CRIHB COVID-19 Updates
June 2, 2020

Please sign-in in the Group Chat with your name and Tribe or Tribal Health Program name
California COVID-19 By The Numbers
June 1 2020
Numbers as of May 31, 2020

CALIFORNIA COVID-19 SPREAD
113,006 Total Cases

Ages of Confirmed Cases
• 0-17: 6,488
• 18-49: 59,144
• 50-64: 26,405
• 65+: 20,792
• Unknown/Missing: 177

Gender of Confirmed Cases
• Female: 55,605
• Male: 56,841
• Unknown/Missing: 560

Hospitalizations
Confirmed COVID-19
2,973/1,053 Hospitalized/in ICU

Suspected COVID-19
1,285/220 Hospitalized/in ICU

For county-level data: data.chhs.ca.gov

4,251 Fatalities
<table>
<thead>
<tr>
<th>Area</th>
<th>Negative Cases</th>
<th>Positive Cases</th>
<th>Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAVAJO</td>
<td>19,408</td>
<td>6,085</td>
<td>26,686</td>
</tr>
<tr>
<td>ALBUQUERQUE</td>
<td>7,145</td>
<td>725</td>
<td>11,655</td>
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<tr>
<td>OKLAHOMA CITY</td>
<td>14,119</td>
<td>338</td>
<td>15,988</td>
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<tr>
<td>PORTLAND</td>
<td>3,941</td>
<td>314</td>
<td>4,509</td>
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<tr>
<td>PHOENIX</td>
<td>11,704</td>
<td>1,715</td>
<td>14,021</td>
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<tr>
<td>CALIFORNIA</td>
<td>2,300</td>
<td>120</td>
<td>2,967</td>
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<td>GREAT PLAINS</td>
<td>7,204</td>
<td>361</td>
<td>7,851</td>
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<tr>
<td>BEMIDJI</td>
<td>4,766</td>
<td>236</td>
<td>6,966</td>
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<td>BILLINGS</td>
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<td>228</td>
<td>12,293</td>
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<td>NASHVILLE</td>
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<td>693</td>
<td>5,041</td>
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<tr>
<td>ALASKA</td>
<td>15,482</td>
<td>30</td>
<td>19,296</td>
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<tr>
<td>TUCSON</td>
<td>1,197</td>
<td>55</td>
<td>1,431</td>
</tr>
</tbody>
</table>

Based on self-reported data to IHS

*as of 7PM EST May 30, 2020*
RACIAL DISTRIBUTION OF CONFIRMED COVID-19 CASES AND DEATHS IN CALIFORNIA

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. These include 167 cases and 14 deaths among American Indian and Alaska Native people in California.
State Response

• CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call:
  • F only @11:00AM, 1-888-240-2560; 282056959#

• Governor’s Tribal Advisor Tribal Leaders call:
  • W @ 5:00PM (This call is by invite only to Tribal leaders and council members)

• Operational Area (OA)/Tribal Coordination call:
  • M, W, F @ 2:00PM, 1-844-291-5489; 6115888#

• Region COVID-19 Briefing call:
  • 2 x a week @ 3:30PM by Regions I-VI
State Response

Tribal-State COVID-19 Testing Roundtable

• Purpose: To address outstanding COVID-19 testing needs for tribal governments, communities, enterprises and populations.

• Date/time: Wednesday 6/3 from 1:00-2:00pm

• Join Zoom Meeting:
  https://governorca.zoom.us/j/91130082991?pwd=ZGhMY3FyWjRUN1lIESzlUd1ZtTXNWUT09

• Meeting ID: 911 3008 2991; Password: 275108

• Call only: 669-900-9128, Code: 91130082991#
Resilience Roadmap Stages

**STAGE 1: Safety and Preparedness**
Making essential workforce environment as safe as possible.

**STAGE 2: Lower Risk Workplaces**
Creating opportunities for lower risk sectors to adapt and re-open.
Modified school programs and childcare re-open.

