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Assistant Professor of Medicine
UT Health and Science Center at San Antonio

Jennifer Wells, MD
Director
Regenerative Liver and Neoplasia
Assistant Professor of Medicine
UT Health Science Center at San Antonio

San Antonio Doctors
Eric Lawitz, MD  Fred Poordad, MD  Julio Gutierrez, MD

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Doctors’ Kids

Did that title make you want to read more? Most of us have kids; I have three—two boys and a girl. They have all graduated from college recently and started on their careers. So when I came across an article titled *Millennials May Be First to Earn Less Than Previous Generation*, I suddenly became very interested.

Historically, each generation has tended to do better financially than their parents. This is the hope that all parents have, for their children to have it a little better or a little easier than they did. But apparently all that is changing. Generation Y (those born between 1981 and 2001) will, on average, earn less than their parents.

This led me to thinking about my own kids and children of doctors in general. They've got it tough. Maybe not when they are young, but life seems to become more complicated the older they get. You would have to admit that physician parents occupy a significant spot on the social hierarchy. The prestige that comes with our job, and the respect paid to it, creates big shoes to fill.

I think of all the times that my kids were present while I gave a TV interview or was recognized in a restaurant by a patient who began gushing over what a wonderful delivery she had. The kids sat dutifully by with a mixture of pride and annoyance.

So what will become of them when they reach adulthood? Because of things like wage stagnation and increasing college costs it is unlikely that they will earn a wage like ours. It’s harder for anyone to make it these days. I think about my own inexpensive tuition to the University of Texas in the 1980s compared to my son’s. Big difference!

I think this generation is more focused on what makes them happy rather than how big their paycheck is. In fact, there is such a thing as a success metric, and millennials tend to prioritize happiness and personal satisfaction over salary and job. I know doctors whose kids decided to take a break from school to enjoy themselves before enrolling in college. It’s funny how working the ski lifts in Aspen suddenly becomes one’s profession. Maybe they have it figured out. All I know is that one day you are 50 with kids, and I would rather be skiing than working the lifts.

Each generation wants the next to be more prosperous than they were. Many parents try to overcompensate by giving their kids material things. It’s a tough trap to avoid. Julie and I have tried to rein in spending on the kids with the knowledge that too much can do harm in establishing their values. We both grew up very modestly, not rich or dirt poor, but comfortable. As parents of comfortable means today, it’s difficult at times to not go overboard for Christmas or birthdays especially when there’s always that one friend who drives a new car or another that has the latest electronic gadget. But seriously, what 17 year-old needs a new BMW?

It’s a challenge that most of us face: trying to give our children a comfortable and secure life while not indulging in excess but teaching them responsibility and self-management. We all want independent young adults who can make thoughtful decisions. When our kids were growing up, many an evening dinner at our house involved conversation (they might say lectures) about credit card debt or savings accounts or 401(k)s. I must admit that I take great satisfaction seeing them now as adults: gainfully employed, trying to max out their 401(k) and saving money.

So maybe it’s not as easy as some might think to be a physician as a parent. Give the kid too much and he or she will not learn the value of a dollar. Give them too little and they end up resentful and miserly. I frequently hear that the millennial generation has a sense of entitlement, and maybe it’s a little bit true. We all want the best for our children, but how much is too much? That is the question that Julie and I have asked ourselves for years. Just like everyone else, we want successful and confident kids. It’s a difficult balancing act.

Which brings me back to this: it must be tough to be a doctor’s kid. It’s a lot to live up to.

Robert K. Cowan, MD
2016 TCMS President
Physicians often hear the term “population health,” but many do not know what it means or understand it well enough to know their role in it. This panel discussion will help physicians better comprehend population health and how to incorporate its different models of care to provide better access to care that leads to better outcomes.

Each of the panelists will discuss their roles in improving health in our community.

