TEXAS Health and Human Services

Texas Department of State Health Services

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Texas Department of State Health Services (DSHS) list of Health Conditions or Incidents that could impact Human Health for Public Health Preparedness for the 2026 FIFA World Cup Games in Texas

Purpose: This list was created by DSHS for public health planning purposes for the 2026 FIFA World Cup games in Texas.

- Each health condition or incident that could impact human health is designated as either high, moderate, or low impact or frequency based on an evaluation conducted by DSHS. Health conditions were evaluated using several metrics to gauge the likelihood of occurring and its resulting impact.
- **High Impact or Frequency**: represent health conditions or incidents that may present a significant public health concern during the 2026 FIFA World Cup due to their potential for increased probability of occurrence and/or transmission (due to influx of international travelers or mass gathering environments) and/or additional negative health impacts.
- **Moderate and Low Impact or Frequency**: represent health conditions or incidents that are less likely to have a significant increase of occurrence, transmission, and/or negative health impacts during the 2026 FIFA World Cup but may still require additional public health planning.

Note: Conditions are <u>not</u> listed in any specific ranked order within each category

DSHS List of Health Conditions / Incidents for Public Health Preparedness for the 2026 FIFA World Cup Games in Texas		
High Impact or Frequency	**Moderate Impact or Frequency**	**Low Impact or Frequency**
High Consequence Infectious Diseases[1]	*Cyclospora*	*Naegleria fowleri*
Select Respiratory Illnesses[2]	New World Screwworm	Mumps
Select Vaccine-Preventable Diseases[3]	Brucellosis	Rubella
Select Foodborne/Waterborne Conditions[4]	Human Rabies	Hepatitis C
Select Zoonotic Conditions[5]	Hantavirus	Select Multidrug-Resistant Organisms (MDROs)[10]
Heat-related Illnesses	Malaria	Leptospirosis
Injuries	Sexually Transmitted Infections[9]	
EMS Responses (including Trauma Responses)		
Alcohol/Drug Poisonings		
Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) Incidents[6,7]		
Natural Disasters[7]		
Mass Casualty Incidents[7,8]		
Cyberattack Incidents[7]		

[1]Filoviruses (Ebola, Marburg), New World Arenaviruses (Chapare, Guanarito, Junin, Sabia), Old World Arenaviruses (Lassa, Lujo), Bunyavirales (Crimean-Congo Hemorrhagic Fever), Nipah, Smallpox, Monkeypox

[2]Influenza (seasonal), Novel influenza (e.g., H5N1), Respiratory Syncytial Virus Infection (RSV), Tuberculosis, Middle Eastern Respiratory Syndrome (MERS)/Other novel Coronaviruses, Legionellosis, COVID-19

[3]Measles, Diphtheria, Polio, *Neisseria meningitidis,* Pertussis, Hepatitis A

[4] Botulism, *Listeria*, *Salmonella* Typhi/Paratyphi, Shiga toxin-producing *E. coli (*STEC*),* Cholera (toxigenic Vibrio cholera O1 or O13), *Vibrio* (*Vibrio parahaemolyticus, vulnificus*, and other V*ibrio* infections), Shigella, *Salmonella*, *Cryptosporidium*, *Campylobacter*, *Yersinia enterocolitica*, Norovirus

[5]Anthrax, Tularemia, *Yersinia pestis* (Plague), Melioidosis, Dengue, Chikungunya, Yellow Fever, West Nile, Oropouche, Zika, St. Louis Encephalitis

[6]If a determination is made that incidents are intentional and/or targeted (and not naturally occurring) then they are considered human-made disasters. These types of disasters trigger involvement from the Center for Health Emergency Preparedness and Response (CHEPR) for disaster epidemiology surveillance activities. For more information, please see the CHEPR Disaster Response & Recovery website at: <u>Disaster Response & Recovery | Texas DSHS</u>

[7]The State Medical Operation Center (SMOC) serves as the Emergency Support Function (ESF)-8 (Public Health & Medical) lead to support the Texas State Operations Center (SOC). The SMOC provides operational support and coordination of state-level ESF-8 response activities during disasters. During a SMOC activation, any impacts to human health based on these incidents could trigger involvement from CHEPR (see footnote 6).

[8]Mass casualty incidents, such as active killer who actively engages in killing through use of firearms, vehicles or other means, could result in mass fatalities. High density crowd incidents, such as stampedes, trampling or civil disturbances could also lead to mass casualties and fatalities. Natural disasters and CBRNE incidents may also produce mass casualties and fatalities. Disaster mortality surveillance can be conducted for mass fatalities.

[9]HIV, Syphilis, Chlamydia, Gonorrhea, Chancroid

[10]*Candida auris*, Carbapenem-resistant *Enterobacterales*, Vancomycin-resistant *Staphylococcus aureus* (VRSA), Vancomycin-*intermediate Staphylococcus aureus* (VISA), Carbapenem-resistant *Acinetobacter baumannii* (CRAB), Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA)