State Sharing Session

Update from Texas: Unaccompanied Children (UCs), Ebola Response, and Other Recent Challenges

Tenth Annual DPHP Meeting
Bruce Clements, MPH
Preparedness Director
Texas Department of State Health Services
October 2014
Unaccompanied Children (UCs)

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October 2014
Monthly UC Apprehensions

Unaccompanied Children Apprehended Monthly along the Southwest Border by U.S. Border Patrol (FY12 through 5/31/14)

<table>
<thead>
<tr>
<th></th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>TOTAL (FY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY12UC</td>
<td>1,465</td>
<td>1,446</td>
<td>1,259</td>
<td>1,635</td>
<td>2,077</td>
<td>2,755</td>
<td>2,703</td>
<td>2,541</td>
<td>2,071</td>
<td>2,118</td>
<td>2,289</td>
<td>2,044</td>
<td></td>
</tr>
<tr>
<td>FY14UC</td>
<td>4,190</td>
<td>4,356</td>
<td>4,340</td>
<td>3,721</td>
<td>4,855</td>
<td>7,191</td>
<td>7,722</td>
<td>10,646</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Border Patrol Sector Apprehensions

As of June 17, 2014

<table>
<thead>
<tr>
<th>Location</th>
<th>Total Apprehensions</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego, CA</td>
<td>65</td>
</tr>
<tr>
<td>El Centro, CA</td>
<td>62</td>
</tr>
<tr>
<td>Yuma, AZ</td>
<td>8</td>
</tr>
<tr>
<td>Tucson, AZ</td>
<td>165</td>
</tr>
<tr>
<td>El Paso, TX</td>
<td>73</td>
</tr>
<tr>
<td>Big Bend, TX</td>
<td>24</td>
</tr>
<tr>
<td>Del Rio, TX</td>
<td>111</td>
</tr>
<tr>
<td>Laredo, TX</td>
<td>98</td>
</tr>
<tr>
<td>Rio Grande Valley, TX</td>
<td>1,223</td>
</tr>
</tbody>
</table>

Legend:
- Mexico
- Guatemala
- Honduras
- El Salvador
- Other
Border Patrol Sectors
Demographics and Points of Entry

- **Southwest Border: All Apprehensions (U.S. Border Patrol)**
  - Rio Grande Valley Sector: 67%
  - Rest of Southwest Border: 33%
  - Rio Grande Valley Sector: 1,223 (17%)
  - Rest of Southwest Border: 606 (7%)

- **Southwest Border: Unaccompanied Children Apprehensions (U.S. Border Patrol)**
  - Rio Grande Valley Sector: 79%
  - Rest of Southwest Border: 21%
  - Rio Grande Valley Sector: 279 (16%)
  - Rest of Southwest Border: 73 (22%)

- **USBP Rio Grande Valley Sector: All Apprehensions (U.S. Border Patrol)**
  - El Salvador: 37%
  - Honduras: 30%
  - Guatemala: 15%
  - Mexico: 15%
  - Other: 3%

  - El Salvador: 50%
  - Honduras: 26%
  - Guatemala: 18%
  - Mexico: 15%
Central American Conditions Worsening

Poverty, violence, and crime
Policies Accommodating

- **2007 Deferred Action for Childhood Arrivals (DACA) Program**
  - Provides work authorization and protection from immigration enforcement to individuals brought unlawfully as children

- **2008 William Wilberforce Trafficking Victims Protection Reauthorization Act (TVPRA)**
  - Special procedures for handling UC from non-contiguous nations. Attempts to reunite with their families in the U.S. (85% success rate)

- **Encourage New Legalized Immigrants to Start Training (ENLIST) Act. (S. 744)** Passed the Senate in June 2013
  - Provide illegal immigrants rapid citizenship in exchange for military service
Designated Status

• Refugees
• Asylees
• Certified international victims of trafficking and unaccompanied international children with a federally issued eligibility or certification letter
• Children with Special Immigrant Juvenile Status
• Entrants and parolees from Cuba and Haiti
• Special Immigrant visa holders from Iraq and Afghanistan
• U status recipients
The Journey North
Apprehension and Detainment