Moderated by Pradeep Kumar, MD
Ana Daghestani, MD, Austin Regional Clinic
Randall Schultz, MD, Texas Orthopedics, Sports & Rehabilitation
Kevin Spencer, MD, Premier Family Physicians
William Tierney, MD, Dell Medical School

When: Tuesday, October 18
6:00 pm—Buffet dinner
6:30 pm—Presentation

Where: TMA Thompson Auditorium
401 W 15th Street, 78701

RSVP: email tcms@tcms.com, call 512-206-1249

This event is sponsored in part by the following Friends of the Society: Texas Medical Association Insurance Trust, Texas Medical Liability Trust, Merchants and Professional Credit Bureau, SkylesBayne, Atchley & Associates.
The Medical Society extends deepest sympathy to the family and friends of the following physicians.

Kevin Doner, MD

Kevin Doner, MD, age 42, passed away on July 24 after a year-long struggle with cancer. He was born in Lexington, KY but grew up in Indiana where he graduated from high school in Indianapolis. He did his undergraduate work at Vanderbilt University, received his medical degree at Indiana University School of Medicine and did his residency in internal medicine as well as his fellowship in medical oncology at UT Southwestern. Following training, he practiced briefly with Austin Diagnostic Clinic before joining Texas Oncology where he practiced until a few months before his passing.

Friend and colleague, Dr. Balijepalli Netaji, recalls Dr. Doner as a kind and caring physician and friend, beloved by patients for whom he provided the best possible care. Former patients’ comments after his passing consistently make note of the personal bond they had with him as well as his expertise. He is survived by his parents, sister and his fiancée Tiffani Haynes.

Jerry Julian, MD

Jerry Julian, MD, 85, passed away on July 19 after a two year battle with leukemia. Dr. Julian was a native of Friona, TX. He graduated from Texas Tech after serving in the US Army. He graduated from UTMB Galveston, did an internship in New Orleans and then returned to Galveston for orthopedic training. In 1965, he and his wife Janie moved to Austin with their three sons to open his orthopedic practice. Dr. Julian was a pioneer in the field of sports medicine. He served as the orthopedic team physician for the Division of Intercollegiate Athletics at UT from 1969-1986, helped introduce arthroscopic surgery to Austin and developed a sports medicine rotation for orthopedic residents. Dr. Julian served as president of the Texas Orthopedic Society in 1986. He retired in 1999 and enjoyed flying, tennis and golf. He was an avid hunter and skilled fly fisherman, tying his own flies to be used on fly rods that he personally constructed. All of these activities brought him closer to his beloved sons. Dr. Julian was a faithful member of Tarrytown United Methodist Church for 50 years.

Kimberly Gambarin, MD

Kimberly Gambarin, MD, 46, died at her home on July 25. Originally from Beacon, NY, Dr. Gambarin was described as a “child prodigy pianist recognized by Julliard.” She also excelled as a tennis player and oboist. Dr. Gambarin graduated as salutatorian of her high school class before going on to similar successes at Cornell University and SUNY Stonybrook Medical School. She studied internal medicine and then infectious disease at Baylor in Houston. Driven to succeed in all efforts she undertook, she passed both her Canadian and US medical boards in the 99+ percentiles and achieved black belt status in Kuk Sool Won martial arts. Dr. Gambarin practiced infectious disease in Austin for a number of years. She suffered from reflex sympathetic dystrophy for several years and recently closed her medical practice. Talented and accomplished in so many ways, Dr. Gambarin’s most prized accomplishment and joy was her daughter Elena. In addition to Elena, she is survived by her husband, Dr. Semyon Gambarin.
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Texas struggles with access to emergency care. In 2014, The American College of Emergency Physicians gave The Lone Star State an “F” in the area of access to emergency care, citing that, despite “attracting large numbers of emergency physicians and specialists,” a swelling state population “has resulted in very low per capita rates of many types of specialists, emergency physicians and registered nurses.”

While finding a long-term solution to access is needed for a better grade, the growing emergence of freestanding emergency centers (FECs) yields an opportunity to improve the experience of emergency care for both patients and emergency personnel.

Since their appearance in the 1970s, FECs have grown in numbers, expanding from rural emergency care service to more metropolitan areas. Today, it is not uncommon to see FECs tucked between popular restaurants and stores or across the street from apartment buildings.

