentals course and fifty-nine (59) completed the Advanced Mass Fatality course.

Plans for 2014 include developing a Region 8 Mass Fatality Advisory Committee and developing specific Search and Recovery courses and Victim Information Center training.

** BCFS is a non-profit Health and Human Services organization*

Strategic National Stockpile—Technical Assistance Review scores improve

The San Antonio Metropolitan Statistical Area Cities Readiness Initiative (CRI) counties (Atascosa, Bandera, Bexar, Comal, Guadalupe, Kendall, Medina, and Wilson) continue to improve on their Technical Assistance Review (TAR) scores for Strategic National Stockpile (SNS) planning. Every county scored in the ninetieth (90%) percentile for 2013. Each county continues to work with Region 8 to further develop their local SNS plan as we move into a more operational readiness strategy approach in 2014. A Point of Dispensing (POD) drive-through sign project was implemented as well in the CRI jurisdictions. The signs are standard reflective metal road signs with various simple instructions in several languages and include such things as: Place Vehicle in Park, Stay In Vehicle, Do Not Change Lanes, and STOP. The signs will be used at PODs to help remind the general public what to do during a dispensing campaign. SNS planning continues to be a major concern in all Region 8 counties and staff will continue to work with the local jurisdictions to assist them in their planning efforts.



SNS receiving, storing and staging (RSS) warehouse



SNS supplies are packaged for delivery by wide body jet or tractor trailer.

Chagas Disease in Region 8



triatomine bug

parasite *T. cruzi*

triatomine or kissing bug

Chagas disease was made reportable in Texas in both humans and domestic dogs, effective January 1, 2013.

Chagas disease (American trypanosomiasis) is a well-recognized cause of altered heart rate, an enlarged heart and heart failure in Mexico, Central America and South America with some locally acquired cases documented in the southern United States. The disease is caused by the parasite *Trypanosoma cruzi* (*T. cruzi*), which is transmitted to animals and humans by blood feeding triatomine bugs, also known as kissing bugs.

Infection with *T. cruzi* is long lasting and has three phases. The acute phase lasts a few weeks or months and usually goes unnoticed because it is either symptom free or has only mild signs and symptoms, such as fever, fatigue, body aches, headache, rash, loss of appetite, diarrhea and vomiting. Even if symptoms occur in the acute phase, they fade away on their own although the infection persists. The indeterminate phase lasts 10 years or more and is difficult to detect without specific blood testing. Twenty to thirty-five percent of the indeterminate cases progress to chronic phase infections characterized by heart problems such as an altered heart rate, an enlarged heart and heart failure, or upper and lower digestive tract damage resulting in an enlarged esophagus or an enlarged colon.

Region 8 encompasses a wide variety of ecological zones and has a wide range of native flora and fauna, including kissing bug species. Recent field studies have shown Region 8 to be home to five species of blood feeding triatomine bugs, all of which carry *T. cruzi*. Due to these factors, Region 8 is a high risk area

for Chagas disease exposure. Region 8 has received many reports of kissing bug bites and insects submitted from area homes for laboratory testing, but reports of Chagas disease did not start in earnest until September 2013. Since then, there has been a steady flow of canine case reports resulting in a total of 65 canine cases being reported to Region 8 in 2013.

Region 8 accounted for 22% (4 of 18) of the total human Chagas disease cases reported in Texas in 2013. Of the Region 8 cases, all but one were locally acquired with the patients having no history of travel. Most of these cases were asymptomatic adults who tested positive on being screened for prospective blood donation.

Region 8 residents who tested positive have been treated through the CDC*, Division of Parasitic Diseases treatment protocol, which is considered experimental and requires special approval. The continued submission of canine and human cases along with the numerous findings of *T. cruzi* positive triatomine bugs across the region all support the prediction that Region 8 would be a high risk area for Chagas. Because of this, Chagas disease should be considered on the list of possible diagnoses for cases of cardiac arrhythmia and heart failure in both humans and domestic animals from south-central Texas.