Source: CNS

Source: Military Times

Source: TCS
**Southwest Border Family Unit Apprehensions**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Fiscal Year 2013</th>
<th>Fiscal Year 2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend Sector</td>
<td>97</td>
<td>164</td>
<td>69%</td>
</tr>
<tr>
<td>Del Rio Sector</td>
<td>591</td>
<td>4,839</td>
<td>&gt;500%</td>
</tr>
<tr>
<td>El Centro Sector</td>
<td>347</td>
<td>592</td>
<td>71%</td>
</tr>
<tr>
<td>El Paso Sector</td>
<td>290</td>
<td>530</td>
<td>83%</td>
</tr>
<tr>
<td>Laredo Sector</td>
<td>1,514</td>
<td>3,487</td>
<td>130%</td>
</tr>
<tr>
<td>Rio Grande Sector</td>
<td>6,002</td>
<td>50,619</td>
<td>&gt;500%</td>
</tr>
<tr>
<td>San Diego Sector</td>
<td>1,424</td>
<td>1,617</td>
<td>14%</td>
</tr>
<tr>
<td>Tucson Sector</td>
<td>2,436</td>
<td>3,668</td>
<td>51%</td>
</tr>
<tr>
<td>Yuma Sector</td>
<td>207</td>
<td>626</td>
<td>202%</td>
</tr>
<tr>
<td><strong>Southwest Border Total</strong></td>
<td><strong>12,908</strong></td>
<td><strong>66,142</strong></td>
<td><strong>412%</strong></td>
</tr>
</tbody>
</table>
# Southwest Border Unaccompanied Children (0-17 yr old) Apprehensions

<table>
<thead>
<tr>
<th>Sector</th>
<th>Fiscal Year 2013</th>
<th>Fiscal Year 2014</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Big Bend Sector</td>
<td>122</td>
<td>244</td>
<td>100%</td>
</tr>
<tr>
<td>Del Rio Sector</td>
<td>1,943</td>
<td>3,150</td>
<td>62%</td>
</tr>
<tr>
<td>El Centro Sector</td>
<td>396</td>
<td>612</td>
<td>55%</td>
</tr>
<tr>
<td>El Paso Sector</td>
<td>693</td>
<td>945</td>
<td>36%</td>
</tr>
<tr>
<td>Laredo Sector</td>
<td>3,503</td>
<td>3,629</td>
<td>4%</td>
</tr>
<tr>
<td>Rio Grande Sector</td>
<td>19,247</td>
<td>48,475</td>
<td>152%</td>
</tr>
<tr>
<td>San Diego Sector</td>
<td>589</td>
<td>877</td>
<td>49%</td>
</tr>
<tr>
<td>Tucson Sector</td>
<td>8,480</td>
<td>7,867</td>
<td>-7%</td>
</tr>
<tr>
<td>Yuma Sector</td>
<td>236</td>
<td>328</td>
<td>39%</td>
</tr>
<tr>
<td>Southwest Border Total</td>
<td>35,209</td>
<td>66,127</td>
<td>88%</td>
</tr>
</tbody>
</table>
Unaccompanied Children (UCs) (0-17 yr old)

FY13: 35,209
FY14: 66,127
117% increase in children 12 and under
FY15: 145,000*  
(Anticipated influx)  
*Administration Supplemental Request
Location of Unaccompanied Children from Apprehension through Discharge (ALL DATA AS OF JUNE 17)

**Apprehension**
- SOUTHWEST BORDER APPREHENSIONS: 352 (+24)
- CBP HOLDING: Southwest Border Stations - 3,049
  - RGV Sector - 1,835
  - *UCs in several CBP holding facilities

**CBP Processing Centers**
- CBP Processing Center Total: 903/1,154
  - Nogales Processing Center, AZ - 903/1,154
    - *3 Days req’d after vaccination
  - McAllen Processing Center, TX - 0/1,100
    - *Operational by July 11