**STAGE 3: Higher Risk Workplaces**
Creating opportunities for higher risk sectors to adapt and re-open.

**STAGE 4: End of Stay-At-Home Order**
Return to expanded workforce in highest risk workplaces.
Requires Therapeutics.
Click on map or Select from the menu below to view county-specific metrics.

Select County for COVID-19 Website
- Counties in Expanded Stage 2

Select County for COVID-19 Website
- Further ahead in resilience roadmap
- All other counties
Federal Response

Non-Contact Infrared Thermometer (NCIT) distribution

• The IHS National Supply Service Center (NSSC) will be distributing the NCIT to Tribes nationwide on behalf of FEMA and will be coordinating the effort with each IHS Area Office.

• California Area Office (CAO) Distribution Plan
  • Notices of the number of thermometers to be distributed to each Tribal and Urban health program will be sent starting today.
  • Allocations were based on the service population of each health program and the number of childcare programs operated by the Tribes receiving services through that program.

• Questions, contact the CAO representatives: tim.shelhamer@ihs.gov or Carolyn.garcia@ihs.gov
Federal Response

1st stimulus package

• Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: CDC announced **80 million** in funding to Tribes, Tribal Organizations, and UIOs
  
  • 30 million: Supplement to 9 regionally designated Tribal Organizations, including resources for sub-awards to Tribes (28 million) and other direct funds to a number of large Tribes (2 million) aka “1803” **Status: Completed**
  
  • 10 million: Supplement existing funding to the NCUIH, which will make sub-awards to 41 urban Indian health centers (8 million) and NIHB for COVID-19 communication activities (2 million) **Status: Completed**
  
  • 40 million: New non-competitive grant to reach all Title I and Title V Tribes that are eligible to apply for a Federal grant. **Status: RFA released**
Federal Response

• Opportunity Title: Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response **Status: RFA released**

• Estimated Application Due Date: **Deadline extended to June 3, 2020**

• Eligible Applicants:
  • Component B: All federally recognized tribes, tribal organizations, consortia of federally recognized tribes, or their bona fide agents, including Component A applicants.

• Applicants under Component A will be funded first using the initial $40 million; however, applicants under Component B should apply to be eligible for subsequent rounds of funding through this mechanism (CDC $125M via CARE Act)
Federal Response

1st and 3rd stimulus package

Base amount: $25,000

IHS Fractional Allotment: Modified version of the IHS Tribal Size Adjustment formula

Population Based Allocation: Population is defined as all individuals residing within a jurisdiction, as defined by the applicant. This can include non-AIAN. The calculation is the recipient’s reported population served divided by the total population served across all recipients.

- Component A: Initial NOA= Base + IHS Fractioned Allotment
  Final NOA= Base + IHS Fractioned Allotment + Population Based Allocation

- Component B: Initial NOA= Base
  Final NOA= Base + Population Based Allocation

After Final NOA received by June 30, applicants will 60 days to submit a revised work plan and budget
Federal Response

1st and 3rd stimulus package

Required application forms:
- SF 424
- CDC assurances and certifications
- Risk assessment questionnaire
- Project abstract summary --- where you enter population size
- SF 424A
- Disclosure of lobby activities
- HHS Checklist

Forms with uploads
- Project Narrative: organizational capacity statement/documents and work plan excel file
- Budget Narrative Attachment form: upload budget narrative with approximate numbers

Federal Response

• Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020: DHHS Public Health and Social Services Emergency Fund: 70 million to IHS will be made available to prevent and prepare for COVID-19 in AIAN communities
  • $30 million: IHS will distribute to IHS Federal health programs in support of COVID-19 response activities. These funds will be distributed according to existing allocation methodologies that use recurring Federal Hospitals and Health Clinics base funding levels. Status: Completed
  • $40 million: To purchase personal protective equipment (PPE) and medical supplies through the IHS National Supply Service Center. These resources will provide critical PPE and medical supplies that will be available to I/T/U health programs free of charge. Status: Completed
Federal Response