* Centers for Disease Control and Prevention

Walk / Bike to School



For A Healthy Texas Border

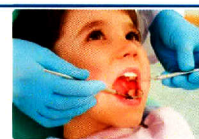
According to data collected by the National Center for Safe Routes to School (National Center) and U.S. Department of Education's National Center for Education Statistics (NCES), walking to and from school increased significantly between 2007 and 2012; from 12.4% to 15.7% in the morning, and from 15.8% to 19.7% in the afternoon. Studies show that walking to school helps integrate physical activity into daily life. Given the benefits of walking to school, National Walk/Bike to School Day was celebrated across the United States on October 9, 2013. Health Service Region 8's Office of Border Health partnered with North Heights Elementary School in Del Rio (Val Verde County) and in Eagle Pass (Maverick County) with San Luis Elementary, Glass Elementary, and Ray H. Darr Elementary schools. Over 300 students, teachers, parents and local government officials participated in the inaugural event kicking-off a yearlong campaign promoting physical activity by implementing 100 Mile Clubs in each of these four participating schools.

As a continuation to the Walk/Bike to School Day, each student is encouraged to be a part of the 100 Mile Club. In total, 5 schools and over 600 students participated in 100 Mile Clubs. The goal of the 100 Mile Club is to motivate children to be more active throughout the school year by engaging in various physical activities such as walking, running or cycling. 100 Mile Club participants will be eligible for incentives for every 25 miles reached. Once students reach 100 miles, they will be eligible to enter a bike raffle for a bicycle donated by Wal-Mart.

Through this effort, the DSHS Office of Border Health, the Mexican Consulate (Del Rio) and the Health Organization Piedras Negras/Eagle Pass – Kickapoo Tribe Tri-national Health Council (HOPE-K THC) are working to raise awareness about obesity, diabetes, healthy lifestyle choices, and preserving our environment with less traffic pollution. The campaign has also raised awareness about the need to improve street conditions around the schools for the safety of the children who want to continue with the program and has achieved the implementation of speed bumps along the road at one of the participating schools. The program has been a success and there are plans to extend our partnership with other schools in the area who have already expressed interest in the 100 Mile Club.

Oral Health Program Surveillance Project

One of the ten Essential Public Health Services is to monitor the health status of populations in order to identify trends and to target health resources. The DSHS Oral Health Program works to accomplish this essential public health task when it conducts oral health surveillance projects.



Dental evaluation

During 2013 Region 8 Oral Health Program staff headquartered in San Antonio collected oral health data from 1,191 third grade students. The dental team also evaluated 465 Region 8 pre-school students in Head Start programs. The data collected in Region 8 was added to the data from the other DSHS health service regions. This combined data provides a statewide assessment of the current oral health status and oral health needs of Texas third grade and pre-school aged children.

The statewide data serves as Texas' official submission to the National Oral Health Surveillance System where it will be used for state and national comparisons and research. As part of the national oral health data base, Texas' surveillance data will be used by decision makers shaping future federal, state, and local oral health activities, policies, and funding.

Child Fatality Review Teams

Child Fatality Review Teams (CFRTs) are multidisciplinary, multiagency working groups that review child deaths from a public health perspective. By reviewing circumstances surrounding child deaths, teams identify prevention strategies that will decrease preventable child deaths. The teams develop an understanding of the causes and incidence of child deaths and recommend changes that will reduce the number of preventable child deaths.

Region 8 staff support this effort by promoting the development of CFRTs and participating as members of the teams. The Department of State Health Services seeks to have Child Fatality Review Teams across Texas, providing reviews for child deaths in all counties.

The teams analyze the circumstances of each child death to understand risk factors and to identify protective factors that could prevent future deaths. Teams use what they learn in the review process to identify local safety issues and to determine how to educate the community-at-large about risks and to promote prevention. Here is an example of the efforts of one of the Region 8 CFRTs during 2013.

