

Zika Virus Annex

Operational Document

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**Texas Department of State Health Services
Division for Regional and Local Health Operations
Center for Health Emergency Preparedness and Response
Response and Recovery Unit**



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Health and Human
Services

**Texas Department of State
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Record of Changes

This page includes a table showing the changes made to this document including the date of the change, a description, and rationale, if applicable, and the name of the person who made the change. Any comments or recommendations for changes to this document should be emailed to PreparednessPlanning@dshs.texas.gov.

Date	Description of Change	Name

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Overview

The Department of State Health Services (DSHS) is the lead state agency for preparing for, coordinating, and responding to public health and medical incidents involving Zika virus. For emergency preparedness and response, DSHS operates within the overall context of emergency management in Texas and in concert with local, state and federal partners. The Zika Virus Annex describes what actions DSHS will take to successfully respond to Zika virus. The Zika Virus Annex is aligned with the Centers for Disease Control and Prevention (CDC) [Zika Interim Response Plan's](#) phased approach and contains three specific phases. Phase I identifies activities that DSHS will implement *prior to local mosquito transmission of Zika*. Phase II identifies activities that DSHS will implement once a *potential case of local mosquito transmission of Zika or limited local mosquito transmission of Zika* has been confirmed. Phase III identifies activities that DSHS will implement once *sustained local mosquito transmission of Zika* has been confirmed.

Purpose

The purpose of this document is to serve as a guide to DSHS Executive Leadership for preparation and response to Zika virus in Texas. It also serves as the basis for DSHS coordination and collaboration with other public health agencies, healthcare delivery systems and other partners focused on addressing the threat and impact of Zika virus in Texas.

Scope

The Zika Virus Annex is a state-level document that identifies the fundamental tasks for which DSHS programs, including Public Health Regions, could be responsible for given a confirmed, developing, or potential Zika virus incident.

Audience

This document is intended for use by DSHS programs, and key positions, with responsibilities during a response to a Zika virus incident including:

- Laboratory and Infectious Disease Services (LIDS)
 - Laboratory Services Section (LSS)
 - Zoonosis Control Branch (ZCB)
- Community Health Improvement (CHI)
 - Birth Defects Epidemiology and Surveillance Branch (BDESB)
- Regional and Local Health Operations (RLHO)
 - Center for Health Emergency Preparedness and Response (CHEPR)

- Public Health Regions (PHRs)
- Office of Border Health (OBH)
- Center for External Relations (CER)
- State Epidemiologist
- State Medical Entomologist
- Senior Advisor

Response Goals

The primary goals of DSHS during a state level Zika virus incident response are to:

- Protect the people of Texas by preventing or at least delaying local mosquito transmission for as long as possible
- Act quickly to intervene should Zika virus be detected in Texas via mosquito transmission
- Protect pregnant women and their unborn children because of the potentially devastating impact of the virus on them

Response Objectives

The response objectives of the Zika Virus Annex are to:

- Prevent spread of the Zika virus by identifying cases and facilitating or implementing vector control measures
- Maximize education and outreach activities to the public, local health departments (LHDs), and healthcare communities in Texas regarding the Zika virus
- Provide consistent, timely, and accurate information to partners, stakeholders, and the public regarding the Zika virus
- Coordinate community response to include public health, healthcare, and emergency management
- Facilitate and support public health and healthcare operations to include surveillance, laboratory diagnostics, and individual and community protections

Situation

In 2016, non-congenital and congenital Zika virus infection and disease became nationally notifiable conditions in the United States. Zika virus disease cases are categorized as acquired through travel to affected areas, presumed local mosquito-borne transmission, or other routes (e.g., sexual, laboratory, or blood borne transmission). Local mosquito-borne transmission was reported in Florida and Texas in 2016. The primary mode of

transmission of Zika virus in the Americas is through the bite of an infected *Ae. aegypti* or *Ae. albopictus* mosquito. These are the same mosquitoes that spread dengue and chikungunya viruses¹. State and local governments can take steps to reduce the number of vector mosquitoes available to transmit the disease, to mitigate the spread of the virus, and to reduce the public health impact of the disease. Large-scale mosquito pool testing has limited scientific benefits in the case of this vector, any mosquito pool testing must be targeted to provide value.

Zika can be passed through sexual intercourse from a person who has Zika to his or her sex partners. A pregnant woman can pass the Zika virus to her fetus during pregnancy. Zika infection during pregnancy can cause serious birth defects and is associated with other pregnancy problems.

Based on geographical and environmental considerations, certain parts of Texas are at greater risk for local transmission of Zika. These areas include: Rio Grande Valley, North Texas, and Gulf Coast. Counties with historic incidence of locally acquired dengue virus may be at additional risk: Cameron, Hidalgo, Starr, Webb, Willacy. Additional high-risk areas include large urban metropolitan areas with high numbers of travelers to/from areas experiencing local Zika virus outbreaks.

The total annual Zika disease cases in Texas from 2015-2018:

- 2015: 8 cases
- 2016: 315 cases
- 2017: 55 cases
- 2018: 3 cases²

The data table below includes 11 cases of Zika virus disease likely transmitted by mosquitoes in Cameron and Hidalgo counties. All other cases were related to travel to areas with ongoing Zika transmission, including two cases acquired by sexual contact with travelers and four cases passed from mother to child before birth.

Table 1: Zika Disease Cases Transmitted by Mosquitoes in Texas (locally acquired cases)

County	2015	2016	2017	2018
Cameron	0	6	1	0
Hidalgo	0	0	4	0

¹ Zika Virus Transmission Methods- CDC Webpage
<https://www.cdc.gov/zika/prevention/transmission-methods.html>

² Zika Reported Cases- DSHS Webpage <https://www.texaszika.org/currentcases.htm>

Assumptions

- Large areas of Texas may be affected by the Zika virus and some areas will be at higher risk than others (i.e., the Texas/Mexico border regions, the Lower Rio Grande Valley, and the Gulf Coast regions)
- Local transmission of the Zika virus is likely to occur in Texas, as competent vectors are present, and the population has no pre-existing immunity and is therefore generally susceptible to infection
- When other countries or other parts of the United States are experiencing Zika outbreaks, Zika cases among travelers visiting or returning to Texas will likely occur
- Zika virus may be spread through blood transfusion
- It will be difficult to determine the health burden of Zika:
 - Many people infected with Zika virus will not have symptoms or will only have mild symptoms³
 - People usually do not get sick enough to be hospitalized or seek health care, and they very rarely die of Zika³
- Integrated Vector Management (mosquito surveillance and control) is based at the local level, example: local health departments, animal control, environmental health programs, etc.
- Ground and aerial spraying may be utilized as a control measure
- Some local jurisdictions address vector control measures, either through their own resources, contracts, or through cooperative (mutual aid) agreements with other local jurisdictions
- State assistance, upon request, may supplement local efforts; Federal assistance, upon request, may supplement both local and state efforts when the capabilities of each are exceeded (dependent on resource availability)

³ Zika Virus Symptoms- CDC Webpage
<https://www.cdc.gov/zika/symptoms/symptoms.html>

Concept of Operations

The concept of operations section of the Zika Virus Annex outlines how DSHS will respond to a Zika virus incident. It also details the sequence and scope of the public health and medical response.