• Families First Coronavirus Response Act: Signed on March 18 by President Trump to allocate 64 million for COVID-19 testing activities to IHS.
  • IHS held a Tribal Consultation call on March 23, 2020 and an Urban Confer call on March 25, 2020.
  • 3 million: allocated to Urban Indian Organizations Status: Completed
  • 61 million: allocated to IHS Federal health programs and THPs, using the existing distribution methodology for program increases in Hospitals and Health Clinics funding. Tribal Health Programs will receive these one-time, non-recurring funds through unilateral modifications to their existing ISDEEA agreements. Status: Completed

2nd stimulus package
Federal Response

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020

- IHS: $1.032 billion - Status: In process
- CDC: $125 million set aside for Tribes - Status: Funds will be used to fund the OT-20-2004 RFA opportunity
- SAMHSA: $15 million set aside for Tribes - Status: Completed, supplements awarded via existing Native Connections grants

3rd stimulus package
Federal Response

- The Coronavirus Aid, Relief, and Economic Security (CARES) Act, was signed by the President on March 27, 2020
  - IHS: 600 million
    - $30 million to Urban Indian Organizations, Status: Completed
    - $570 million to IHS federal health programs and Tribal Health Programs using existing distribution methodologies for program increases, Status: Completed
  - IHS: $432 million
    - $65 million for Electronic Health Record stabilization and support
    - $367 million based on Tribal consultation and urban confer comments, Status: In process

$1.032 billion

3rd stimulus package

Federal Response

3rd stimulus package

$367 million

- $125 million to transfer to Facilities Account to support COVID-19 activities at IHS and Tribal health programs.
  - $74 million will support medical equipment needs- Distributed using existing formulas
  - $41 million will support maintenance and improvement needs- Distributed using existing formulas
  - $10 million will support sanitation and potable water needs- Managed by IHS and provided on case-by-case basis
- $20 million to support Urban Indian Organizations
- $50 million to IHS and Tribal health programs for increases in Community Health Representatives and Public Health Nursing via one-time, non-recurring modification to ISDEAA agreements.
- $95 million to support expansion of telehealth activities across IHS, Tribal, and UIHOs
- $26 million to support TECs and national surveillance coordination activities at IHS
- $6 million for public health support activities: broaden messaging activities
- $5 million to provide additional test kits and materials with no charge to IHS, Tribal, and UIHOs
- $10 million for non-Federal staff support for deep cleaning, equipment, protection and overtime for non-clinical staff
- $30 million to address unanticipated needs in the future
Federal Response

- CARES Provider Relief Fund
  - $50 billion- General Distribution
  - $50 billion- Targeted Allocations
    - $12 billion- 395 hospitals who provided inpatient care for 100 or more COVID-19 patients through April 10, 2020
    - $10 billion- rural acute care general hospitals and Critical Access Hospitals, Rural Health Clinics, and rural Community Health Centers
    - $4.9 billion- skilled nursing facilities
  - Funding for the COVID-19 Uninsured Program Portal
  - IHS: $500 million- Distributed on the basis of operating expenses. *Status: In process*

Federal Response

• CARES Provider Relief Fund

  • IHS: $500 million - Distributed on the basis of operating expenses. Status: In process
    - IHS and Tribal hospitals - $2.81 million base payment plus 3% of total operating expenses
    - IHS and Tribal clinics - $187,000 base payments plus 5% of estimated service population multiplied by the average cost per user
    - IHS UIOs - $181,000 base payment plus 6% of the estimated service population multiplied by the average cost per user

3rd stimulus package

Federal Response

• Paycheck Protection Program and Health Care Enhancement Act, signed on April 24, 2020
  • Provides emergency supplemental funding to increase amounts authorized and appropriated for commitments for the Paycheck Protection Program, economic injury disaster loans, and emergency grants under the CARES Act
  • Provides $75 billion to reimburse hospitals and healthcare providers for COVID-19-related expenses and lost revenue
    • Portion of this funding may be transferred to IHS and Tribal health programs
    • Provides $750 million to Tribes, Tribal organizations, and UIHOs to develop, purchase, administer, process and analyze COVID-19 tests, scale up lab capacity, and trace the spread of the disease
  Status: In process