**HHS/ORR Shelter**
- Shelter Total: 7,352/8,691
  - DOD SITE - HHS/ORR SHELTER
    - Lackland AFB, TX - 1,038/1,200
    - Ventura NAS, CA - 224/575
    - Ft. Sill, OK - 524/600
    - (Note: All UCs have been processed and vaccinated 72 hours prior to movement and are healthy to move. Age 12-17 years)

**Other ORR Shelters-Grantees**
- 5,566/6,316
  - (Note: All UCs have been medically screened and triaged as healthy to move.)

**Discharged**
- 300
2014 Surge
Apprehensions and Releases of Unaccompanied Children
CBP Field Stations

- No initial medical screening (visual only)
- Medical care by complaint only
- No vaccines or TB testing provided
- Lack of diagnostic equipment; i.e. fetal doppler, nebulizers for asthmatics, etc.
- No mental health support except emergency intervention
- One or two toilets in each crowded cell (30 to 40 people). No sinks or soap
- Sleeping on the floor
- Eating in the same place

NOTE: Conditions as of June 2014
Health & Medical Concerns

- Lice and scabies
- Three (3) H1N1 cases
- Three (3) pneumococcal pneumonia cases
- Three (3) TB cases
- 67 varicella (chicken pox)
Vaccine for Children Program

• DSHS Provided:
  – All ACIP routinely recommended vaccines to participating shelters
  – Large amounts of Tdap, MMR, Varicella, Meningococcal, and pneumococcal vaccines
  – FDA approved extended-expiry influenza vaccine

• Facilitated TVFC enrollment process to onboard providers serving this population

• Provided 1,915 flu doses

• Facilitated shipment of additional federal purchased VFC influenza vaccine
State Public Health Challenges

• Disease Reporting
  – Shelters and detention centers were not all aware of state reporting laws and requirements
  – Essential to ensure timely reporting of infectious diseases for local and state public health agencies to assist and coordinate handoffs with other states
  – A problem particularly with TB cases where the individuals have started treatment
State Public Health Challenges

• Immunization Documentation
  – Paper-based immunizations records for UCs
  – Some arrived at shelters without documentation
  – Needed to assure
    • They received required vaccines needed to attend day cares and schools
    • What vaccines still needed for day care & school compliance
State Public Health Challenges

• Over- and Under-vaccination of UCs
  – Lost immunization records
  – Providers did not know what vaccines were administered and when
  – Questions regarding whether providers were waiting appropriate time between administering vaccines; compounded by the lack of paper immunization records arriving with the UCs
State Public Health Challenges

• Enrolling ORR Shelters into the TVFC Program
  – Due to situational urgency, some shelters attempted to bypass the established enrollment process, including:
    • Initial site visit to verify vaccine storage conditions
    • Two week temperature monitoring of refrigerators and freezers.
  – Confusion in monitoring and conducting quality assurance site visits on enrolled TVFC providers
  – Vaccines at risk of decreased viability due to improper vaccine storage and handling
State Public Health Challenges

• Some ORR shelters not equipped to handle influx of vaccines requiring storage
• Not all ORR shelters ordered doses of all ACIP-recommended vaccines which is a requirement of TVFC providers
• ORR shelters requested influenza vaccine
  – DSHS had expired influenza vaccine (2013-2014 influenza season)
  – 2014-2015 influenza vaccine not yet available
  – DSHS worked with the CDC get special dispensation to utilize the 2013-2014 influenza vaccine past the expiration date.
  – Could only be utilized for the UC population at two locations
Questions
Bruce.Clements@dshs.state.tx.us
Texas Ebola Response

Tenth Annual DPHP Meeting
Bruce Clements, MPH
Preparedness Director
Texas Department of State Health Services
October 2014
First U.S. case of Ebola Virus Disease

• September 20: Adult asymptomatic traveler from Liberia arrived in U.S.