Southeast Region Child Fatality Review Team

This five-county team is led by a pediatrician and a nurse manager at Citizens Medical Center in Victoria. In 2013, this team focused on safe sleep for infants, preventing child abuse, decreasing child fatalities in vehicle crashes and preventing hyperthermia (heat stroke or heat exhaustion). Training and educational materials on safe sleep were provided to (3) daycare centers. In Karnes County, 230 first grade students attended an assembly about child abuse and child safety. The CFRT worked with the Golden Crescent Regional Advisory Council, Trauma Services Area-S to conduct the Child Safety Seat Distribution and Education program at two Victoria County hospitals. Through this program, child passenger safety seats and educational materials have been distributed to families of children who have been injured in a motor vehicle crash and families who have a pediatric admission and no appropriate child passenger safety seat upon discharge. Informational posters about preventing vehicular hyperthermia were displayed in area businesses, and the team sent letters to the editors of (4) area newspapers and radio stations addressing the dangers of leaving small children in hot cars. The two Victoria hospitals joined efforts in providing the National Highway Transportation Safety Administration (NHTSA) campaign materials, “Where’s Baby? Look before You Lock,” reminder cards to (800) parents of newborns and pediatric patients. Hospital staff were trained to provide heatstroke education with a reminder card to all parents and caregivers with every admission. Because of a close call where a young child was found in a hot car in Victoria, there was community-wide interest in the campaign.



CFRT	Counties Covered
Bandera County	Bandera
Bexar County	Bexar, Atascosa and Wilson
Gonzales County	Gonzales
Guadalupe County	Guadalupe
South Texas Tri-County	Val Verde, Kinney and Edwards
Southeast Region	Victoria, Goliad, Karnes, Lavaca and Dewitt
Southwest Texas	Medina, Uvalde and Real

Child Fatality Review Teams promote infant safe sleep, water safety, bicycle safety and child passenger safety.

Specialized Health and Social Services (SHSS)

Specialized Health and Social Services (SHSS) provides services across all 28 counties in Region 8. These services are not provided by any local health departments, yet they impact some of our most vulnerable Texas residents—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, drowning, and other injuries. The rest are Medicaid recipients who are at risk of greater health care challenges that programs strive to prevent. SHSS services are related to Personal Care Services (PCS), Case Management for Children and Pregnant Women, Newborn Screening, Texas Health Steps, and Children with Special Health Care Needs (CSHCN), a last resort health payer for children with very special health care needs and limited income. SHSS staff work with the children and their families to assess and apply for services, and with medical and dental providers to facilitate delivery of services. In 2013, case managers served 1,732 clients for case management and PCS. The majority of clients received approval for 40 hours or less of PCS per week; 200 received over 40 hours weekly. Additionally, the CSHCN program was able to provide services to many clients who had been on a waiting list, so case managers were able to serve 159 active and 52 waitlisted CSHCN clients. Table 1 provides a summary.

Texas Health Steps and Case Management for Children and Pregnant Women provide medical, dental, and case management services in order to prevent the development or worsening of negative health consequences in Medicaid and Medicaid-eligible Texas children. In the State and Region 8 the number of children receiving the required periodic check-ups is markedly lower than the number of children who are enrolled and eligible for the Medicaid program. A critical issue for the program is the relatively small number of case management, medical, and dental providers, especially in rural counties, who are participating in the program and actively encouraging client participation. As of April 2013, Region 8 Texas Health Steps providers totaled 2,130 for 387,276 eligible children. Region 8 staff has been providing technical assistance to a number of providers in setting up Federally Qualified Health Centers (FQHC) to address this need. Additionally, Region 8 has just added 18 approved providers of Case Management for Children and Pregnant Women and only 3 of these serve the majority of rural counties distant from Bexar County. These 18 providers served 512 clients in 2013. Staff has developed an outreach plan to recruit more providers in 2014. Region 8 staff continue to outreach and provide technical assistance to increase and retain the number of providers of these services.



Table 1

	<u>State</u>		<u>Region 8</u>	
	<u>2012</u>	<u>2013</u>	<u>2012</u>	<u>2013</u>
CSHCN Enrolled	1,926	1,898	138	159
CSHCN Waitlist	1,299	315	121	52
Approved for PCS	6,455	8,844	1,128	1,206
PCS Assessments completed	12,696	12,426	1,524	1,602

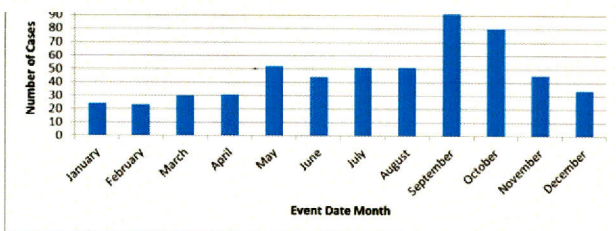
Specialized Health and Social Services: State and regional numbers of children with Medicaid assessed and approved for Personal Care Services (PCS) and children receiving Children with Specialized Health Care Needs (CSHCN) benefits.