But along the way, many myths have sprouted around them:

• FECs are overpriced compared to regular and urgent care;
• FECs cannot offer the same quality care as traditional emergency departments (ED) and
• FECs do not accept insurance.

None of these statements are true. In fact, FECs are changing the experience of emergency medical care for both patients and physicians.

True emergency care is always more expensive than a regular physician’s visit, but emergency care requires more training and equipment with speedier turnarounds on imaging and testing, hence higher insurance co-pays and higher charges for emergency services. While many see FECs as a purely for-profit business, they actually offer an extremely efficient and potentially lifesaving alternative to traditional hospital EDs.

According to a 2009 study conducted by the Center for Outcomes Research and Evaluation, the average hospital ED wait time to be seen was over 50 minutes; took three hours to be discharged and just under five hours to be admitted. Comparatively, an independently-conducted survey of eleven Texas FECs published by the Texas Association of Freestanding Emergency Centers revealed that FECs consistently took less than half the time of EDs in the areas of lab testing, imaging, “door to doc” and length of stay.

Reduced wait time does not have to mean diminished care, however. Urgent care clinics may be quick, but they offer limited services at limited hours with very little regulation and variable quality of care. FECs on the other hand, must conform to extremely stringent regulations regarding signage, operating hours, licensing, equipment and training.

Some may claim FECs threaten to undermine traditional hospital EDs, but once again, this is a falsehood. Many FECs have great relationships with area hospitals, often stabilizing and transferring patients to hospitals when in-patient or operative care is needed. Plus, the presence of FECs helps alleviate overcrowding and stress in already busy hospital EDs, thus improving the overall patient experience and perception of care in hospitals. And in an industry driven by patient satisfaction, it is imperative those numbers are high, both for attracting patients and retaining quality personnel.

As FECs grow more common, the next generation of patients will view their presence as a normal alternative to traditional hospital EDs. It then becomes imperative that these myths about FECs transform into accurate representations, especially when that reality is improved emergency care.
DON’T SETTLE FOR LESS THAN COMPREHENSIVE VEIN CARE.

And don’t assume that spider veins, varicose veins, leg pain or ulcerated skin conditions are a minor problem. There’s no shortage of vein clinics in town, but many doctors recommend Austin-based VeinSolutions, a division of one of the most respected cardiac and vascular surgical groups in the country (CTVS). The board certified Cardiothoracic and Vascular surgeons at VeinSolutions start by diagnosing the problem, then follow an inside-out treatment approach, always using the most advanced technology available. And because unhealthy veins are a real medical issue and not just a cosmetic problem, treatment through VeinSolutions is covered by most insurance carriers, and is in network.

Learn more by calling 512-452-8346 or go to VeinSolutionsAustin.com
Dr. Sharon Oxford’s
Giving Spirit Lives On
John D. Oswalt, MD


These are descriptions every doctor wants to hear. In this instance, they are used to describe Dr. Sharon Oxford, who recently lost her battle with cancer. Oxford was so highly thought of in fact, her friends and colleagues have organized a scholarship in her name so that her generosity could continue.

“Sharon was a giver—totally and completely,” says George Willeford MD, one of the founders of the scholarship. The Sharon Oxford, MD Endowed Scholarship Fund was created to honor her memory and continue her legacy of medical excellence. “She focused all of her energy and resources her entire life to giving to others—family, patients, friends and classmates. She awakened in the morning and went to bed at night thinking about how to help those around her.”

Considered a legend at Austin Anesthesiology Group (AAG), Dr. Oxford practiced in Austin for over 36 years. She was the first female anesthesiologist AAG ever hired and was proud to have paved the way for others. She attended UT Southwestern for her medical education and the scholarship will be awarded annually to a deserving UT Southwestern Medical School student.

Dr. Stanley Eckert, another colleague of Oxford’s, recalls how she worked with a patient suffering from elevator phobia. In order to have surgery, this patient had to get on the hospital elevator. Dr. Oxford met the patient in the lobby, started an IV and gave her propofol so she could tolerate the elevator ride. Dr. Eckert emphasizes, “There may be many beautiful people in the world, but there was only one Sharon Ann Oxford.”

