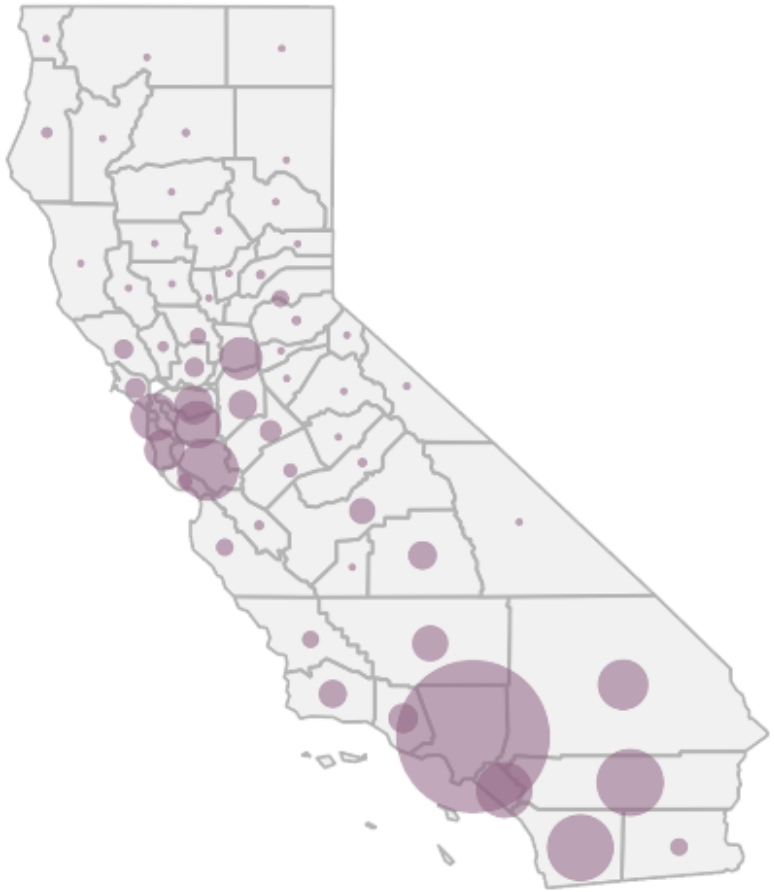
CRIHB COVID-19 Updates June 2, 2020

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



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

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

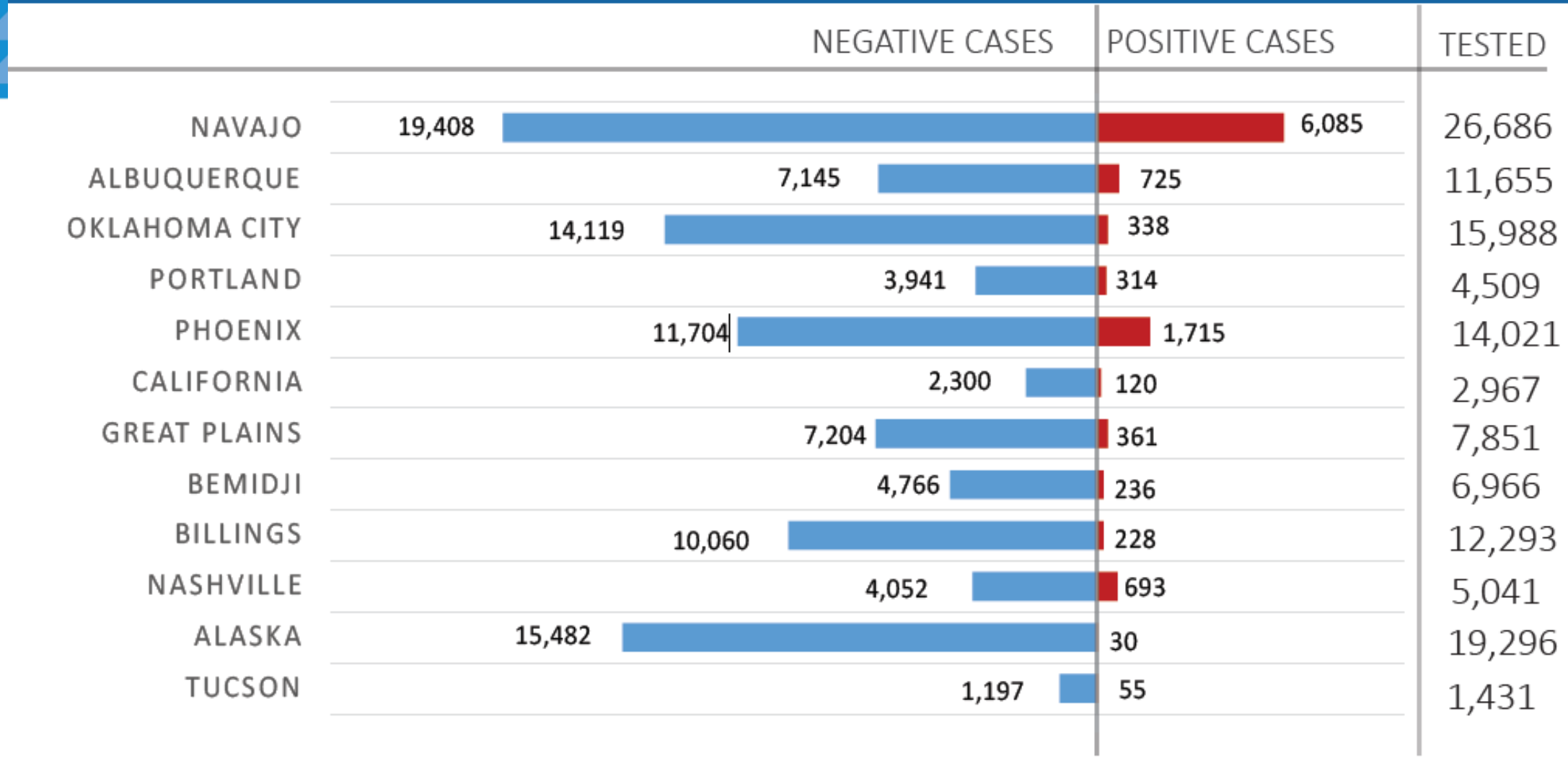