General

DSHS is the primary state agency for preparing for, coordinating, and responding to public health and medical incidents involving Zika. During a response to a Zika virus incident, DSHS will ensure that the ESF #8 Core Functional Areas (CFAs) are coordinated, conducted, completed, and/or supported at the state, regional, and local levels.

A DSHS response to a Zika virus incident will follow Incident Command System (ICS) principles, and as the scale of the incident dictates, utilize the Regional Health and Medical Operation Centers (RHMOCs) and the State Medical Operations Center (SMOC) to facilitate public health and medical response management. Representatives of the above listed entities (Audience) will be incorporated into the RHMOCs and/or SMOC, as needed. Likewise, representatives will be assigned to the Disaster District Committees (DDC) and State Operations Center (SOC), as requested by the Texas Division of Emergency Management (TDEM), to ensure effective coordination of state-level emergency management activities.

Plan Activations

The Zika Virus Annex shall be enacted under the following circumstances:

- A Regional Health and Medical Operation Center (RHMOc) enacts its Zika Virus SOG
- The CHEPR Director or Executive Leadership or designees, may enact the Zika Virus Annex at any time based on the current existence or imminent threat of Zika virus.

Note: Unless otherwise directed by the DSHS Commissioner of Public Health, the responsibility for operational coordination of incidents rests with the CHEPR Response and Recovery Unit.

The Zika Virus Annex can be utilized in response in the following ways:

- Response objectives can be used in the Incident Action Plan (IAP)
- The Program Assignment Matrix can be used to create work assignments

Operational Levels

DSHS will support Zika operations during three (3) established DSHS Zika phases. These phases are Phase I: Prior to Local Mosquito Transmission of Zika, Phase II: Potential Case of Local Mosquito Transmission of Zika or Limited Local Mosquito Transmission of Zika, and Phase III: Sustained Local Mosquito Transmission of Zika.

Phase I: Prior to Local Mosquito Transmission

Phase I describes the actions DSHS will implement prior to local mosquito transmission. Travel related cases may be present in the state. While in this phase, DSHS conducts routine operations to detect and monitor possible Zika transmission. The primary goal is to prevent and mitigate opportunities for mosquito breeding and biting. This phase ends when one (1) or more cases are reported to have been transmitted by a mosquito within Texas or when a mosquito within Texas is confirmed with Zika virus.

Phase II: Potential Case of Local Mosquito Transmission or Limited Local Mosquito Transmission

Phase II describes the actions DSHS will implement when one (1) or more cases are reported to have been transmitted by a mosquito within Texas or when a mosquito within Texas is confirmed with Zika virus. The goal of this phase is to prevent and mitigate the vector opportunities for a potential case of local transmission. Determination of local mosquito transmission will be made through collaborative efforts and agreement between state and local public health officials in the affected area, including the geographic boundaries that will be used for response efforts. This phase escalates to Phase III when three (3) or more cases of local mosquito transmission without an epidemiologic link occur within a five (5) mile diameter within a 45-day period. DSHS leadership may escalate operations to Phase III using other criteria. A de-escalation to Phase I would occur when there are no new cases of local mosquito transmission in at least a 45-day period.

Phase III: Sustained Local Mosquito Transmission

Phase III describes the actions DSHS will implement when three (3) or more cases of local mosquito transmission without an epidemiologic link occur within a five (5) mile diameter within a 45-day period. The goal of this phase is to control and mitigate the vector opportunities for sustained local transmission. Determination of sustained local mosquito transmission will be made through collaborative efforts and agreement between state and local public health officials in the affected area, including the geographic boundaries that will be used for response efforts. A de-escalation to Phase II would occur when fewer than three (3) new cases of local mosquito transmission are identified in at least a 45-day period or if DSHS Executive Leadership so determines. A de-escalation to Phase I would occur when

there are no new cases of local mosquito transmission in at least a 45-day period.

Core Functional Areas and Operations

The following section summarizes potential key tasks DSHS may need to perform, within its role as ESF #8 lead, to effectively respond to a Zika virus incident. These tasks are organized by the 17 [ESF #8 Core Functional Areas \(CFAs\)](#). Each stated task is interpreted within the context of a response to a Zika virus incident. The CFAs responsibilities related to Zika response operations have been assigned to DSHS Programs, see the "Organization and Assignment of Responsibilities" section for details.

CFA #1: Agriculture Safety and Security

- Coordinate waivers and vector control operations

CFA #2: All Hazards Public Health and Medical Consultation, Technical Assistance, and support

- Inform first responders of Zika prevention activities
- Ensure access to health and social services for children and families affected by Zika Related Birth Defects
- Provide guidance technical assistance and support for environmental assessments and Zika testing recommendations

CFA #3: Assessment of Public Health/ Medical Needs

- Recommend local health departments conduct assessments to determine capacity of health care providers and laboratory capacity

CFA #4: Behavioral Health Care

- Ensure the provision of information and access to disaster behavioral health resources
- Provide counseling to pregnant women potentially affected by Zika

CFA #5: Blood and Tissues

- Coordinate support for blood banks for testing

CFA #6: Food Safety and Defense

- Not applicable in a Zika virus incident

CFA #7: Guidance on Potable Water/Wastewater and Solid Waste Disposal

- Not applicable in a Zika virus incident

CFA #8: Health/Medical/Veterinary Equipment and Supplies

- Provide specimen collection supplies for field investigations
- Provide Zika Prevention kits or supplies to PHRs for distribution

CFA #9: Health Surveillance

- Develop and coordinate Specialty Support Teams (SST) and protocols
- Coordinate and/or conduct surveillance, laboratory testing, and epidemiological investigations
- Conduct population-based surveillance of microcephaly and all Zika-related birth defects
- Coordinate bi-national discussions with Mexico regarding Zika surveillance and case investigation along the border

CFA #10: Mass fatality management, victim identification, and mitigating health hazards from contaminated remains

- Not applicable in a Zika virus incident

CFA #11: Medical Surge

- Not applicable in a Zika virus incident

CFA #12: Patient Care

- Ensure availability of testing for low income residents

CFA #13: Patient Movement

- Not applicable in a Zika virus incident

CFA #14: Public Health and Medical Information

- Monitor and distribute information related to Zika
- Ensure messaging reaches vulnerable populations to include hard to reach populations along the Texas-Mexico border, pregnant women, and travelers

CFA #15: Safety and Security of Drugs, Biologic, and Medical Devices

- Not applicable in a Zika virus incident

CFA #16: Vector Control

- Evaluate all available information to assist local jurisdictions and entities in planning for appropriate vector control activities
- Conduct and coordinate enhanced vector control activities

CFA #17 – Veterinary Medical Support

- Not applicable in a Zika virus incident

Organization and Assignment of Responsibilities

This section identifies the responsibilities of DSHS during a Zika virus incident. The section also provides department assignments for each phase of transmission based on the ESF #8 CFAs.