Enteric Illnesses in Region 8

Enteric illnesses include organisms that can be transmitted by the fecal-oral route and spread by contaminated food and water or by contact with vomit or feces. In 2013, the illnesses most reported to Region 8 were salmonellosis, followed by campylobacteriosis. The incidence rate (number of new cases per population) of salmonellosis in Region 8, including Bexar County, was 20.1 per 100,000. The incidence rate of campylobacteriosis in Region 8, including Bexar County, was 15.5 per 100,000. There was a gradual increase of salmonellosis through the summer and a spike in September and October (Figure 1.) There was an increase in campylobacteriosis from May through August (Figure 2).

Salmonellosis is a bacterial disease that usually occurs with sudden onset of headache, fever, abdominal pain, diarrhea, nausea and sometimes vomiting. Dehydration, especially in infants and the elderly may be severe. It can be spread by eating food from infected animals or contaminated by feces of an infected animal or person. Food sources include contaminated raw and undercooked eggs or egg products, processed meat products and inadequately cooked poultry, raw milk and dairy products.

Figure 1. Count of Salmonellosis Illness by Event Date* Month in Region 8, 2013

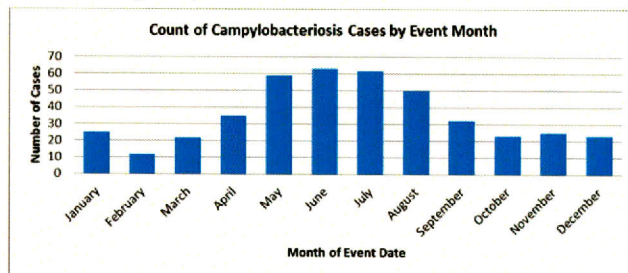


*Event date includes onset date, diagnosis date, or report to county date in order of assignment

Campylobacteriosis is also a bacterial illness. It is characterized by diarrhea (sometimes bloody), usually preceded by a fever. This disease is spread by eating undercooked meat (particularly poultry), oth-

er contaminated food and water, or raw milk and from contact with infected pets, including puppies, kittens or farm animals.

Figure 2. Count of Campylobacteriosis Illness by Event Date* Month in Region 8, 2013



The incidence rates of salmonellosis and campylobacteriosis were mapped by county (Figure 3, Figure 4). High rates (>50.0 per 100,000) of salmonellosis were identified in Edwards, Karnes, Gonzales, and Lavaca counties. High rates (>20.0 per 100,000) of campylobacteriosis were identified in Kinney, Edwards, Real, Gillespie, Frio, Guadalupe, Gonzales, Karnes, and Victoria counties.

Figure 3. Incidence Rate of Salmonellosis in Region 8, 2013

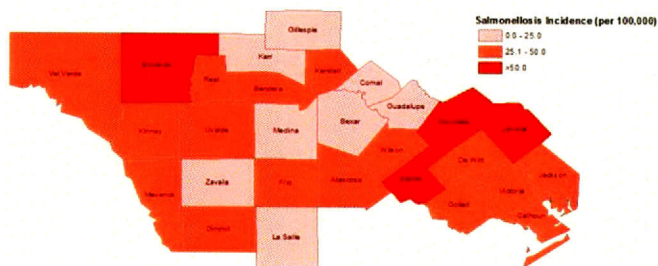
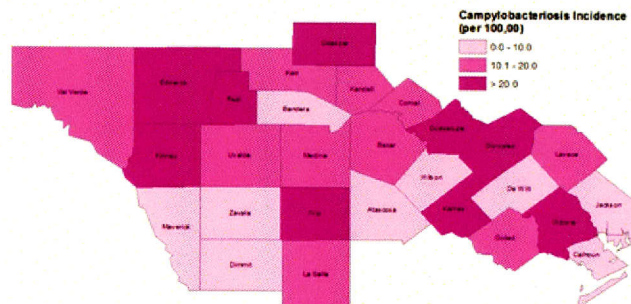


Figure 4. Incidence Rate of Campylobacteriosis in Region 8, 2013





Thirty-five percent of Region 8's pertussis cases occurred in babies under 1 year of age, 47% of the cases happened in children ages 1-18 and the remaining 18% of cases were in adults age 19 and older.

