



**Task Force of Border Health Officials (TFBHO) Meeting
HHSC Virtual Platform
December 10, 2020**

Member Name	Yes	No	Professional Representatives (non-members)
Esmeralda Guajardo, MAHS	✓		
Richard Chamberlain, DrPH(c), MPH, RS	✓		
Steven M. Kotsatos, RS	✓		
Josh Ramirez, MPA, CPM	✓		
Eduardo Olivarez		✓	
Arturo Rodriguez, DNP, MPA, CPM	✓		
Angela Mora, M.A.Ed.		✓	
Emilie Prot, DO, MPH	✓		
Lillian Ringsdorf, MD, MPH	✓		
Rachel E. Sonne, MD, MPH		✓	
State Representative Bobby Guerra		✓	Represented by Stephanie Chiarello
Senator Eddie Lucio Jr.		✓	Represented by Daniel Esparza and Elsa Garza

Attendees Present

Francesca Kupper, John Villarreal, David Gruber, Dr. Allison Banicki, Elsa Garza, Daniel Esparza, Stephanie Chiarello, Adriana Corona-Luevanos, Edith de Lafuente, Úrsula Solorzano, Rosy de los Santos, Alberto Perez and Tony Aragón.

Agenda Item I: Call to Order, Welcome, Chair Remarks, Meeting Logistics and TFBHO Roll Call

Chair Guajardo called the meeting to order at 1:01 pm and welcomed attendees to the Task Force of Border Health Officials (TFBHO) meeting. Chair Guajardo introduced Ms. Francesca Kupper, facilitator of the meeting. She read open meeting/virtual platform guidelines and proceeded to the roll call. A quorum was confirmed. Chair Guajardo asked for DSHS staff to introduce themselves and any others that also joined the virtual meeting and thanked all attendees for attending.

Agenda Item II: Approval of November 18 Meeting Minutes

Chair Guajardo stated that the November 18 Meeting Minutes were previously sent to members and asked for a motion to approve them. Mr. Chamberlain made a motion to accept the meeting minutes and Mr. Kotsatos seconded the motion. Ms. Francesca Kupper took a roll call vote to officially approve the minutes. The meeting minutes were approved.



Agenda Item III: Update: COVID-19 Vaccine

Chair Guajardo explained that during the last meeting, members expressed having a vaccine update. She thanked and welcomed Mr. Antonio Aragon, DSHS' Immunizations Unit Director, and Mr. David Gruber, Associate Commissioner for Regional and Local Health Operations (both from DSHS). Mr. Aragon thanked Chair Guajardo and initiated the vaccine update. He spoke of the landscape of the vaccine, including the Advisory Committee on Immunization Practices (ACIP), timelines and allocations. He stated that two different vaccines were likely to become available this month. They both have a high immunity percentage but are different regarding timing of the doses.

The Pfizer vaccine requires that the first and second doses be at least 21 days apart while the Moderna vaccine requires that the doses be at least 28 days apart. If the second dose is received prior to the 21 or 28- days, the second dose would be considered an invalid dose, possibly resulting in a third dose of the vaccine. The other difference in the two vaccines is the temperature and refrigeration of the vaccine. He explained that most vaccines require standard refrigeration. However, both vaccines require very cold temperatures; Pfizer requires it to be stored and shipped at minus 70 degrees Celsius while the Moderna vaccine requires frozen storage and shipment. Another difference is in the administration of the vaccine. Pfizer requires that the vaccine must be administered within five days after thawing, while Moderna requires 28 days to administer after thawing. Additionally, the vaccines are not interchangeable, meaning that if someone received their first dose with the Pfizer vaccine, they must receive the second dose of the Pfizer vaccine. The same issue applies to the Moderna vaccine.

He also explained that the vaccine distribution would be broken up into phases. Generally, phase 1 of vaccine distribution includes most medical professions. Phase two includes the general population and phase three is more of a recommendation for everyone, much like the flu vaccine is today. Originally, Phase 1 was going to be broken down into phase 1A, which would include medical professionals and phase 1B, which would include long-term care clinicians and populations. However, Phase 1A and 1B will be combined and vaccine administration may begin toward the end of the month. Distribution timelines depends on meetings held by the committees and agencies, such as the Food and Drug Administration, and the Vaccines-related Biological Products Advisory Committee to discuss the possibility of an emergency-use authorization. Generally, vaccine production is a strict and timely process. However, because of the dire need for this vaccine, an emergency-use authorization may be approved. All these agencies, as well as agencies at local and state levels, have been working diligently toward this cause.

Mr. Aragon asked if members had any questions. Dr. Rodriguez asked about consistent messaging regarding allocation and distribution. Mr. Aragon expressed that the DSHS web site is credible and up-to-date but asked everyone to understand that information may change daily. Chair Guajardo asked how long before the second dose may be considered "too late." Mr. Aragon expressed that there is more concern of people getting the second dose too early, possibly resulting in the second dose being invalid, requiring a third dose. Chair Guajardo also asked about vaccine amounts in relation to providers and about



vulnerable populations and priority groups. Mr. Aragon thanked her for her question and explained that the answer was rather multi-factorial with many moving parts including distribution to non-traditional public and private providers, including pharmacies. Much collaboration at the local and state levels are needed to adjust to macro-planning, at state level and micro-planning at local levels. He also explained that Pfizer has a minimum dose order of 975 while Moderna has a minimum dose order of 100. He mentioned that there was hope for receiving the vaccine in the last month or two but was very excited about the vaccine being distributed very soon.