General

DSHS will develop, train and exercise preparedness and response plans and procedural documents required for an effective response to a Zika virus incident. Zika preparedness activities will be coordinated with TDEM, PHRs, LHDs and other state partners. DSHS responsibilities during a Zika virus incident include the following:

- Convene the DSHS Zika Executive Group:
 - DSHS Commissioner
 - Deputy Commissioner
 - Assistant Deputy Commissioner
 - Senior Advisor
 - State Epidemiologist
 - Director, Center External Relations
 - Director, Communications
 - Director, Government Affairs
 - Director, Media Relations
 - Associate Commissioner for Laboratory and Infectious Disease Services
 - Director, Laboratory Services Section (LSS)
 - Director, Zoonosis Control Branch (ZCB)
 - State Medical Entomologist
 - Director, Birth Defects Epidemiology and Surveillance Branch
 - Director, Infectious Disease Prevention Section
 - Infectious Disease Medical Officer
 - Associate Commissioner for Regional and Local Health Operations
 - Director, Center for Health Emergency Preparedness and Response
 - Director, Office of Border Health
- Develop actions based on current information available

- Identify points of contact for every action
- Consult with LHDs and/or PHRs
- Identify timeline and schedule next DSHS Executive Group meeting
- Report completion of all actions to Commissioner

Program Assignments

The table below describes the actions DSHS will take during each phase of a Zika virus response:

- Phase I (green): Prior to Local Mosquito Transmission of Zika
- Phase II (yellow): Potential Case of Local Mosquito Transmission of Zika or Limited Local Mosquito Transmission of Zika
- Phase III (red): Sustained Local Mosquito Transmission of Zika.

The actions are categorized by the ESF #8 CFAs and DSHS program responsible for conducting them.

Program Assignments Organized by CFA

Table 1: General – Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Develop preparedness and response plans and procedural documents required for an effective Zika event response	CHEPR		Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response, Zoonosis, Community Health, Epi	Preparedness & Epi	Preparedness and Response	Preparedness , Epidemiology and Response Program; Zoonosis	Preparedness & Response
Train to and exercise Zika preparedness and response plans and procedural documents	CHEPR		Preparedness and Response	Preparedness and Response	Preparedness and Response Zoonosis	Preparedness and Response, Zoonosis, Community Health, Epi	Preparedness & Epi, Zoonosis	Comm. Disease, Zoonosis, Preparedness and Response, SHSS	Preparedness and Response Program; Zoonosis	Preparedness & Response
Coordinate Zika preparedness activities with TDEM, PHRs, LHDS, RACs, etc.	CHEPR	ZCB, LSS, CER	Preparedness and Response	Preparedness and Response	Preparedness and Response	Preparedness and Response, Zoonosis, Community Health, Epi	Preparedness & Epi	Preparedness and Response	Preparedness and Response Program; Zoonosis	Preparedness & Response

Table 2: General – Phase II & III

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Notify TDEM (DDC) of first case of local transmission	CHEPR		Refer to DSHS Central Office	Preparedness and Response	Preparedness , Epidemiology and Response Program	Preparedness & Response				
Coordinate the augmentation of existing laboratory and epidemiology staff and capacity, as needed, to support response activities through the state	CHEPR		Refer to DSHS Central Office	Refer to DSHS Central Office						

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Coordinate with Federal partners, TDEM, and the Governor's Office for projected resource needs	CHEPR		Refer to DSHS Central Office							

Table 3: CFA #1: Agriculture Safety and Security - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 1.1: Coordinate with TDA to ensure use of licensed contractors for DSHS funded spraying operations	CMS	Vector Control Unit (SOG)- LIDS, CHEPR	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office			
Task 1.2: Coordinate with USDA on waivers for organic farmers	LIDS		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office			
Task 1.3: Coordinate with Agrilife on mosquito control operations regarding bee keepers	VCU- LIDS, CHEPR		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Zoonosis, Refer to DSHS Central Office	Refer to DSHS Central Office			

Table 4: CFA #1: Agriculture Safety and Security - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 1.4: Continue coordination of waivers and vector control operations with TDA, Agrilife and USDA	CMS, LIDS, CHEPR		Refer to DSHS Central Office							

Table 5: CFA #2: All-hazards Public Health and Medical Consultation, Technical Assistance, and Support - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 2.1: Inform first responders of Zika prevention activities	CHEPR	IDPS, CER	Zoonosis	Zoonosis	Zoonosis Preparedness and response Epi	Zoonosis, Preparedness and Response, Epi	Zoonosis	Zoonosis, Preparedness and Response	Preparedness , Epidemiology and Response Program; Zoonosis	Zoonosis, Epi
Task 2.2: Provide technical expertise and guidance on public health issues of the medical needs population	IDPS	CHI, LSS	Preparedness and Response; Zoonosis	Preparedness and Response	Preparedness and Response Specialized Health and Social Services	Zoonosis, Epi, Community Health, Social Work	Zoonosis	Zoonosis, Preparedness and Response	Preparedness , Epidemiology and Response Program; Zoonosis	Zoonosis, Epi, Community Health, Specialized Health and Social Services
Task 2.3: Build capacity through collaboration with partners and infrastructure improvements	CHI		Preparedness and Response; Zoonosis	Preparedness and Response	Preparedness , Zoonosis	Zoonosis, Epi, Community Health, Social Work	Zoonosis	Zoonosis	Preparedness , Epidemiology and Response Program; Zoonosis	Preparedness and Response; Zoonosis

Table 6: CFA #2: All-hazards Public Health and Medical Consultation, Technical Assistance, and Support - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 2.4: Connect children and families affected by ZRBD to health and social services with HHSC	CHI		Specialized Health and Social Services (SHSS)	Specialized Health and Social Services	Specialized Health and Social Services	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	Specialized Health and Social Services	CHI, Specialized Health and Social Services	Specialized Health and Social Services	Specialized Health and Social Services
Task 2.5: Provide guidance, technical assistance and support for environmental assessments	LIDS		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness , Epidemiology and Response Program; Zoonosis	Zoonosis