Pertussis in Region 8

Pertussis, also known as whooping cough, is a very contagious respiratory illness. Pertussis is caused by the bacteria *Bordetella pertussis*. It is spread through sneezing or coughing. Pertussis can cause serious illness in infants, children, and adults.

The early symptoms of pertussis can mimic cold symptoms and typically last 1-2 weeks.

- Runny nose
- Mild fever
- Occasional cough
- Infants may have brief pauses in breathing (apnea)

These early symptoms will then progress to the typical pertussis symptoms.

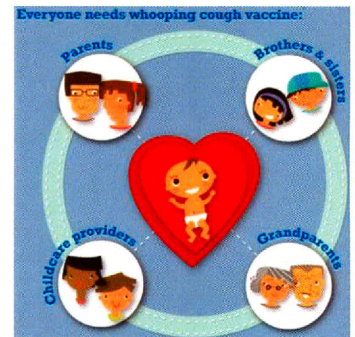
- Coughing fits (paroxysms)
- High-pitched whooping sound after coughing fits
- Vomiting

People are most contagious during this stage. It is important to consult a medical professional if experiencing these symptoms. Since pertussis is so contagious, all members of a pertussis confirmed household should also receive antibiotics. Although coughing may continue for up to 10 weeks, people are no longer contagious after completing the correct antibiotics. It is recommended that people with pertussis not attend work or school until the antibiotics are completed. Being current on the DTaP (children) and Tdap (adults) vaccines gives the best protection against contracting pertussis.

191 cases of pertussis reported in 2013. Bexar County had the highest number of cases at 114, followed by Atascosa, Comal, and Guadalupe Counties. There was 1 pertussis death in Region 8.

In 2013, Texas had the highest number of cases since the 1950s. Texas had 3,977 cases of pertussis reported and 5 pertussis deaths.

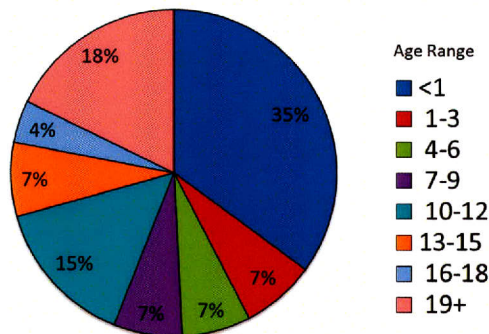
“Being current on the DTaP (children) and Tdap (adults) vaccines gives the best protection against contracting pertussis.”



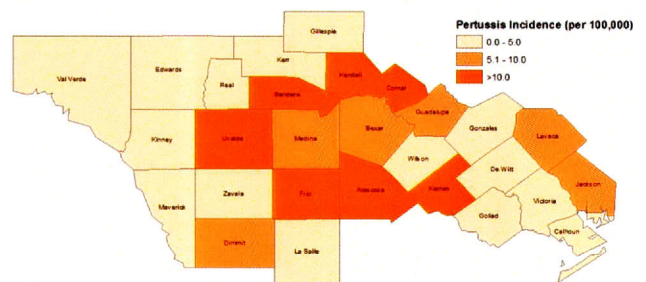
Create a circle of protection around your baby.

Region 8, including Bexar and Comal counties, had

Fig.3- 2013 Number of Pertussis Cases by Age, Region 8



Incidence Rate of Pertussis in Region 8, 2013



The incidence rate, number of cases per population, is higher in the counties surrounding Bexar County.