Chair Guajardo also asked about uninsured patients as well as winter Texans access to the vaccine. Mr. Aragon mentioned that DSHS is also working with federally qualified health clinics that also served those who are uninsured or underinsured. Mr. Chamberlain asked for clarification on the cost of the vaccine due to rumors of administration fees and if detention centers will be receiving the vaccine from local or federal resources. Mr. Aragon clarified that the vaccines will be free and that detention centers will receive allocation from federal entities.

Chair Guajardo asked if Mr. Gruber wanted to share any thoughts on the topic. Mr. Gruber stated that DSHS's role is to support local health departments to ensure resources are provided during vaccine distribution and administration. Chair Guajardo thanked both Mr. Aragon and Mr. Gruber. She mentioned that local health departments should be involved in the conversation about priority groups and expressed that local health departments are extremely eager to assist in any way possible.

Agenda Item IV: Finalize: Subcommittee top COVID-19 Response
Recommendations

Chair Guajardo initiated the discussion by providing the list of previously presented recommendations. The discussion continued, and members decided to keep the recommendations letter to Dr. Hellerstedt brief with plans of expanding on other recommendations in the upcoming report. The following six recommendations will be included in the letter while the rest of the items will be addressed in the report in the coming months.

COVID-19 related Recommendations for the letter to Dr. Hellerstedt

- Complete the border surveillance and laboratory capacity assessment and expand it to include capabilities for laboratories to report results and positivity rates directly to LHDs
- Establish and make available local laboratory and testing capabilities available to border public health departments that is regularly available and accessible, low to no cost to include university agreements and state labs
- Strengthen and support strategies improve coordination with Mexico via the Office of Border Public Health



- Involve the School Health Advisory Council in the school response plans to communicable disease reporting/outbreaks, including COVID-19 ...school ventilation, food/safety preparation and preventative measures
- Conduct a school survey on ventilation and A/C in coordination with TEA
- Add COVID-19 surveillance of premature births to the Birth Defects Program at DSHS.

Recommendations that will be covered in the mandated report (November 1, 2020 Report that will be submitted later due to the COVID-19-related waiver)

Infrastructure:

- Require implementation of Health Information Exchange with free access for border public health and providers with potential to serve as a regionwide/statewide electronic medical record communication system
- Ensure funding to allow for permanent, full-time public health professionals (sanitarians, microbiologists, epidemiologists) for border public health departments
- Representation of TFBHO officials on task force/committees established by DSHS involving LHDs

Chronic Diseases:

- Establish early intervention components of children's obesity prevention and education
- Establish an educational component on pulmonary complications at advanced age

Maternal and Child Health:

- Add COVID-19 to the Adult Safety Net with the Texas Vaccines for Children Program
- Uphold vaccination requirements for school entry and add COVID-19 vaccine when available
- Support sharing medical knowledge and training of border health professionals in coordination with the Texas Medical Association and the Texas Border Health Caucus
- Establish and fund outreach to pregnant mothers that are more at risk of early delivery and complications due to COVID-19 infection

Communicable Diseases:

- Expand the OBPH Community Health Workers training curriculum and bilingual educational material for pandemic response, including mental health and COVID fatigue
- Establish Border Public Health Multi-Disciplinary Response Team with trained and bilingual staff, including epidemiologists, sanitarians, nurses and contact tracers. (*currently at work*)
- Evaluate avenues to support hospitals, nursing homes and long term acute care centers in hiring temporary medical staff in the border region. (*currently at work*)

The penultimate bullet regarding ventilation in public schools was originally an Environmental Health recommendation but moved the COVID-19 recommendations.



Chair Guajardo asked Ms. Kupper if there were any public comments submitted regarding the recommendations. Ms. Kupper confirmed that there were no public comments submitted.

Agenda Item V: Approve Recommendations

Chair Guajardo thanked members for their collaboration and for a motion to approve the recommendations. Mr. Kotsatos made the motion and Dr. Rodriguez seconded the motion. Ms. Kupper conducted a roll call vote to approve the abbreviated recommendations for the letter to Dr. Hellerstedt with expansion of others in the upcoming report. The motion was approved.

Agenda Item VI: Public Comment

Chair Guajardo announced that since there were no public comments, she'd move to the next agenda item.

Agenda Item VII: Planning for 2021 meetings, Closing Remarks, Adjourn
and Thank you

Chair Guajardo reviewed the preferred meeting dates of February 18, May 20, July 15, October 21 and December 9 of 2021 and asked Mr. Villarreal if there were any conflicts. He explained that all members agreed to the originally submitted dates; all meetings will be conducted via HHSC's virtual platform and that they'd all begin at 1:00pm. Chair Guajardo appreciated members for their time, especially during the pandemic, and adjourned the meeting at 3:00pm.