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 2.6: Provide guidance regarding Zika testing recommendations to providers	LIDS		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis

Table 7: CFA #3: Assessment of Public Health/ Medical Needs - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 3.1: Coordinate and/or support surveys of local jurisdiction vector control capacity, equipment and supplies	CHEPR	LIDS RLHO	Preparedness and Response; Zoonosis	Preparedness and Response; Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis, Preparedness and Response	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness and Response; Zoonosis
Task 3.2: Recommend local health departments conduct assessments to determine capacity of health care provider and laboratory capacity	CHEPR	LIDS RLHO	Preparedness and Response; Zoonosis	Preparedness and Response; Zoonosis	Zoonosis	Zoonosis	Zoonosis	EPI, Zoonosis, CHI	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness and Response; Zoonosis

Table 8: CFA #4: Behavioral Health Care - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 4.1: Ensure the provision of information on and access to DBH resources by HHSC	CHEPR	RLHO CHI	Preparedness and Response	Preparedness and Response	Preparedness	Zoonosis, Epi, Community Health, Specialized Health and Social Services	Preparedness and Epi	Preparedness and Response, Specialized Health and Social Services	Preparedness, Epidemiology and Response Program	Preparedness and Response

Table 9: CFA #4: Behavioral Health Care - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 4.2: Counsel pregnant women potentially affected by Zika	CHI		Specialized Health and Social Services	Specialized Health and Social Services	Zoonosis, Epi	Zoonosis	Specialized Health and Social Services	OBPH, CHI, Specialized Health and Social Services	Birth Defects; Zoonosis	Specialized Health and Social Services, Birth Defects

Table 10: CFA #5: Blood and Tissues - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 5.1: Facilitate communications with appropriate entities and disseminate information and guidance regarding testing to ensure blood and tissue safety	LIDS	RLHO	Preparedness and Response; Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	Preparedness and Response	Preparedness and Response Program; Zoonosis	Preparedness and Response; Zoonosis
Task 5.2: Coordinate support for blood banks for testing, as deemed necessary by health authority	LSS		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office

Table 11: CFA #5: Blood and Tissues - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 5.3: Continue to coordinate support for blood banks for testing, as deemed necessary by health authority	LSS		Refer to DSHS Central Office							

Table 12: CFA #5: Blood and Tissues - Phase III

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 5.4: Contact blood centers with collections in affected county/jurisdiction to follow FDA guidance for an area of active transmission and people who have a recent travel history to affected county/jurisdiction	RLHO		Refer to DSHS Central Office							
Task 5.5: Coordinate with the FDA, CDC, and Texas blood banks to update the list of areas with active Zika virus transmission and provide information related to local/regional outbreak severity	RLHO		Refer to DSHS Central Office							

Table 13: CFA #8: Health/Medical/Veterinary Equipment and Supplies - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 8.1: Provide specimen collection supplies for field investigations	LSS	CHEPR	Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response; (Logs/coordination)	Zoonosis, Epi	Zoonosis, Epi	Preparedness & Epi	Preparedness and Response	Preparedness, Epidemiology and Response Program	Preparedness and Response

Table 14: CFA #8: Health/Medical/Veterinary Equipment and Supplies - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 8.2: Provide PPE (i.e. insect repellent) for field investigators	CHEPR	PHRs	Preparedness and Response	Preparedness and Response	Preparedness	Preparedness and Response, Zoonosis,	Preparedness & Epi	Preparedness and Response	Preparedness , Epidemiology and Response Program	Preparedness and Response
Task 8.3: Provide Zika Prevention kits (Possible items: dunks, bed nets, repellents, condoms, permethrin) or supplies to PHRs for distribution	HERPS	PHRs	Preparedness and Response	Preparedness and Response	Preparedness , Epi	Preparedness and Response, Zoonosis, Community Health, Administration	Preparedness & Epi	Preparedness and Response	Preparedness , Epidemiology and Response Program	Preparedness and Response

Table 15: CFA #9: Health Surveillance - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.1: Coordinate the development of Specialty Support Teams (SST) and protocols	CHEPR	ZCB, LSS	Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response; Zoonosis; Epi ERT	Preparedness, Zoonosis	Zoonosis	Preparedness & Epi, Zoonosis	Preparedness and Response, Zoonosis, EPI, Comm. Disease, SHSS	Preparedness, Epidemiology and Response Program	Preparedness and Response; MDT Zoonosis; Epi
Task 9.2: Develop protocols for surveillance, testing, and epidemiological investigations	ZCB	LIDS, LSS, CHEPR	Zoonosis; Epi ERT	Zoonosis: Preparedness and Response	Zoonosis, Epi	Zoonosis	Zoonosis, Preparedness & Epi	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness and Response; MDT Zoonosis; Epi
<i>Task 9.2a Develop testing guidance for pregnant women, infants, symptomatic travelers, and other potential exposed individuals</i>	LIDS	CHI	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
<i>Task 9.2b Develop testing and surveillance guidance to detect local transmission</i>	LIDS	LSS, CHEPR	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 9.3: Disseminate information regarding surveillance, laboratory testing, and epidemiological investigations	RLHO	LIDS, ZCB, CER, CHI	Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response	Epi, Zoonosis, Preparedness	Zoonosis, Epi, Preparedness and Response	Zoonosis	Preparedness and Response, EPI	Preparedness, Epidemiology and Response Program; Zoonosis; OBPH	Preparedness and Response

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.4: Coordinate and/or conduct surveillance, laboratory testing, and epidemiological investigations	ZCB	LIDS, LSS, PHRs, LHDs	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi	Zoonosis, Epi,	Zoonosis	Zoonosis, EPI	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis, EPI
<i>Task 9.4a Provide consultation on Zika testing (qualifying criteria and test selection)</i>	ZCB	LSS	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis
<i>Task 9.4b Conduct laboratory testing and develop additional lab testing capability as necessary</i>	LSS	RLHO, LRN	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 9.5: Coordinate laboratory testing and reporting with the CDC	LIDS	State Epi, ZCB, LSS	Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis,
<i>Task 9.5a In collaboration with the State Epidemiologist, coordinate activities with the CDC</i>	LIDS	State Epi	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
<i>Task 9.5b Coordinate request for lab testing with DSHS lab and CDC</i>	ZCB		Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis
<i>Task 9.5c Receive CDC test results and forward to appropriate jurisdictions</i>	ZCB		Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis
<i>Task 9.5d Report cases to CDC</i>	ZCB		Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis
<i>Task 9.5e Provide statistics to the CDC US Zika Pregnancy and Infant Registry</i>	State Epi- ZPIR Coordinator		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 9.6: Review laboratory case investigation information to classify cases	ZCB		Zoonosis	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis, Epi
Task 9.7: Follow infectious disease reporting process	LIDS		Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.8: Monitor and distribute information related to Zika	ZCB	CHEPR	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi, Preparedness	Zoonosis	Zoonosis	Zoonosis, PAR, EPI, Comm. Disease, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis
Task 9.9: Enhance timeliness and completeness of population-based surveillance of microcephaly and all Zika-related birth defects (ZRBD)	CHI	BDESB	Birth Defects	Birth defects	Birth defects	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects
<i>Task 9.9a Conduct rapid surveillance of microcephaly and other congenital anomalies linked to Zika Virus infection during pregnancy, even if Zika virus is not implicated</i>	BDESB		Birth Defects	Birth defects	Birth defects	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects
<i>Task 9.9b Accelerate the identification, abstraction, quality assurance, and completion of cases by 3 months</i>	BDESB		Birth Defects	Birth defects	Birth defects	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects
<i>Task 9.9c Incorporate testing and other information on possible Zika cases from ZCB in support of case finding activities by the Texas Birth Defects Registry</i>	BDESB		Birth Defects	Birth defects	Birth defects Epi	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects
<i>Task 9.9d Work with DSHS/HHSC partners to conduct intervention/referral for infants with these conditions</i>	BDSEB		Birth Defects	Birth defects	Specialized Health and Social Services, Epi	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects
<i>Task 9.9e Determine outcomes of infants affected by these conditions</i>	BDSEB		Birth Defects	Birth defects	Birth Defects Specialized Health and Social Services	Birth Defects	Birth Defects Epi & Surveillance	Specialized Health and Social Services	Birth Defects	Birth defects

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.10: Ensure communication, outreach and education reaches appropriate border partners including local Mexican health departments and national Mexican Ministry of health	Office of Border Health		Refer to DSHS Central Office	Com. Disease	Office of Border Public Health	Office of Border Public Health				
Task 9.11: Monitor Mexico for levels of transmission and evaluate surveillance data	Office of Border Health		Refer to DSHS Central Office	Com. Disease	Office of Border Public Health	Office of Border Public Health				
Task 9.12: Coordinate bi-national discussions with Mexico regarding Zika surveillance and case investigation along the border	Office of Border Health		Refer to DSHS Central Office	Com. Disease	Office of Border Public Health	Office of Border Public Health				

Table 16: CFA #9: Health Surveillance - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.13: Upon request, deploy a Specialty Support Team (SST) to affected PHRs. Tasks would be environmental assessment, blood draw, education and outreach, and epidemiology surveys	CHEPR	ZCB, LSS	Preparedness and Response; Epi ERT	Preparedness and Response and Zoonosis	Preparedness Zoonosis	Preparedness and Response, Zoonosis	Preparedness and Epi	Preparedness and Response	Preparedness, Epidemiology and Response Program; Zoonosis; Family and Community Health Services	Preparedness and Response
Task 9.14: Conduct in-depth interview with case-patient regarding exposure locations where he/she might have been bitten by mosquitoes (e.g. home, work, park, special event)	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	EPI; Specialized Health and Social Services
Task 9.15: Review case investigation documents and consult with Zoonosis	PHRs	ZCB	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.15a: Examine confirmed Zika case investigation records to see if there is any commonality between locations where infection may have been acquired	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis; EPI
Task 9.16: Identify high risk populations (pregnant women) in a 150-meter radius of the location in a manner that preserves patient privacy and medical confidentiality	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis	EPI, Com. Disease	Zoonosis	Zoonosis, EPI, SHSS, Preparedness & Response, OBH
Task 9.17: Conduct enhanced surveillance for clinical cases for an area around the location of concern, using a radius deemed appropriate for the local conditions and situation, to include communication with local and possibly regional medical care providers (e.g. via the Health Alert Network)	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis, Epi	Zoonosis	Zika MDT	PAR, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis, EPI, Specialized Health and Social Services, Preparedness & Response, OBH
Task 9.18: Continue to conduct laboratory testing	ZCB	LIDS, LSS, PHRs, LHDs	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 9.19: Coordinate mosquito-borne human disease surveillance including enhanced local surveillance for human cases (e.g. local clinician outreach, syndromic surveillance in nearby hospitals)	ZCB	LHDs, PHRs	Zoonosis; Epi ERT	Epi, Preparedness and Zoonosis	Zoonosis, Epi	Zoonosis, Epi	Zoonosis, Preparedness & Epi	EPI	Zoonosis	Zoonosis, EPI
Task 9.20: Continue to provide data to the CDC US Zika Pregnancy and Infant Registry (ZIPR)	ZCB		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 9.21: Continue surveillance of ZRBD and continue to conduct intervention/referral and determine outcomes of infants with ZRBD	BDESB	HHSC, ZCB, Family and Community Health	Birth Defects	Birth Defects	Birth Defects	Birth Defects	Birth Defects	Com. Disease. SHSS	Birth Defects	Birth Defects

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.22: Identify/Ascertain cases of Congenital Zika Syndrome	BDESB		Birth Defects	Com. Disease. SHSS	Birth Defects	Birth Defects				
Task 9.23: Inform DSHS partners/leadership and the CDC US ZIPR about recent deliveries with evidence of Zika infections	BDESB		Birth Defects	Com. Disease, Zoonosis	Birth Defects	Birth Defects				

Table 17: CFA #9: Health Surveillance - Phase III

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 9.24: Determine the need for assistance from a CDC field team (e.g. Epi Aid or Rapid Response Team) to provide on the ground technical, risk communication, vector control, and/or logistical support	LIDS	State Epidemiologist	RMD	Zoonosis, Preparedness and Epi	Zoonosis	Zoonosis	Zoonosis, Preparedness & Epi, MDT	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis, Preparedness & Epi, MDT
Task 9.25: Conduct additional testing in support of localized transmission investigations, as deemed appropriate by the public health authority	LSS		Zoonosis	Zoonosis	Zoonosis	Zoonosis	Zoonosis	CHI	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis/LRNs/MDTs/Zika Strike Teams/HIV-STD DIS/EPI
Task 9.26: Expand real time surveillance in/to areas with sustained local transmission	BDESB	LIDS	Zoonosis; Epi ERT	Refer to DSHS Central Office	Zoonosis, Epi	Zoonosis	Zoonosis, Preparedness & Epi	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	MDT/Preparedness & Response; Zika Strike Teams

Table 18: CFA #12: Patient Care - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 12.1: Ensure availability of testing for low income residents	CHI		Refer to DSHS Central Office	Zoonosis, Preparedness, Epi, RNs, and Central Office	Preparedness, Zoonosis	Zoonosis, Epi, Community Health	Refer to DSHS Central Office	Refer to DSHS Central Office	Preparedness, Epidemiology and Response Program; Zoonosis	Refer to DSHS Central Office