Tuberculosis in Region 8

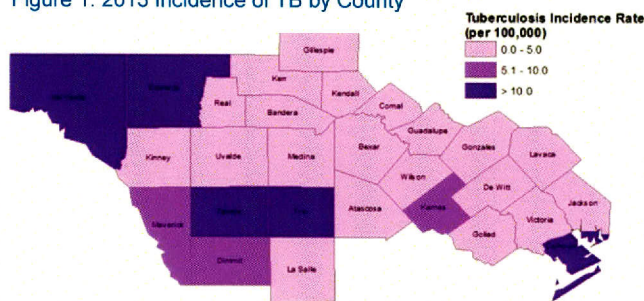
During 2013, the Texas Department of State Health Services, Health Service Region 8 reported 36 cases of tuberculosis (TB). Of the 36 cases, 31 were white (86.1%), 4 were Asian (11.1%), and one was black (2.8%). The majority were male (83.3%), and Hispanic (80.6%). The average age of the TB patients was 51 years with an age range of 0-87 years. Twenty-two percent of the cases were affiliated with a correctional facility. Three cases were reported at death.

Only 25 patients had one or more medical risk factors for TB listed upon report. The highest medical risk factor reported was having diabetes (48%). This was followed by low weight upon diagnosis (20%), current or past use of immunosuppressive therapy (16%), and tobacco use (12%). Two patients (5.6%) were resistant to one or more first-line medications.

DSHS continues to work with medical facilities, correctional facilities, and local health departments to locate, evaluate, and treat cases and suspects with TB. Each patient presents a unique opportunity to learn about the patient, his or her community, and resources within his or her community and to build and strengthen relationships throughout Region 8.

The map (Fig.1) demonstrates the incidence rate (new cases) of TB per 100,000 population by county. The greatest incidence for 2013 was seen in Val Verde, Edwards, Zavala, Frio and Calhoun counties.

Figure 1: 2013 Incidence of TB by County



Eagle Pass Flood

Region 8 Public Health Emergency Preparedness (PHEP) and epidemiology staff responded to Eagle Pass in June of 2013 to assist with major flooding that had occurred. The staff initially assisted with shelter safety, which included an evaluation of the shelter facilities (availability of bathrooms, food safety and sanitation precautions to prevent the spread of disease). A disaster behavioral health team from Camino Real was called in to assist the victims with crisis counseling. Staff also assisted with the development and delivery of public service announcements relating to flood cleanup and safety. Sanitarians inspected local food establishments that had been exposed to the flood waters or that had been without electricity for an extended period of time. Nursing staff from our Family and Community Health program

worked side by side with staff from our Tuberculosis, Epidemiology and Immunization programs to provide two immunization clinics in the affected neighborhoods.



Eagle Pass, Texas, June 16, 2013—Eagle Pass Junior High served residents displaced by the flooding

Policy Changes Affect Immunization Services

Policy changes in 2013 affected who can receive vaccines from a DSHS office. As a result, DSHS can only provide flu vaccine to adults who do not have health insurance. Medicare and private pay customers who traditionally looked to DSHS for their annual influenza vaccination instead got referrals to other sources of vaccine (pharmacies or doctors' offices).

Our staff also worked with these same providers to ensure that children receive recommended vaccines on time. Another policy change allows us to only provide vaccine in our offices to children who qualify for the Texas Vaccines for Children (TVFC) program. Working with doctors, clinics and pharmacies that provide immunizations, Region 8 staff refer those who cannot be vaccinated at DSHS clinics to other nearby locations.

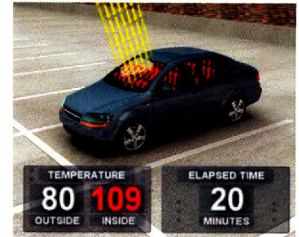
With the release of the Office of Inspector General (OIG) report highlighting issues with vaccine storage and handling, the Centers for Disease Control and Prevention (CDC) implemented new recommendations, trainings and quality assurance processes to improve how vaccines are managed. Region 8 immunization staff worked with our regional and local health department sites as well as the 206 TVFC health care providers (doctors and clinics) to ensure that vaccine is stored, handled and transported correctly. To protect the \$50,000 worth of vaccine stored in each immunization refrigerator, Region 8 immunization staff conducted refrigerator makeovers to ensure proper storage of vaccine. To coincide with these refrigerator changes, Region 8 staff spot checked providers to ensure that vaccines are stored properly.