1,285/220

Hospitalized/in ICU

4,251

Fatalities

COVID-19 CASES BY IHS AREA AS OF MAY 30, 2020*

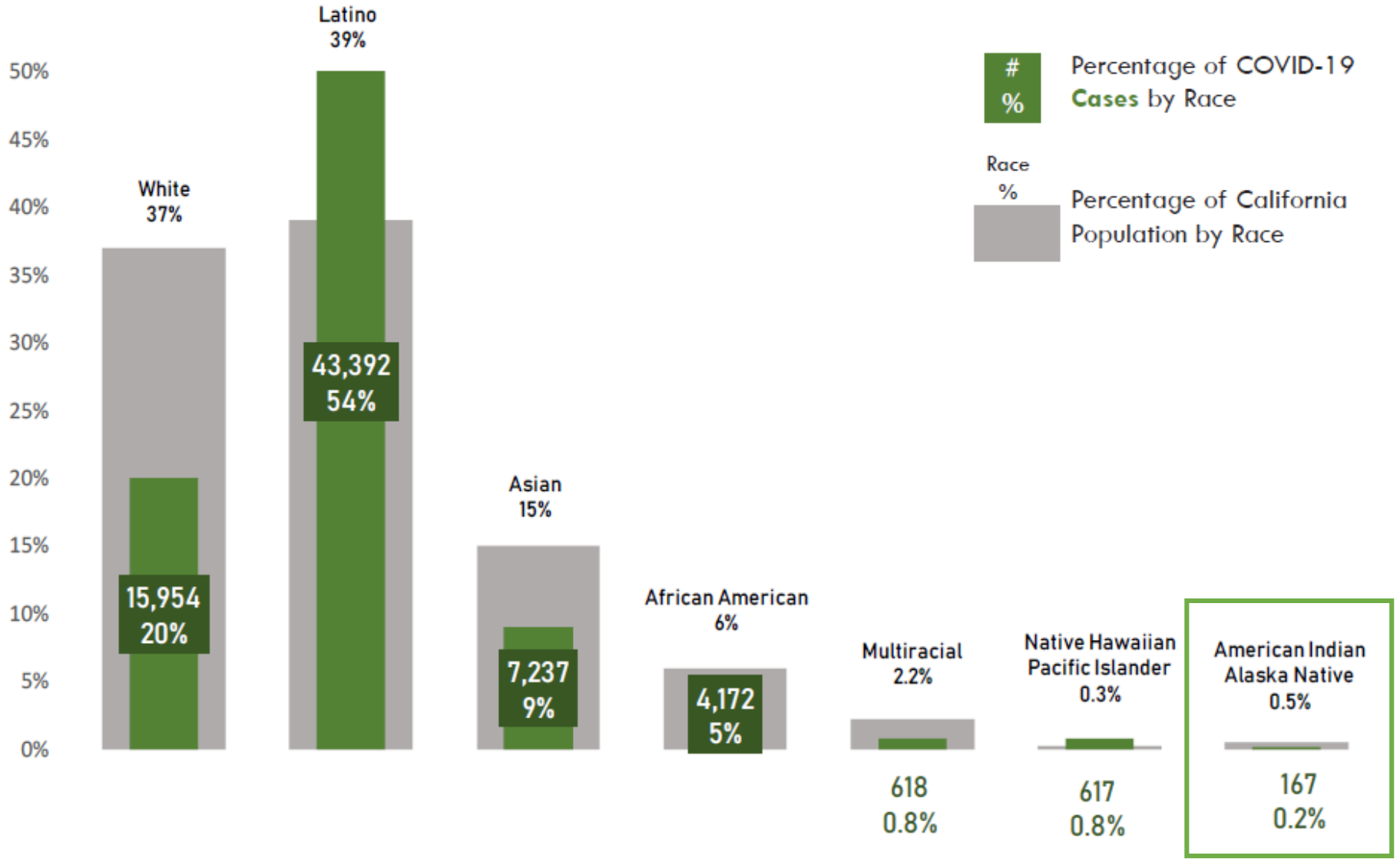


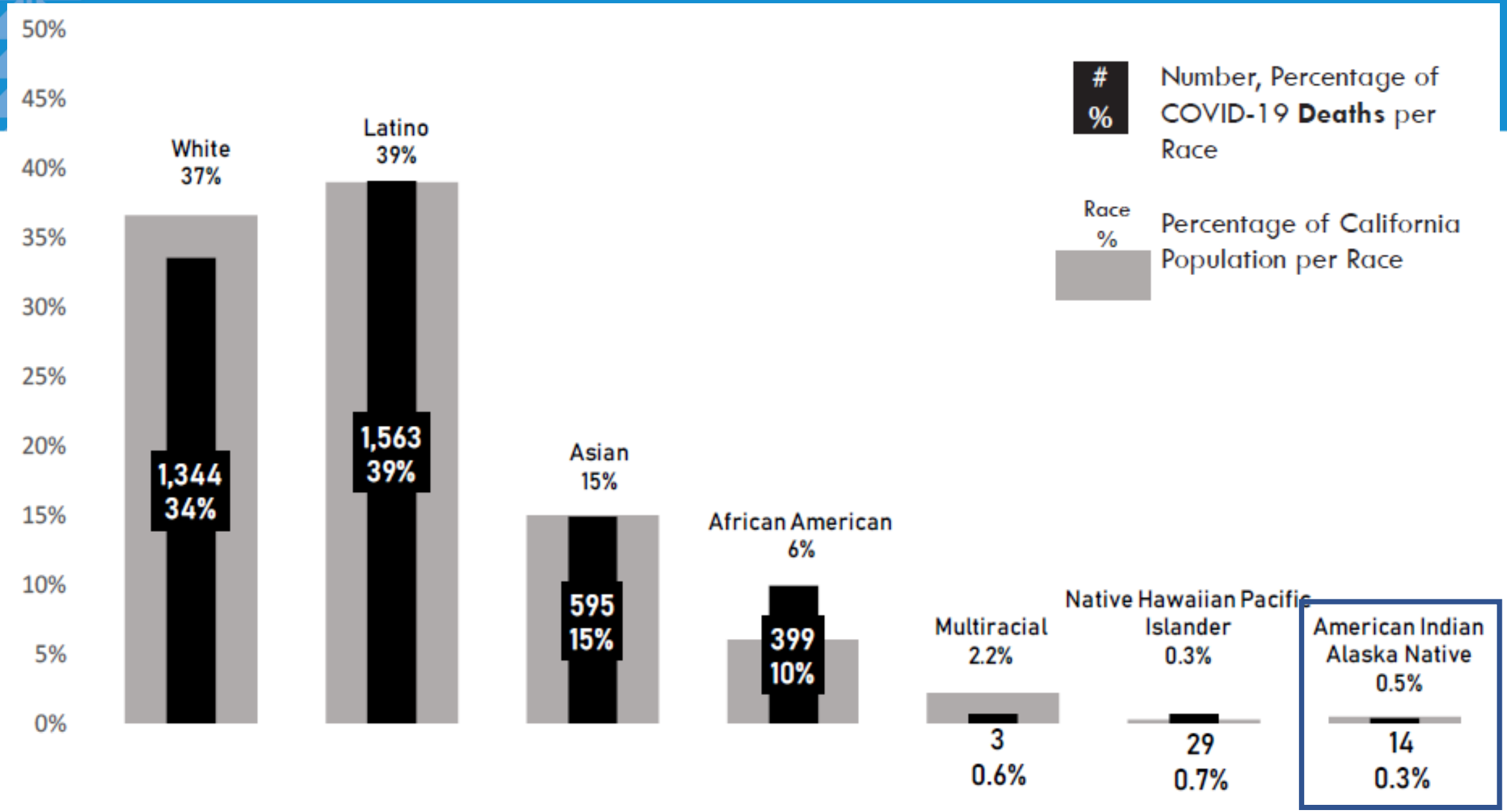
*as of 7PM EST May 30, 2020

Based on self-reported data to IHS

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.




50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
White
37%
1,344
34%
Latino
39%
1,563
39%
Asian
15%
595
15%
African American
6%
399
10%
Multiracial
2.2%
3
0.6%
Native Hawaiian Pacific Islander
0.3%
29
0.7%
American Indian Alaska Native
0.5%
14
0.3%
#
%
Number, Percentage of COVID-19 Deaths per Race
Race
%
Percentage of California Population per Race

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; 615888#
- 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=ZGhMY3FyWjRUN1lESzlUd1ZtTXNWUT09
- 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