Dr. Oxford was known for her medical skills as well as her benevolence. She believed there was no airway too difficult and no IV placement that was impossible. “In the anesthesia world, her skills are already missed. No one can top her expertise,” says Carrie Bryan, CRNA.

A lover of fine food, wine and travel, Dr. Oxford had a group of female physicians she traveled with each year. These women met in 1979 in San Antonio when they were just beginning their anesthesiology careers. Their last trip was in May of this year when they went to Lake Tahoe. It was their 53rd trip together. Over the last few years, each of them accompanied Dr. Oxford to her chemotherapy treatments. “We were privileged to hold Sharon’s hands as she departed this life,” say Drs. Jan Puckett, Sheila Swartzman and Peggy Wilson.

“She was her life; the people she worked with were her family; because of her devotion, Sharon Oxford will always be a legend to us all!” says Gary Smith, MD.

To donate to the Sharon Oxford, MD Endowed Scholarship Fund:

1. Secure online donation: Go to www.utsouthwestern.edu/oxford
2. Credit card donation: Call UT Southwestern Office of Development at 214-648-2344
3. Mail a check payable to UT Southwestern, write Sharon Oxford MD Endowed Scholarship Fund on the memo line and mail to UT Southwestern Medical Center PO Box 910888, Dallas TX 75391
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Project Access (PA) is a TCMS organized program that aids the medically indigent residents of Travis County. TCMS physician members have the opportunity to give back by volunteering time to see these people, many of whom do not qualify for any county, state or federal health care assistance.

Since 2002, PA has served over 4,400 patients and has donated more than $27 million worth of health care—primary and specialty care office visits and hospital and ancillary services. This is an accomplishment never envisioned when 92 TCMS members met in July 2001 and agreed to make the concept of PA a reality. The typical PA patient is working a minimum wage job or is temporarily unemployed but leaves the program upon finding a new job that offers them affordable insurance. Much has changed in recent years, but the need to care for the significant number of patients with income between 30% and 250% of the Federal Poverty Guidelines continues.

The need continues.

In the first year, 1,000 physicians enrolled in Project Access offering their services to qualified PA patients. Austin Radiological Association, Clinical Pathology Laboratory, St. David’s and Seton hospital systems and many surgery centers offered their services as well. Fast forward to 2016, and the program is still going strong. However, there is always a need for more volunteers. Many physicians have moved to Austin in the past decade, but very few have volunteered to work with Project Access. Most probably because they don’t know about the program.

In our hearts, we physicians understand and empathize with this gap in care occupied by the medically indigent. For some, our heads find a reason not to join other TCMS physicians in caring for three to six PA patients a year. We all have many demands on our resources and time, but please do the right thing and join/renew your participation in Project Access. This small donation of your time represents less than 0.1% of patients seen in most practices.

Here is one of many success stories to help you better understand what is possible through Project Access:

A hard working man from Mexico moved to Austin to better his life. He was 31 and enjoyed his job outdoors trimming trees. Due to continuous hip pain from the effects of juvenile rheumatoid arthritis, he was having a tough time keeping up with his work and his bills. Insurance was not offered and he could not afford to pay to see a doctor. Due to the pain, his downtime was spent in bed in a one-room apartment he shared with four co-workers.

He was referred to Project Access for assistance and was able to see a rheumatologist and an orthopedist. It was determined that both hips needed replacing. Thanks to the PA network, the implants, surgery center, X-rays, labs, surgery and physical therapy were all donated.

After recuperating, this man returned to work full-time. “I just want to thank everyone for the help you saw fit to give me. You contributed more than I could have asked for to help me get up and back to work. My heart will always know who made this possible. I pray the Lord will bless each one of you and that you get everything you need to continue helping others.”

Do the right thing.

In 2016, Project Access has continued to grow and improve. A new logo represents the program, using bright colors symbolic of Austin, and a new website has been launched to better communicate with volunteer physicians and patients. In the near future Project Access hopes to partner with the dental society in order to offer dental services to the medically indigent. To continue this momentum, Project Access needs TCMS members to get involved.