Table 19: CFA #14: Public Health and Medical Information - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 14.1: Monitor and distribute information related to Zika	LIDS		Zoonosis	Zoonosis	Zoonosis, Epi, Preparedness, Specialized Health and Social Services	Zoonosis, Epi, Community Health, Social Work, Preparedness and Response	Zoonosis	Preparedness and Response, EPI, Comm. Disease, CHI, Specialized Health and Social Services	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	Zoonosis
<i>Task 14.1a Receive high priority information and communicate it, as needed, to DSHS leadership</i>	LIDS	ZCB, LSS, BDSEB, CER	RMD	Zoonosis	Zoonosis, Preparedness	Zoonosis, Epi, Community Health, Social Work, Preparedness and Response, Administration	Administration	Reg. Med Dir	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	Reg. Med Dir, Zoonosis
<i>Task 14.1b Share appropriate information with elected officials (state, local, etc)</i>	Center for External Relations		Zoonosis, Preparedness, Regional Admin	Zoonosis, Preparedness and Response	Zoonosis, Preparedness, Regional Admin	Administration	Zoonosis, Preparedness, Regional Admin	PAR, OPBH	Preparedness, Epidemiology and Response Program; Zoonosis	Red. Med Dir, Zoonosis
Task 14.2: Create messaging for healthcare providers to include laboratory testing guidelines, case definitions, and reporting instructions	LIDS	CER, CHEPR, CHI	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
<i>Task 14.2a Ensure appropriate messaging is developed in coordination with appropriate SMEs</i>	Center for External Relations	LIDS, CHEPR	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Zoonosis. Reg Med Dir	Preparedness, Epidemiology and Response Program; Zoonosis	Reg. Med. Dir.; Zoonosis
Task 14.3: Ensure messaging reaches vulnerable populations to include hard to reach populations along the Texas-Mexico border, pregnant women, and travelers	Center for External Relations	OBH	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health	PAR, EPI, Comm. Disease, CHI, SHSS
Task 14.4: Maintain the www.texaszika.org website in coordination with appropriate SMES, to ensure updated information is available	Center for External Relations		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 14.5: Initiate public awareness campaign to include Zika informational material and community education	Center for External Relations		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Preparedness and Response, EPI, Comm Disease	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	Refer to DSHS Central Office, reg. Med. Dir.
Task 14.6: Coordinate media messaging with LHDs to promote consistency	Center for External Relations		Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response	Preparedness	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	Zoonosis, Preparedness, SHSS	Preparedness and Response	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	Refer to DSHS Central Office; Reg. Med. Dir.
Task 14.7: Ensure DSHS Health Alerts are drafted and develop scripts to answer questions from citizens and first responders	LIDS	Center for External Relations	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Zoonosis; Reg Med Dir; Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
<i>Task 14.7a Develop scripts to answer questions from citizens and first responders</i>	CER	LIDS	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
<i>Task 14.7b Coordinate with HHSC on the establishment of call center poison control and 211 to inform citizen</i>	CHEPR		Refer to DSHS Central Office							

Table 20: CFA #14: Public Health and Medical Information - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 14.8: Conduct door-to-door distribution of educational materials promoting awareness and behavior change in areas of local transmission	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Preparedness and response	Preparedness	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	Zika MDT	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	FCHS
Task 14.9: Continue to ensure appropriate messaging reaches vulnerable populations and promotes consistency	Center for External Relations		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis, Preparedness	Preparedness	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	Zoonosis, Preparedness, SHSS	PAR, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Birth Defects; Family and Community Health Services	Preparedness, Zoonosis, Epi, OBH
Task 14.10: Communicate prevention messages and information about the status of Zika transmission in the state with public via paid, news, and social media as appropriate, with updated and modifications as needed	Center for External Relations		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 14.11: Ensure outreach and education reaches appropriate border partners	Office of Border Services		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office; OBH	Refer to DSHS Central Office; OBH

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
<i>Task 14.11a: Coordinate as needed to assist with border specific needs, including but not limited to communication with Mexican Partners, outreach to Spanish speaking residents, and outreach to Colonia residents</i>	Office of Border Health		Refer to DSHS Central Office	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS, OBPH	Refer to DSHS Central Office; OBH	Refer to DSHS Central Office; OBH				

Table 21: CFA #14: Public Health and Medical Information - Phase III

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 14.12: Intensify outreach and community engagement in the affected area particularly targeted to pregnant women	Center for External Relations	CHI	CSHCN	Zoonosis, Preparedness, and Epi	Zoonosis, Epi	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	Zoonosis, Epi, Preparedness and Response, Community Health, Social Work	PAR, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Family and Community Health Services	Preparedness & Response; Community Health; SHSS; OBPH

Table 22: CFA #16: Vector Control - Phase I

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 16.1: Ensure state-level Mosquito Control Contingency contracts are in place	CHEPR	CMS ZCB	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 16.2: Coordinate the development of Specialty Support Teams (SST) and protocols	CHEPR		Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response	Zoonosis, Epi, Preparedness	Zoonosis, Epi, Preparedness and Response, Community Health	Zoonosis, Preparedness & Epi	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program	Preparedness, Epidemiology, Zoonosis, SHSS, OBH

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 16.3: Identify statewide vector control capabilities	RLHO		Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 16.4: Develop vector control coordination strategy	RLHO		Refer to DSHS Central Office	Refer to DSHS Central Office; Zoonosis	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office; Zoonosis
<i>Task 16.4a In consultation with the DSHS Medical Entomologist, develop criteria for Integrated Vector Management</i>	ZCB	LIDS, State medical entomologist	Refer to DSHS Central Office	Zoonosis	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office	Refer to DSHS Central Office	Preparedness, Epidemiology and Response Program; Zoonosis	Refer to DSHS Central Office; Zoonosis
<i>Task 16.4b Confer with mosquito control personnel on Integrated Vector Management and develop recommendations</i>	DSHS Medical Entomologist	ZCB	Refer to DSHS Central Office	Zoonosis	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office, Zoonosis Control	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office; Zoonosis	Refer to DSHS Central Office; Zoonosis
Task 16.5: Promote mosquito prevention and control efforts through community engagement	RLHO, PHRs	CER, LSS	Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response	Zoonosis, Preparedness	Zoonosis, Epi, Preparedness and Response, Community Health	Zoonosis	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness, Epidemiology, Zoonosis, SHSS, OBH
Task 16.6: Evaluate all available information to assist local jurisdictions and entities in planning for appropriate vector control activities	PHRs	ZCB, state entomologist	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis, Epi, Preparedness and Response, Community Health	Zoonosis	Preparedness and Response, EPI, Comm. Disease, CHI	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness & Response; Zoonosis
Task 16.7: Conduct mosquito identification and lab testing	LSS		Refer to DSHS Central Office	Refer to DSHS Central Office	Zoonosis	Zoonosis	Refer to DSHS Central Office	Zoonosis; Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office; LSS

Table 23: CFA #16: Vector Control - Phase II

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 16.8: Upon request and in consultation with VCU, activate appropriate Mosquito Control Contingency contract(s) in support of affected jurisdiction(s)	CHEPR	CMS ZCB	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office	Refer to DSHS Central Office
Task 16.9: Upon request, coordinate and deploy a Specialty Support Team to affected PHRs	CHEPR		Preparedness and Response; Zoonosis; Epi ERT	Preparedness and Response; Zoonosis; Epi ERT	Preparedness, Zoonosis	Zoonosis	Preparedness & Epi, Zoonosis	Preparedness and Response, Zoonosis, EPI,	Preparedness, Epidemiology and Response Program	Preparedness and Response; MDT Zoonosis; Epi

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Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 16.10: Conduct emergency activities as necessary (e.g. SMOC activation)	CHEPR		Preparedness and Response (RHMOOC)	Preparedness and Response	Preparedness	Preparedness and Response (RHMOOC)	Preparedness and Epi	Preparedness and Response	Preparedness, Epidemiology and Response Program	Preparedness & Response/MDT
Task 16.11: Based on mosquito surveillance and environmental assessment, recommend vector control activities around the residence and/or other locations	PHRs	State entomologist, LIDS, ZCB	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness and Response, EPI, Comm. Disease, CHI, SHSS	Preparedness, Epidemiology and Response Program; Zoonosis	ZCB-Entomologist/Regional Entomologist
Task 16.12: If resources are available, conduct enhanced mosquito surveillance in the area around the location of concern, using a radius deemed appropriate for the local conditions and situation	PHRS	LSS	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis, EH	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Regional Strike Team
<i>Task 16.12a: In areas without a LHD, conduct an environmental assessment and provide recommendations on vector control activities around the residence and/or appropriate for the local conditions and situation</i>	PHRs		Preparedness and Response; Zoonosis; Epi ERT	Zoonosis	Zoonosis	Zoonosis	Zoonosis, EH	Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Zoonosis; Regional Strike Team; MDT; Local vector control
<i>Task 16.12b: In areas with a LHD, when resources are exhausted, LHDs consider submitting a STAR which will be fulfilled as determined by DSHS leadership</i>	PHRs	DSHS leadership	Preparedness and Response	Preparedness and Response	Preparedness	Preparedness and Response	Preparedness & Epi	Preparedness and Response	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness & response; Regional Strike Team
Task 16.13: Consult with CHEPR on activation of Mosquito Control Contingency contracts (aerial, ground)	ZCB	CHEPR	Preparedness and Response	Preparedness and Response	Preparedness	Preparedness and Response	Zika MDT	Preparedness and Response	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness & Response; Zoonosis

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
<i>Task 16.13a: Evaluate all available information to assist PHRs, LHDS, and mosquito control entities in determining if the facts surrounding the case warrant implementation of vector control activities around the residence and/or other locations</i>	DSHS Medical entomologist	ZCB	Preparedness and Response; Zoonosis	Zoonosis	Zoonosis	Zoonosis	Preparedness and Epi	Preparedness and Response, Zoonosis	Preparedness, Epidemiology and Response Program; Zoonosis	Preparedness & Response, Zoonosis; ZCB

Table 24: CFA #16: Vector Control - Phase III

Responsibilities (General, CFAs, and Tasks)	Lead Programs	Support Programs	PHR 1	PHR 2/3	PHR 4/5N	PHR 6/5S	PHR 7	PHR 8	PHR 9/10	PHR 11
Task 16.14: Consult with ZCB, PHRs, and jurisdictions impacted on activation of state resources to support vector management	CHEPR	ZCB	RMD	Zoonosis	Zoonosis	Zoonosis	MDT	Com. Disease	Preparedness, Epidemiology and Response Program; Zoonosis; Office of Border Public Health; Family and Community Health Services	Local Vector Control or consult with & HEPR for contracts; PARM
Task 16.15: Conduct mosquito identification and lab testing, as appropriate, to determine possible areas of sustained transmissions	LSS	LIDS	Preparedness and Response; Zoonosis; Epi ERT	Zoonosis; Refer to DSHS Central Office	Zoonosis, Epi, Preparedness	Zoonosis	Refer to DSHS Central Office	Zoonosis	Preparedness, Epidemiology and Response Program	MDT/Preparedness & Response; Zika Strike Teams

Key State and Federal Agency Response Partners

DSHS is responsible for coordinating with the following state and Federal agencies to perform or support ESF #8 CFAs:

- **Centers for Disease Control and Prevention (CDC):** Participates in ESF #8 CFA #9 response activities pertaining to Zika surveillance, testing and reporting; maintains the US Zika Pregnancy and Infant Registry
- **Health and Human Services Commission (HHSC):** Participate in ESF #8 CFA #4, #9, and #14; Provide Disaster Behavioral Health services; Operate 2-1-1 as a public information tool
- **Texas A&M AgriLife Extension Service:** Participate in ESF #8 CFA #1 response activities- particularly pertaining to agricultural and environmental safety of bee keepers
- **Texas Department of Agriculture (TDA):** Participate in ESF #8 CFA #1 response activities- particularly on coordination of licensed contractors for vector control operations
- **Texas Division of Emergency Management (TDEM):** Provides support in general coordination tasks
- **United States Department of Agriculture (USDA):** Provides agriculture safety and security (ESF #8 CFA #1); Provides waivers to organic farmers

Direction, Control, and Coordination

This section describes the framework for how DSHS will direct, control, and coordinate a Zika response. It includes information regarding how the annex relates to other DSHS preparedness and response documents.

General

- All responses are local, including responses to a Zika virus incident. Coordination of ESF #8 Zika virus incident response activities within a city or county is the responsibility of the local health department (LHD). Additionally, per the Texas Administrative Code, a physician appointed as the local health authority (LHA) of a jurisdiction is responsible for administering the state and local laws relating to public health.
- In Transmission Phase III: Sustained Local Mosquito Transmission, the Governor's Office and State Operations Center are constantly advised of the ongoing situation, and additional coordination is conducted with other Texas agencies

RHMOC

- Upon activation of an RHMOC, all activities and information originating at the state level that directly impact the given regional level should be coordinated with the appropriate RHMOC
- Depending on the ESF #8 CFA tasks required for the Zika virus incident response, applicable PHR programs and response partners will be invited to support RHMOC operations.