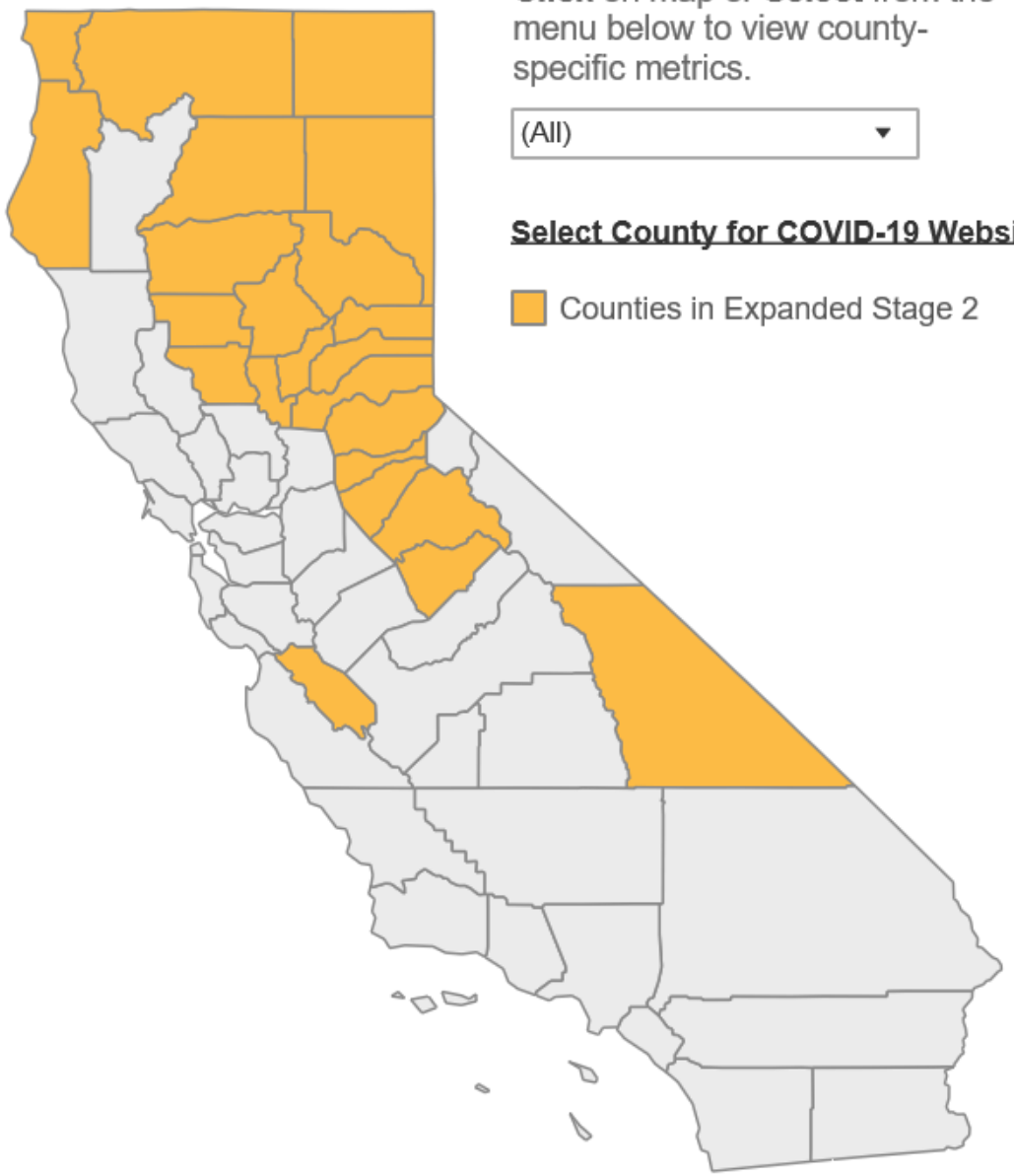
Creating opportunities for higher risk sectors to adapt and re-open.

STAGE 4: End of Stay-At-Home Order

Return to expanded workforce in highest risk workplaces.

Requires Therapeutics.

cs



Click on map or **Select** from the menu below to view county-specific metrics.

(All)