• September 26: Patient developed fever and abdominal pain
  – Sought medical care at Texas Health Presbyterian Hospital ED
  – Discharged on the same day.
First U.S. case of Ebola Virus Disease

• September 28: Two days later, the patient returned to Emergency Department by ambulance
  – Continuing fever, diarrhea and vomiting
  – Denied having exposure to an Ebola patient, attending burials, or eating any wild game (bush meat)
  – Monitored under isolation in the Emergency Department
  – Move to isolation ICU bed
  – Initial work-up included a negative malaria smear
First U.S. case of Ebola Virus Disease

• September 29: Blood specimen sent to the Texas State Public Health Laboratory and CDC for Ebola RT-PCR testing
• September 30: RT-PCR results from the CDC Viral Special Pathogens Branch laboratory were reported as positive and a diagnosis of EVD was made
Texas Health Presbyterian Hospital Dallas

- 898-bed acute-care hospital
- 1,200 Physicians
- Highly advanced expertise and capacity
ESF-8 Stakeholders

1. Hospital
2. EMS
3. 12 Local Health Departments
4. 2 Municipalities (Judge and Mayor)
5. State and Local Emergency Management
6. TX DSHS Regional and Central Office
7. State Medical Operations Center
8. Other State Agencies
9. Governor’s Office
10. Federal partners (e.g. CDC DOT)
State Activation

24 September: Ebola Planning Meetings
30 September: Ebola Confirmed
1 October: Virtual Activation of State Medical Ops Center
3 October: Full Activation of State Medical Ops Center
ESF-8 OPERATIONAL OBJECTIVES

1. Gain and maintain situational awareness
2. Coordinate and share operational information at all levels of response and between all partners/stakeholders
3. Coordinate state and local epidemiological response and surveillance
4. Coordinate and provide resources to support incident response
5. Coordinate state and local response to waste removal
6. Coordinate public information messages between DSHS, Dallas County local health department, HSR 2/3, and emergency management partners
Current Situation

• Dallas County Epidemiology has identified all known contacts
  – Contacts are under symptom watch
  – Twice daily fever check including, one self-reported and one observed by Dallas County Health and Human Services.
  – No symptoms have been reported at this time.
Current Situation

- A Control Order remains in effect for four (4) family contacts to remain at home and not receive visitors until October 19th.
- A second and third control order have been issued to contacts of the index case.
- Waste removal from the hospital has been completed and disposal has occurred. Waste removal from the apartment is currently being coordinated.
Waste Transport

- Emergency Special Permit – 60 Days
- Transport for autoclaving or incinerating
- *Infectious Substances Affecting Humans:* Hazard Class/Division 6.3, UN2814
- Regulatory System: 49 CFR, 106, 107, 171-180
- Exempted from 49 CFR 173.196(a) with alternate packaging
Waste Transport

• Outer Packaging
  – Triple walled UN1GW
    • 35 or 55 gallon drum
    • 6 mil polyethylene liner
  – Solid plastic 96 gallon cart
    • PG II Level
    • Addition, third inner film bag
    • No more than 30 carts allowed under this permit
Waste Transport

• Inner Packaging
  – Minimum of three 1.5 mils inner film bags
  – Marked and certified tear resistant, ASTM D1922
  – Inner two bags balloon-tied
  – Compatible with EPA-Registered Disinfectants
  – Absorbent material placed in outer container
  – Disinfect each layer of inner linings
Waste Transport

• Operational Requirements
  – Assure sealing of all containers prior to loading
  – Manual loading/unloading only
  – No forklifts or mechanical movement
  – Must have a Spill Response Plan
  – Must have a Security Plan
  – Vehicle decontaminated after delivery
  – Must follow all additional HAZMAT transport requirements
Keywords: Ebola, EVD, Thomas Duncan, Thomas Eric Duncan, Liberia, Ivy Apartments, Texas Health Resources, Presbyterian, Texas Health Dallas, blood test, quarantine or quarantined, and isolation, isolate or isolated.
Questions
Bruce.Clements@dshs.state.tx.us