Immunization refrigerators can hold \$50,000 worth of vaccines

Extreme Heat Poses Health Risk

High body temperature can develop rapidly in extremely hot environments, such as when a child is left in a car in the summer heat. Two decades ago, this was relatively rare. But in the early 1990s, car-safety experts declared that passenger-side front airbags could kill children, and they recommended that child seats be moved to the back of the car; then, for even more safety for the very young, that the baby seats be pivoted to face the rear. Few foresaw the tragic consequence of the lessened visibility of the child that has resulted in children being left in vehicles and suffering serious consequences.



In 2013, the Family and Community Health staff have worked diligently to get this important message out to the community. They created lobby displays in their offices and other public places depicting the dangers of hyperthermia. They have also set up temperature displays in cars showing the interior temperatures and the speed at which the temperatures rise inside a car. They have shared heat advisories with community partners, local medical providers and day cares. Working with community partners, they have educated elected officials, Chambers of Commerce and Community Resource Coordination Groups (CRCGs) about the dangers of leaving children in a vehicle.

Tips for Reducing the Risk of Hyperthermia

- Never leave a child alone in or around a car.
- If you see a child alone in a vehicle, get the child out. Call 9-1-1 immediately.
- Use drive-through services when available.
- Keep your vehicle locked, even in the garage or driveway.
- Keep your keys and garage door openers out of reach of children.
- When a child is missing, check vehicles and car trunks immediately.



Our Services and Programs

Border Health

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

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

Family Health Services

- Provide health education and community support
- Provide referrals for community and social services

Food Establishments Group

- Inspect restaurants, mobile food vendors and retail food vendors

HIV/STD Program

- Identify, counsel and treat people with HIV, syphilis, gonorrhea and chlamydia
- Refer people with HIV infection for care and treatment
- Educate health and medical providers about STDs and HIV
- Work with communities at-risk to control sexually transmitted diseases

Immunizations

- Prevent and control vaccine-preventable diseases
- Give childhood and adult vaccines
- Assess vaccine coverage
- Establish partnerships to improve vaccination coverage

Oral Health Program

- Provide preventive dental services to low-income pre-school and school-aged children
- Collect oral health data
- Expand opportunities for preventive dental services
- Provide oral health referrals

General Sanitation

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

Public Health Emergency Preparedness

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

Specialized Health & Social Work Services

- Provide services to children with extraordinary medical needs, disabilities and chronic health conditions
- Provide case management to children who receive supplemental security income (SSI) disability and pregnant women and children on Medicaid with a health condition of risk
- Determine eligibility for personal care services for children on Medicaid

Texas Health Steps

- Educate Medicaid clients about Texas Health Steps services
- Recruit and retain health care providers who offer Texas Health Steps services

Tobacco Prevention & Control

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

Tuberculosis (TB) Control Program

- Prevent the spread of tuberculosis
- Provide treatment to people with TB
- Identify, screen and treat those in contact with TB infected individuals
- Educate the public and health care providers about TB

Zoonosis Control

- Prevent, investigate and control diseases transmissible from animals to people
- Educate communities about zoonotic diseases
- Train animal control officers
- Regulate animal control facilities that observe animals suspected of having rabies

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 public health departments:

Bexar, Calhoun, Comal, Dewitt, Medina, Uvalde and Victoria

Region 8 offices are located in:

Bandera, Boerne, Cuero, Del Rio, Eagle Pass, Floresville, Goliad, Hallettsville, Karnes City, Kerrville, Pearsall, San Antonio, Seguin, Uvalde and Victoria

Helpful Phone Numbers

Program	Contact Name	Phone	E-mail Address
Communicable Disease Reporting Line	On-call staff	(210) 949-2121	Please call reporting line, staffed 24/7
Border Health	Elvia Ledezma, MPH	(210) 949-2177	Elvia.Ledezma@dshs.state.tx.us
Epidemiology	Stacy Davlin, PhD	(210) 949-2074	Stacy.Davlin@dshs.state.tx.us
Family Health Services	Theresa Kostelnik, RN	(210) 949-2091	Theresa.Kostelnik@dshs.state.tx.us
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