For more information, email Kathy Gichangah at kgichangah@tcms.com.
Get involved!
Serve on a Committee

Sara Austin, MD, TCMS president elect, will soon make appointments to Medical Society committees for 2017. Below are short descriptions of some of these.

Contact Belinda Clare at bclare@tcms.com or 512-206-1250 if you have an interest in serving on a committee.

**TMA Delegation**
Represents Travis County Medical Society at meetings of the TMA House of Delegates. Delegates and alternate delegates study the needs and desires of the medical profession in Travis County to represent the Society in the development of TMA policy.

**TCMS Standing Committees (3-year terms)**

**Medical Legislation**—Works in cooperation with the TMA Council on Legislation to promote the enactment of appropriate medical and health care legislation. Also works in cooperation with TEXPAC to evaluate political candidates’ positions on medical or health care related issues.

**Public Relations**—Oversees and promotes community service and other activities that enhance public understanding and appreciation of the medical profession.

**Physician Health and Rehabilitation**—Assists physicians whose ability to practice medicine is impaired, or reasonably believed to be impaired, by drug or alcohol abuse or mental or physical illness.

**Constitution and Bylaws**—Studies and reports on proposed amendments to the TCMS constitution and bylaws.

**TCMS Annual Committees**

**Awards**—Receives nominations and serves as the selection committee for the Society’s recognition awards.

**Communications**—Provides oversight of TCMS publications including editorial and advertising policy for the TCMS Journal, TCMS e-News and website.

**Public Health**—Works to foster communication and cooperation on current public health issues between the health department and practicing physicians.

**Membership**—Organizes, develops and executes strategies for the recruitment and retention of membership in the Society. Plans activities for the members of TCMS.
It’s an unusual pairing—fly-fishing and breast cancer, but it works. Just ask Jane Kendrick, a breast cancer survivor who, on a whim, went to a Casting for Recovery retreat after having been diagnosed with breast cancer in 2003. Imagining a bunch of sad women standing in a creek, I asked her to describe the experience. “It was one of the best experiences of my entire life.”

Breast cancer is the second leading cause of death in women. One in eight women will receive this terrifying diagnosis. So it makes sense that retreating to a place of great natural beauty, the sounds of the river and the camaraderie of women facing a common enemy would be a healing experience.

Twenty years ago, Benita Walton, MD and fly fisher Gwenn Bogart formed the idea of fly-fishing retreats for cancer patients. The resulting program takes place all over the country in beautiful wilderness areas. Each retreat is staffed by a medical professional, a psychosocial counselor and four fishing guides. All fish that are caught are released, kept only long enough for triumphant photos to be taken. For 2.5 days, 14 women enjoy each other’s company and practice unique skills, like how to accomplish the perfect cast.

“Our attendees are ages 23 to 90+. They can be in any stage of breast cancer treatment,” explains Susan Gaetz, National Development & Program Director. Since 1996, Casting for Recovery has hosted 7,500 women. Attendees do not pay for the retreat; the experience is free to them thanks to several corporate sponsors and year-round fundraising by volunteers.

With programs taking place in 42 states, Casting for Recovery seems to be well on its way. But Gaetz says the program is evolving. “Support groups need to be more specific these days,” she explains. “For example, different demographics feel more comfortable together—metastatic patients, Spanish speaking women, women of color, stage 4 patients, LGBT women—these groups might be better served if we created retreats just for them.”

Fly fishing is by nature an all engrossing sport. All of the senses are utilized—not just on the task at hand but on the rush of the water around your legs, a breeze across your face, the sounds of birds in the trees and the adrenaline rush when a fish tugs on the line. It is pure escape from medical issues and other worries.

In addition to aiding with the emotional healing, the physical motion involved with fishing has its benefits too. Many patients who have had cancer surgeries around the breasts and under arms have developed scar tissue. The motion of casting a fly rod can actually be therapeutic for soft tissue.

Gaetz says the transformation from when the women arrive to the time they leave is the best part. “They seem lighter somehow,” she says. “It’s wonderful to watch.”

