Globally, COVID-19 cases have surpassed 2.31 million with more than 157,000 deaths.

The total number of cases in the U.S. increased from 661,712 as reported on Friday, 4/17/2020 to 746,625 reported today. The number of deaths increased from 33,049 to 39,083.

The Tribal Emergency Preparedness and Response Program (TEPRP) provides technical assistance and training to Tribes and Tribal Health Programs on hazard emergency preparedness planning and response. Tribal leaders and clinic administrators may contact Corinne.Chavez@dhcs.ca.gov.


The town hall will allow public health nurses, community health representatives (CHR), health educators, and others working on the frontlines of COVID-19 prevention in Indian Country to discuss the current state of COVID-19 disease; highlight community-based response activities; provide information on key resources; and have Q & A with the experts. Click here to register.

The California Area Indian Health Service (IHS) has reported that 51 California Tribal or Urban Indian Health Program patients have tested positive for COVID-19 as of 4/18/2020.

California Tribal Nation Grant Fund
The California Tribal Nation Grant Fund COVID-19 Emergency Grant is available to eligible Tribes to prepare for and respond to COVID-19. These grant funds may be used to fund programs, supplies, and actions taken in response to guidance of public health officials to address the threat of COVID-19, so long as those initiatives are not otherwise funded or provided by sources outside of the Tribal Nation Grant Fund.

For more information: http://www.tngf.ca.gov/covid_grant.html

Attend the technical assistance call on Tuesday, 4/21 at 1p.m. to field questions on the grant. Panel Members should send a tribal designee in their place if their Tribes have questions to comply with Bagley-Keene requirements.

Dial in: (916) 573-2034  Meeting #: 655382320

National Indian Council on Aging (NICOA)
NICOA is convening weekly calls with all Title VI grantees about COVID-19 to provide updates to Tribal programs and provide an opportunity for Tribes to discuss the impact of COVID-19 in communities. Administration for Community Living (ACL) staff will be on all calls, as will resource centers from NIEJI, the University of Alaska, the University of Hawaii, and the University of North Dakota.

Weekly on Fridays at 3:00 p.m. EST.

Join By Phone: 202-774-2300, Code: 990 715 504

For more information: https://olderindians.acl.gov/COVID-19

United States

COVID-19: U.S. at a Glance*
- Total cases: 746,625 (1,282 probable)
- Total deaths: 39,083 (4,226 probable)
- Jurisdictions reporting cases: 55 (50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands)

*As of April 14, 2020, CDC case counts and death counts include both confirmed and probable cases and deaths. This change was made to reflect an interim COVID-19 position statement issued by the Council for State and Territorial Epidemiologists on April 5, 2020.

The position statement included a case definition and made COVID-19 a nationally notifiable disease.

A confirmed case or death is defined by meeting confirmatory laboratory evidence for COVID-19.

A probable case or death is defined by:
- i) meeting clinical criteria AND epidemiologic evidence with no confirmatory laboratory testing performed for COVID-19;
- ii) meeting presumptive laboratory evidence AND either clinical criteria OR epidemiologic evidence; or
- iii) meeting vital records criteria with no confirmatory laboratory testing performed for COVID-19.

State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

Public Health Laboratory Testing
As of the evening of April 19, the total number of PHL that have completed verification and are offering testing is 97. This includes one or more PHL in 50 states plus the District of Columbia, Guam, and Puerto Rico.
As of April 19, 2020, there are a total of 30,978 positive cases and 1,208 deaths in California.

**Gender of all confirmed positive cases:**
- Female: 15,224 cases
- Male: 15,507 cases
- Unknown: 247 cases

In order to better focus public health resources on the changing needs of California communities, beginning on March 18, the state is no longer collecting information about California travelers returning from countries that have confirmed COVID-19 outbreaks. Community transmission of COVID-19 has been identified in California since late February, and since early March, most of the confirmed cases in the state were not related to travel outside of the United States.

Twenty-two public health labs in California are testing samples for COVID-19. These labs include the California Department of Public Health's Laboratory in Richmond, Alameda, Contra Costa, Humboldt, Long Beach, Los Angeles, Monterey, Napa-Solano-Yolo-Marin (located in Solano), Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Luis Obispo, San Mateo, Santa Clara, Shasta, Sonoma, Tulare and Ventura County public health laboratories. The Richmond Laboratory will provide diagnostic testing within a 48-hour turnaround time. This means California public health officials will get test results sooner, so that patients will get the best care.
CONFIRMED CASES AND DEATHS BY COUNTY
CURRENT AS OF 12PM ON APRIL 20, 2020

Counties with most reported cases*
- Los Angeles: 12,349
- Riverside: 2,638
- San Diego: 2,268
- Santa Clara: 1,870
- Orange: 1,636

Counties with most reported deaths
- Los Angeles: 601
- Riverside: 75
- Santa Clara: 73
- San Diego: 71
- San Bernardino: 57

California Case Statistics
30,978 Cases

New Confirmed Cases in California by Date of Lab Confirmation*

California Death Statistics
1,208 Deaths

New Confirmed Deaths in California by Date*

*Source: County-level case and death counts are obtained from county websites as of 10am on days reported.
American Indians and Alaska Natives account for 0.5% percent of the population, 0.2% of COVID-19 cases, and 0.4% of deaths in California.
In California:

10.5% of confirmed cases have been admitted to a hospital

3.9% of confirmed cases have been admitted to an Intensive Care Unit

3.9% of cases have died

Note: Percentages may not add up to 100% due to rounding.
Tribes do not need to issue a state of emergency to access FEMA resources.
TRIBAL HEAD STARTS CLOSED AS DIRECTED BY LOCAL SCHOOL DISTRICTS OR TRIBAL COUNCIL ORDERS

1. Big Sandy Rancheria Tribal Head Start
2. Big Pine Early Head Start
3. Bishop Paiute Tribe Head Start & Early Head Start
4. Lytton Rancheria Head Start
5. Pinoleville Native American Head Start & Early Head Start
6. Manchester-Point Arena Head Start
7. Round Valley Indian Tribes Head Start
8. Redding Rancheria Head Start
9. Chemehuevi Head Start
10. Campo Kumeyaay Head Start
11. Hoopa Tribal Early Head Start & Head Start
12. Karuk Tribal Head Start
13. Quechan Head Start
14. Yurok Tribe Head Start
15. Elk Valley Rancheria Head Start
16. Howonquet Head Start
17. Tule River Head Start
Governor Newsom Issued Statewide Stay At Home Executive Order

March 19, 2020

Click here to read the Executive Order

California Counties COVID-19 Response

Click the color dots on the map for county information

Emergency Declarations (24 Counties)

Emergency Declarations and Shelter in Place / Safer at Home Orders or Directives (34 Counties)

FOR ADULTS AGE 75+

Data is based on official documents, county correspondence with CSAC and media reports. Links to official documents are provided when available.

Updated 9:30 am April 20, 2020

www.counties.org