4th stimulus package
Federal Response

• $750 million
  • $50 million: UIOs: one-time base amount for each UIO and additional amount based on number of Urban Indian users
  • $550 million: IHS federal programs and THPs using existing distribution methodologies for increases in Hospitals and Health Clinics, PRC, Alcohol and Substance Abuse, Mental Health, CHRs and PHNs via one-time, non-recurring funds through ISDEAA agreements
  • $100 million: purchase tests, test kits, testing supplies, and PPE through IHS National Supply Service Center to be distributed at no cost to IHS, THPs and UIOs
  • $50 million: Nation-wide coordination, epidemiological, surveillance, and public health support


4th stimulus package
Federal Response

• The COVID-19 Uninsured Program Portal
  • Allows health care providers who have conducted COVID-19 testing, or provided treatment for uninsured COVID-19 individuals on or after February 4, 2020, to request claims reimbursement.
  • Link: https://www.hrsa.gov/coviduninsuredclaim
  • Providers can begin submitting claims on May 6 and the earliest providers will receive payment will be May 18th.
  • Portal: http://coviduninsuredclaim.linkhealth.com
Federal Updates

Indian Country COVID-19 Response Update Call

• Date: Thursday, June 4, 2020
• Time: 4:00 – 5:30 PM (EST)/1:00 – 2:30 PM (PST)
• Registration- RSVP is required: https://ems9.intellor.com/?do=register&t=1&p=901628
• Note: You must RSVP to join the call. Upon successful registration, you will receive a confirmation email with dial-in instructions.
CTEC Surveillance

• The new system allows data entry at the facility level for all I/T/U facilities. I/T/U facilities will enter the data directly into the new online data collection tool themselves.

• **Implementation:** Starting Tuesday, April 14, 2020, all of the IHS Areas will start using the new online data entry tool and discontinue submitting the daily COVID-19 Surveillance Data Excel spreadsheets.
CRIHB Response

• Webinars
  • Setting Up a Community Isolation Facility on Tribal Lands by the American Indian Commission of Washington State
    • Link to recording: https://crihb.sharefile.com/share/view/sa3272b480d14e2e9
  • Tribal Jurisdictional Challenges with COVID-19 Pandemic
    • Link to recording: https://crihb.org/prevention-and-education/public-health/
  • NCAI Tribal Epidemiology Centers: Critical Resources During The COVID-19 Pandemic
    • Link to recording: https://www.youtube.com/watch?v=lM6MRZEjaK8&t=282s
  • TEC Directors Virtual COVID-19 Response Roundtable
    • Link to recording: https://tribalepicenters.org/tribal-epidemiology-centers-covid-19-response-webinar-recording/
  • Crisis and Emergency Risk Communication
    • Date: 6/9/20 at 12:00 pm
    • https://us02web.zoom.us/j/82049873965; Meeting ID: 820 4987 3965

• Educational materials that can be found at: https://crihb.org/prevention-and-education/public-health/
Stay home. Give us a chance!

Ways to keep Elders safe during the COVID-19 crisis:
- Designate one or two family members who will be responsible for checking in on us and caring for us.
- Make a plan to keep our food and medicine stocked.
  (This may mean dropping off food outside of our homes.)
- Visit with us by phone, video, or through the window.
  #ProtectOurElders

Don’t put your loved ones at risk.

Protect yourself and your family from COVID-19:
- Practice physical distancing.
- Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Cover coughs and sneezes with your sleeve or a tissue.
- Wash your hands right after you cough, sneeze, or blow your nose.
- Follow guidelines from your Tribal Council and Tribal health clinic.

Protect the Keepers of Our Traditions

The Creator gave us heart, mind, and spirit. To heal, you do not need to be physically present. Trust your heart, mind, and spirit to touch each other.

#StayHomeSaveLives
Protect our Elders. Stay home. Save lives.

The best way to prevent illness is avoid being exposed to the COVID-19 virus.
- Stay home if possible.
- Wash your hands often.
- Keep space between yourself and others (stay 6 feet away, which is about two arm lengths).
- Avoid close contact with people who are sick.
- Clean and disinfect frequently washed surfaces.

#PrayerWarriorsforAll

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:

Stay home. Limit physical interactions. Save lives.

Activities you can do at home together as a family: smudging, making herbal teas, reading, baking, meditating, praying, doing puzzles, playing board games, drawing, singing, drumming, and dancing.

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
Protect the future.
#StayHomeSaveLives

Protection the future.
#StayHomeSaveLives

Protect our Elders.
Stay home. Save lives.
#PrayerWarriorsforAll

Take responsibility for your people.
Stay home and practice physical distancing during the COVID-19 crisis.
#ProtectOurElders
Public Service Announcements

• Far Northern California: Wingspan Media
• Sonoma/Mendocino Area: TBD
• Central California: TBD
• Eastern California: TBD
• Southern California: American Indian Media Concepts
How to reach us for questions:

Clinical-related assistance:
Thomas Kim, MD, MPH
Medical Director/Epidemiologist
tkim@crihb.org

PPE-related questions:
Rosario Arreola Pro
Director, Health Systems Development
rarreolapro@crihb.org

Community or data-related assistance:
Vanesscia Cresci, MSW, MPA
Director, Research and Public Health
vcresci@crihb.org

Submit CTECTA online request:
https://crihb.org/technical-assistance-request-form/
Current Covid-19 Antibody Test
Uses and Limitations

Thomas J. Kim, MD, MPH
Medical Director/Epidemiologist
CRIHB/Tribal Epidemiology Center

June 2, 2020
Topics

- Types of tests: PCR, antigen, serology
  - Serology
    - About antibodies
    - Limitations in the test
    - Available FDA EUA tests
    - When to use serology tests
    - Interpretation of results
    - Future uses

- Recommendations for Tribes and THPs
Key Take-Away

- RT-PCR tests remain the primary test for diagnosis
- Serology tests should not be used for diagnosis*
- Serology tests should not be used to confirm immunity*
- Work with your LHD and Tribal EpiCenter if interested in a surveillance program

*at this time
- Molecules created by immune system
- Specific to proteins on specific bacteria or virus
- Neutralizing vs. non-neutralizing
- With ongoing “memory” to respond to future infection
- Types: IgM, IgG, IgA
- So a body’s response to Covid-19 infection
- May be lower in immune system conditions
Why the limitations in Serology Testing?

1. There is a 7-14 day delay in the development of antibodies after start of symptoms
2. IgM antibody may peak at end of active infection
3. A positive test result may not mean a patient is immune (“waning immunity”)
4. Wide variability in sensitivity and specificity among the assays (tests)
What serology tests are available?

- FDA EUA list
- Rapid, point-of-care tests (in clinic)
- ELISA (in reference lab)
- IgG; IgM; IgG/IgM
- Target protein:
- N protein or S protein
When to use serology tests?

- Most appropriate for “serosurveillance” studies
- May be occasionally used for diagnosis for contact tracing
- Possible common uses in future:
  - Convalescent plasma donors
  - Vaccine studies
  - Test for immunity
Interpretation

- **Positive Result**
  - Recent infection regardless of symptoms
  - Distant infection
  - False positive

- **Negative Result**
  - No prior infection
  - Early infection but before antibodies develop
  - False negative
Possible Future Uses for Tribes and THPs

• Surveillance on Tribal Lands or Tribal businesses
• Identify convalescent plasma donors
• Vaccine studies
• Used in addition to PCR testing for diagnosis
Key Take-Away

- RT-PCR tests remain the primary test for diagnosis
- Serology tests should not be used for diagnosis*
- Serology tests should not be used to confirm immunity*
- Work with your LHD and Tribal EpiCenter if interested in a surveillance program

*generally at this time