Jane Kendrick’s diagnosis was grim. Originally given 18 months to live, she had beaten the odds. “I was so glad to be alive. I wanted to do everything—including a fly-fishing retreat with other cancer fighters.” Now 12 years later, she attends Casting for Recovery reunion retreats which help raise funds to sponsor a woman in the program. The bond shared by these women is strong and important. “Our reunion retreats are so special,” Kendrick explains. “We remember the women who have passed—it’s an emotional high and a reality check at the same time. Never take life for granted.”
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PHYSICIAN HUMANITARIAN
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Kelly Hyde  
President Elect

The Travis County Medical Alliance is comprised of physicians and their partners who reside in and around Travis County. TCMA is a diverse and dynamic group with members of all ages that are dedicated to promoting wellness within Travis County. If you have questions or are interested in joining this supportive group, please visit the updated website for additional information at www.tcmalliance.org.

We sincerely appreciate Cindy Nelson and Pat Wallis for their tireless efforts this summer to redesign the TCMA website.

Volunteer Healthcare Clinic (VHC)
After enjoying family time this summer, the Alliance members are back in action getting our Travis County children ready for a new school year. On August 9 the Kids Care Club was hard at work making decorated goody bags stuffed with healthy snacks for the annual VHC Healthy Kids Day. These goodie bags were a caring touch to add to the 43 school-supply stuffed backpacks that the Alliance provided this year for local children.

The Alliance also purchased and donated 200 helmets for the “Hard Hats for Little Heads” Program. In conjunction with the TMA’s support and matching program, 100 helmets went to Peoples Community Clinic and 100 went to the East Austin Clinic.

Member Spotlight: Carrie Conner
Carrie Conner joined TCMA two years ago and serves as Treasurer. Carrie’s husband, Chance is a new partner with Cardiothoracic and Vascular Surgery Austin (CTVS) as the medical director of Cardiothoracic Surgical Services at St. David’s Hospital, Round Rock. The Conner family recently moved to Austin from San Antonio, where they lived for 13 years. Prior to San Antonio, the Conners called Washington, DC home where they spent 12 years for Chance’s medical training and to launch Carrie’s business career.

When the time came for Chance to take his next professional step, Austin was carefully chosen with the empty nest and adult children in mind. So far the move has been a perfect triceta with all Conners thriving in their new city! Their son, Casey, recently transferred to UT Austin and their daughter, Chloe, will enter the Austin workforce following graduation from St. Edward’s University. The city is a big draw for the young and young at heart, presenting the Conners with a steady stream of out-of-town visitors just about every week.

Carrie is a native Texan. She has a BBA in International Business from UT Austin and MBA from Syracuse University. Chance is also a native Texan. An unexpected bar meetup in 1988 on lower Greenville TX-OU weekend with college friends is where their story begins. They just celebrated their 25th wedding anniversary this summer. Carrie is a licensed CPA. Her career path in Washington, DC and San Antonio included leadership positions with EDS (now HP), Kinetic Ventures and the Alamo Regional Mobility Authority. Most recently, she has served as an adjunct professor at the University of Incarnate Word in San Antonio and as a sole practitioner for Carrie Conner CPA Firm.

Carrie’s foremost passion is her family and two large breed rescue dogs, Cassidy and Charlie. In her free time she loves to snow ski, travel, bike and walk Austin’s trails, savor Austin’s restaurants, and explore Austin’s theater, music and art scene. Carrie is a member of Tarrytown United Methodist Church and the Women’s Symphony League.

Grant Applications
TCMA just completed the grant application process for this coming year thanks to VP of Community Service Lara Norris. The Alliance board is always amazed by the numerous, worthwhile causes it is privileged to support each year.

Upcoming Events
Be sure to check the calendar of events and consider attending any or all of the gatherings. Whether you are new to Travis County or a longtime Austinite, we always welcome new faces!