SMOC

- The SMOC will support Zika operations during the three (3) established Zika virus transmission phases
- Depending on the ESF #8 CFA tasks required for the Zika virus incident response, applicable DSHS programs and response partners will be invited to support SMOC operations.
- The SMOC will expand/contract/adapt based on transmission phase of the Zika virus incident. Refer to CHEPR SOGs for specific SMOC operations.

Information, Collection, Analysis, and Dissemination

This section describes the critical or essential information that will need to be collected and/or shared during a Zika virus response.

General

- A Zika virus response will necessitate the collection, analysis, and dissemination of a variety of public health and medical data, including:
 - Health/disease surveillance data to include entomological, epidemiologic and arboviral information
 - Outbreak investigation data
 - Resource availability data
 - Response data
- During Phase I of a Zika virus incident, information collection and dissemination will follow normal routine until the SMOC is activated. The primary means of dissemination will be through the emailing of the Zika Dashboard.
- When activated, the SMOC is responsible for disseminating statewide public health and medical data. The primary means of dissemination will be through TX Red Sky and DSHS situational reports.

Information Collection

Efforts will be made at the state or regional levels to standardize Zika virus response data collection instruments and procedures, if feasible. Critical information will be collected from a variety of sources. This includes the following:

- DSHS Lab
- University partners
- Local Health Departments
- Regional Health & Medical Operations Centers
- Zoonosis Control Branch
- Birth Defects Program
- Media and Governmental Reports

For additional detail on information collection, analysis, and dissemination refer to CHEPR SOGs or regional SOGs.

Communications and Public Information

This section describes the communication protocols and coordination procedures used between DSHS and its response partners and DSHS and the public during a Zika virus incident response.

Communications

- Prior to activation of an RHMOC or the SMOC, internal communications will occur per normal channels
- The primary means of communication DSHS will utilize during a Zika virus incident include the following:
 - Meetings (face-to-face and conference calls) (i.e. Weekly Zika Meetings)
 - Email
 - News Release
 - Health Alerts and Advisories
 - Public Health Information Network (PHIN)
 - Secure information network used to send health alerts and share documents
 - Utilized by state, regional, and local health departments
 - Websites (i.e. dshs.texas.gov and texaszika.org)
 - WebEOC
 - Texas Red Sky

Notifications

Notification actions will begin in Phase II and continue into Phase III. The following table breaks down the actions and responsible party.

Notification Actions	Responsible Office(s)
Contact Executive Commissioner	Office of the Commissioner
Contact Governor	Office of the Commissioner
Notify DSHS Zika Work Group	Senior Advisor
Notify Legislators and other elected officials	Government Affairs
Contact affected LHD and PHR Epidemiologists	Zoonosis Control Branch
Contact CDC	Commissioner and/or State Epidemiologist
Contact border and appropriate binational partners	Office of Border Health
Contact News Media	Center for External Relations
Contact Texas Division of Emergency Management	Center for Health Emergency Preparedness and Response
Contact blood centers in affected county/jurisdiction	Regional and Local Health Operations
Contact LHD Leadership	Regional and Local Health Operations

Public Information

The DSHS Center for External Relations (CER) is responsible for the communication of Zika related information to the public, the news media, and the Legislature on behalf of DSHS. For additional detail on public information refer to the *DSHS Basic Plan*.

Administration, Finance, and Logistics

This section covers general support requirements and the availability of services and support for a Zika virus incident.

Administration and Finance

- DSHS administration and finance functions will be accomplished by the Finance and Administration Sections within the SMOC and RHMOC(s)
- Requirements for any state resources requested (supplies, equipment and personnel) must be approved by the SMOC Director with input from the Vector Control Unit. Expectations are defined in the *Zika SOG*
- Once all local and regional resources have been exhausted, a State of Texas Assistance Request (STAR) may be submitted through the DDC to the SOC for those jurisdictions requesting State and/or Federal assistance for vector control. The approval process for supporting Zika related STARs is defined in the *Zika SOG*
- Sourcing of funds to purchase Zika items will be determined at the time of request and approved by the RLHO Associate Commissioner and or Budget Office Director

Logistics

- DSHS logistics functions will be accomplished by the Logistics Sections within the SMOC and RHMOCs
- The following ESF #8 resources may be requested to support a Zika virus incident in Texas:
 - **Larvicide:** Insecticide that targets the larval stage; can come in the form of dunks which kills larvae in standing water
 - **Adulticide:** Insecticide that targets the adult stage
 - **Permethrin:** An adulticide used to treat clothing
 - **Repellent:** Substance that discourages insects from landing and biting
 - **Zika-Prevention Kits:** May include drawstring bag, mosquito repellent, mosquito netting, condoms, larvicide tablets, English/Spanish informational insert
 - **Mosquito Surveillance Equipment:** Specimen collection resources for trapping mosquitos
 - **Deployable teams:** Conduct mosquito surveillance, assessment, or vector control activities

Plan Development and Maintenance

- DSHS CHEPR is responsible for maintaining this annex. Recommended changes to this annex should be forwarded to the CHEPR Response and Recovery Unit Planning Team as needs become apparent
- This document will be reviewed by DSHS every five years. Lessons learned from exercises and real-world incidents during a given year will be incorporated into the annex at that time
- DSHS programs assigned responsibilities in this annex are responsible for developing and maintaining SOGs covering those responsibilities
- Revisions to the document must be approved by the DSHS Commissioner of Public Health, or designee. Revisions also should be documented in the *Record of Changes* section of this document

Authorities and References

This section lists the authorities which allow this specific document to be implemented and the references which aided the development of or support the implementation of this document

Legal

- Communicable Disease Prevention and Control Act: [Texas Health and Safety Code, 81](#)

References

- Zika Virus Transmission Methods- CDC Webpage
<https://www.cdc.gov/zika/prevention/transmission-methods.html>
- Zika Virus Symptoms- CDC Webpage
<https://www.cdc.gov/zika/symptoms/symptoms.html>
- Zika Reported Cases- DSHS Webpage
<https://www.texaszika.org/currentcases.htm>
- Zika Historical Data- DSHS Webpage
<https://www.texaszika.org/historicaldata.htm>

Supporting Documents

- The *Zika Virus Annex* is a department-level document that falls under the DSHS Public Health and Medical Response Basic Plan (under development) and works in concert with [CDC Interim Zika Response Plan](#)
- The DSHS Tactical Documents that describe how DSHS will conduct specific Zika virus response related tasks, goals, and objectives include the following:
 - Response for Locally-Acquired Human Zika Virus Standard Operating Guide (*under development*)
 - PHR Zika Standard Operating Guides
- Emergency Support Function Foundation Technical Guide (*under development*) is a DSHS Technical Document that describes the responsibilities for ESF-8 as assigned by TDEM

For more information regarding this document, please contact:
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Response and Recovery Unit at the Texas Department of State
Health Services
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