

**Texas House of Representatives
Committee on Public Health**

Invited Testimony
March 10, 2020

Dr. David Persse, City of Houston Local Health Authority

Good morning and thank you for inviting me to provide testimony on our public health and emergency response activities for COVID-19. I am Dr. David Persse and I serve as the Physician Director of Emergency Medical Services and Local Health Authority for the City of Houston. I am glad to have my friend and colleagues joining with me to today to provide information about how important it is for us to have closely coordinated efforts in our responses from the beginning. My goal today is to share with you key local, regional and state and coordination activities for our response, the essential public health functions underway with the Houston Health Department, and finally what are some immediate needs and achievable wins with this response.

The Houston Health Department routinely tracks, investigates, and responds to reports of illness and other events that may pose a health risk to our community. Recent examples include monitoring for potential cases of Ebola and responses to Zika virus and H1N1. Staff are on call 24 hours a day, 7 days a week, to respond to provider and facility calls for over 90 reportable conditions. The HHD Laboratory serves as the regional reference laboratory for the 16 counties comprising Texas Public Health Region 6/5 South and for many area hospitals and healthcare facilities. A major role of the HHD includes recommendation, and implementation of, control measures to prevent disease spread. The HHD has been closely monitoring the emergence of 2019 novel coronavirus and related disease since early January and the Incident Command System (ICS) was activated on February 16, 2020.

In addition to the internal ICS coordination for the Houston Health Department's effort, we are collaborating with the City of Houston Office of Emergency Management to co-convene a City-wide Task Force specific to COVID-19 consisting of executive level representation from each City Department. This task force has been working to assess the impacts of COVID-19 to their department operations plan for continuity of operations, procure and plan for allocation of personal protective equipment (PPE), and coordinate the submission of requests for financial resources and any potential purchasing contracts needed. Keeping the public, elected officials, and providers up-to-date about the situation locally has also been a priority response activity in our area, as we have been fielding numerous requests for education by subject matter experts and creating and distributing sector-specific guidance for schools, businesses, jails/detention centers, and long-term care facilities. Yesterday, we announced the activation of our call center hotline in order to be more responsive to the general public regarding frequently questions, as well as reinforcing our 24-hour access line to local providers who may have specific questions for how to order COVID-19 testing.

Currently, several City of Houston departments and partner agencies are contributing significant resources and personnel to support local preparedness and response activities. There are identified needs and gaps in services that would be required to support any necessary expansion of this public health response. Funding would be needed to support all aspects of the local response, including; public health preparedness, surveillance, epidemiology, laboratory testing, and quarantining costs. Public Health Surveillance and Epidemiology have historically been underfunded with limitations on the staff support



after hours and on weekends, as well as public health nursing staff to collect samples from persons under investigation or confirmed cases. Quarantining/Isolating and wrap around support services that consider contingency housing for confirmed cases who cannot be isolated at home (e.g., a traveler, lives with vulnerable persons) or in a medical facility. Expansion of laboratory services are also needed to respond to the increasing demand for the number of tests that can be performed locally. This expansion requires staff capacity to work in three (3) shifts round the clock, additional equipment and supplies, as well as courier vehicles that are needed to bring samples from the point of collection to the HHD Laboratory.

I have also partnered with my colleague Dr. Umair Shah with Harris County Public Health to co-convene frequent meetings with hospital systems and providers in the Texas Medical Center. Over the past weeks and months, we have worked with them to answer questions and prepare them for triage and response as more cases occur. The HHD has also reinforced the response process by other specific medical facilities. Private providers and urgent care centers are encouraged to call 911 if they suspect a person is in need of COVID-19 testing, while freestanding emergency centers are legally required to have predetermined agreements with area hospitals to facilitate patient transfer. The logistical challenge is that hospitals are currently operating at close to capacity on any given day and the increasing demands on these already overburdened systems will risk our ability to have a scalable response for a large urban area of our size. The healthcare system remains a critical component in our ability to meet the demand for triage, testing, and isolation efforts, so we have been closely working to in their unprecedented plan to work collaboratively together on a plan to standardize and expand the number of community access sites to essential triage and screening sites for COVID-19.

My final point is to discuss the importance of supporting emergency funding allocation to local areas and the flexibility to support the timely initiation of evidence-based interventions. These dollars can help to meet current needs in our public health and healthcare system infrastructure while allowing the expansion of services that leverage existing systems that are effective in population infection control. Telehealth and telepsychiatry platforms offer opportunities for slowing viral transmission and increasing the number of low risk encounters with residents requiring medical triage. The Houston Fire Department Emergency Telehealth and Navigation (ETHAN) program can be utilized for all 911 patients within Gulf Coast Region, and possibly statewide, to provide triage guidance as it pertains to Coronavirus Disease 2019 (COVID-19). Emergency Medical Physicians can communicate via voice and/or video with ambulance crews and patients to triage for potential signs and symptoms using CDC recommendations. The physicians can provide medical direction while speaking with ambulance crews in terms of allowing patients to remain at home, or most efficient destination decision making thereby minimizing spread of virus to EMT's/paramedics and other healthcare workers. ETHAN has successfully reduced ambulance use and improved EMS efficiency, simultaneously keeping healthcare costs at a minimum.

Our response to COVID-19 in Houston/Harris County will be a marathon and not a sprint. If we have done our job well, these proven public health response strategies would have ensured that fewer people and for those that did, we would have saved lives. Key responses with emergency planning coordination, prevention and control efforts, and local investments in simple yet effective strategies can result in achievable wins for Houstonians and for Texans at large.

Thank you for your time hearing these local experiences and recommendations. I also thank you for your continued support. -END-