Calendar of Events
**September 20:** General Meeting at Neill-Cochran House Museum
**September 28:** Book Club
**October 18:** General Meeting at Umlauf Sculpture Garden
**November 3:** TCMS/TCMA New Member Welcome, TMA Thompson Auditorium

For additional details on upcoming events, visit our website at www.tcmalliance.org. For membership information, contact vp_membership@tcmalliance.org.
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Zika virus was first discovered in a monkey in the Zika Forest of Uganda in 1947. It was later identified in humans in 1952 in Uganda and the United Republic of Tanzania. For decades, there was low level activity in Africa and Southeast Asia, with no outbreaks, and just 14 documented cases until 2007, when the first major Zika outbreak hit Yap Island in Micronesia. Other Pacific Islands began to see more cases, and in 2013, there was another outbreak in French Polynesia. In May 2015, the Pan American Health Organization (PAHO) issued an alert regarding the first confirmed Zika virus infections in Brazil. On February 1, 2016, the World Health Organization (WHO) declared a Public Health Emergency of International Concern because of clusters of microcephaly and other neurological disorders in some areas affected by Zika.

Zika Virus in the Continental United States
As of August 31, a total of 2,722 laboratory-confirmed Zika virus disease cases have been reported to the Centers for Disease Control and Prevention (CDC) from 48 US states and the District of Columbia. Of the 2,722 cases reported, 2,686 are travel associated, 35 were locally acquired mosquito-borne cases, 23 were sexually transmitted, seven had Guillain-Barré syndrome, and one was laboratory acquired. As of August 25, CDC reports that there are 624 pregnant women with any laboratory evidence of possible Zika virus infection within the US states and the District of Columbia.

As of August 31, 2016, Florida is the only state in the Continental US where Zika is being spread by mosquitoes. CDC and Florida have issued travel testing and other recommendations for people who traveled to or live in the Florida-designated areas.

As of September 2, 2016, Texas has 157 Zika virus disease cases. This count includes six pregnant women, two infants infected before birth, and one person who had sexual contact with a traveler. No Texas cases have been spread by local mosquitoes.

Zika Virus in Austin/Travis County
As of September 2, 2016, ATCHHSD staff have identified 302 persons (51 percent pregnant women) in the City of Austin and Travis County for whom clinical specimens have been submitted to the Texas Department of State Health Services (DShS) for Zika virus testing. Results have been reported for 200 persons; eight persons have tested positive for Zika, two for dengue and four for Chikungunya. One case previously diagnosed as a West Nile Virus infection is under more study. The Zika case definition has recently changed, so as of September 1, previously unspecified flavivirus infections (dengue, yellow fever, Japanese encephalitis, West Nile, and Zika) will be reported as cases of Zika. Testing results are pending for 24 persons (78 additional individual specimens were not able to be tested). There are no reported severe illnesses or deaths locally from Zika virus.

Preparations and Expectations for Zika Virus in Austin/Travis County
ATCHHSD staff continue to follow up and investigate suspect cases of Zika infection and work with local physicians and other healthcare providers to assess the need for laboratory testing and facilitate collection of lab specimens. When positive cases are identified, ATCHHSD sends a response team that includes epidemiologists and environmental health staff to interview the case-patient to assess epidemiologic risk factors, provide educational materials, and conduct an environmental assessment of the home and surrounding areas.

Since early May, ATCHHSD Environmental Health Services staff have been trapping mosquitoes as part of an Integrated Mosquito Management Plan.
Plan. Specimens are sent to the DSHS Zoonosis lab for mosquito species identification and disease presence testing. Their lab reports help to identify the types of mosquitoes present and if there is any presence of disease in the County. The program also includes property site assessments, investigating mosquito complaints, engaging in larviciding activities to reduce the number of breeding sites, engaging in adulticiding activities, if indicated, to reduce the number of adult mosquitoes present and assessment of the need for other mosquito control activities. ATCHHSD has also been working with other city departments, including Austin Code, Austin Resource Recovery, Watershed Protection, Austin Water and Austin Energy to identify and mitigate any standing water or other areas where mosquitoes might breed.

While Austin/Travis County has the Aedes species mosquitoes that can spread Zika virus, we do not anticipate that we will have the widespread local transmission that has been seen in Brazil or Central and South America. This is largely because most homes here are air-conditioned and keep their windows closed. Most also have screened windows that keep mosquitoes out. We are also much less densely populated than the areas of Brazil, Puerto Rico and Central and South America where the widespread Zika outbreaks have occurred. Nevertheless, we do anticipate that we can have scattered clusters of local transmission, and we have been preparing for that scenario. If we do have local transmission, it might not be immediately clear whether the case came from a local mosquito until there were several cases, and it is important for all of us to remain particularly vigilant. We have been working closely with DSHS to prepare for a response if there is identification of local transmission. This includes planning for the scenarios regarding defining the geographic area where local transmission will be considered to be occurring, consideration of lab testing recommendations and laboratory capacity, implications for the blood supply and even scenarios regarding recommendations for pregnant women and travel.

Ongoing Plans and Activities
As there is still no vaccine to prevent Zika virus disease and no cure or treatment, our focus continues to be on protecting pregnant women and preventing mosquito bites. We continue our efforts through multiple channels, including use of media, social media, community presentations and other means to disseminate the message that the best way to prevent diseases spread by mosquitoes is to prevent mosquito bites. (Four Ds)

- Dress—Wear long-sleeved shirts and long pants.
- Drain—Standing water
- DEET—or other EPA recommended insect repellents. Always follow the product label instructions.
- Daytime (as well as dusk to dawn)

In addition stay in places with air conditioning and window and door screens to keep mosquitoes outside. There is still much that we do not know about Zika virus and recommendations keep changing as new information is identified. A particularly complicating factor is how Zika virus can be transmitted sexually, and recommendations to prevent sexual transmission of Zika virus have evolved over time. The FDA also recently revised their recommendations to now advise testing for Zika virus in all donated blood and blood components in the US.

As the weather cools and mosquito activity decreases, we hope that we will get through this season without local transmission of Zika virus in our community. Researchers at the University of Texas Medical Branch have just published a report, however, indicating that in the laboratory, some female mosquitoes might transmit Zika virus to their offspring, suggesting that the virus might survive from one season to the next through that route. Either way, Zika virus and other mosquito-borne viruses are ongoing threats that we will continue to have to address.

For current information and guidance for the general public, pregnant women, physicians and other health care providers, visit the

**ATCHHSD website**
www.austintexas.gov/zika,

**DSHS website**
TexasZika.org and the

**CDC website**
CDC.gov/Zika

ATCHHSD staff are available 24/7 at 512-972-5555 for questions or to provide support in responding to any patient with a suspect Zika virus infection.
For Lease: Office space for sublet in Medical Park Tower, adjacent to Seton Medical Center Austin. Suite is 1030 sq. ft. including three exam rooms. Beautiful views from corner physician office. Email efudman@gmail.com or call 512-699-0607.

Medical Practice For Sale: In North Austin, 78753 by retiring physician. Large patient population. Just walk in and see them. Practice will provide good income. Present staff including a well-trained receptionist, nurse and part-time PA will stay if needed. Email tbmd@austin.rr.com or call 512-843-2035 or 512-698-4970.

Medical Office Space: Now available in the rapidly growing Mueller community! Practice seeking to sub-lease office space to a physician or group practice. This space is recently renovated and fully furnished and includes: a consultation room, exam rooms, photo room and an operating room. This modern office is handicapped accessible with convenient and ample free parking. Full or half days available. Contact Becca at becca@austxent.com or 512-478-2273 ext. 101.

Medical Office for Lease: 3000 sq. ft. 2-3 private offices with 8-9 exam rooms. 11770 Jollyville Rd near Seton Northwest and North Austin Medical Center. Available approximately September 1, 2016. Contact Larry James, MD at ljames3@austin.rr.com or 512-750-2623.

Cedar Park Medical Clinics: No finish out needed—1.) Move in ready, 1720 RSF available now; 2.) Another is 4800 RSF (formerly ARC clinic) available Jan 1. Both are conveniently located between 183A and 183 near regional hospital. Drive-up parking, 24/7 HVAC. Email for floor plans: lesley_ann2000@hotmail.com. Call Lesley Heaton 512-921-2960, agent or Tom Heaton, broker 512-219-7732.

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