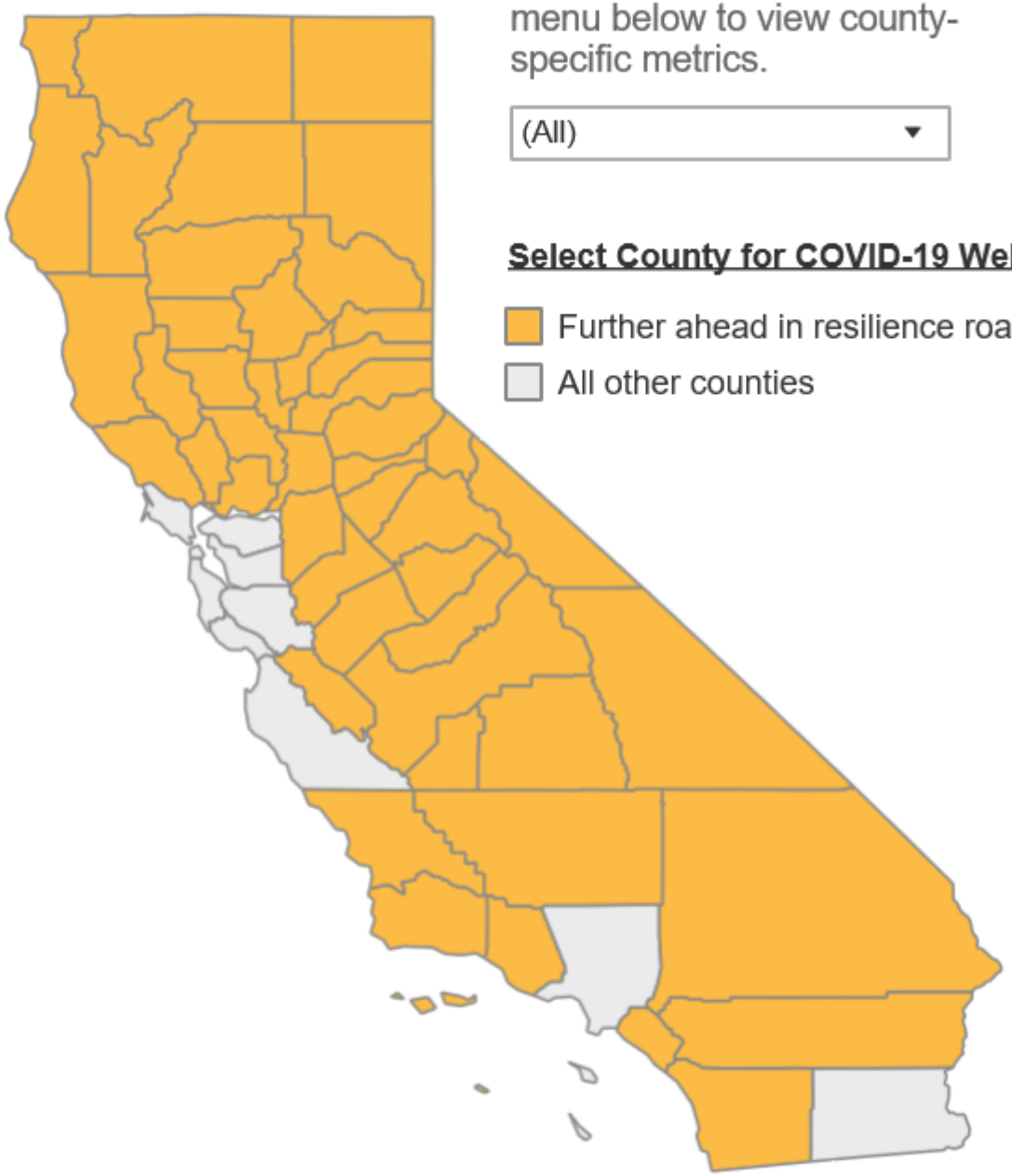
Select County for COVID-19 Website

Counties in Expanded Stage 2

Click on map or **Select** from the menu below to view county-specific metrics.

(All)

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

1st and 3rd stimulus package

- 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 A: Federally recognized tribes that contract or compact with the IHS under Title I and Title V of the ISDEAA, or consortia of these tribes, or their bona fide agents, https://www.cdc.gov/tribal/documents/cooperative-agreements/OT20-2004-IHS-Component-A-Eligibility-List-508.pdf
  - 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

RFA: https://www.cdc.gov/tribal/cooperative-agreements/tribalcovid-ot20-2004.html

Federal Response

1st stimulus package

- 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

2nd stimulus package

- 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 ISDEAA agreements. *Status: Completed*

Federal Response

3rd stimulus package

- 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*
  - HRSA: $15 million set aside for Tribes through Rural Health Office for health care integration, telehealth services via Rural Tribal COVID-19 Response Program- *Status: Completed, list of awardees: https://www.hrsa.gov/rural-health/coronavirus/rural-tribal-covid-19-response-fy20-awards*

Federal Response

3rd stimulus package

- 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

https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_04032020.pdf

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

3rd stimulus package

- 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*

https://www.hhs.gov/coronavirus/cares-act-provider-relief-fund/index.html

Federal Response

3rd stimulus package

- 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

https://www.hhs.gov/about/news/2020/05/22/hhs-announces-500-million-distribution-to-tribal-hospitals-clinics-and-urban-health-centers.html

Federal Response

4th stimulus package

- 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*

Federal Response

4th stimulus package

- $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 Heath 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

http://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2020_Letters/DTLL_DUIOLL_05192020.pdf

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

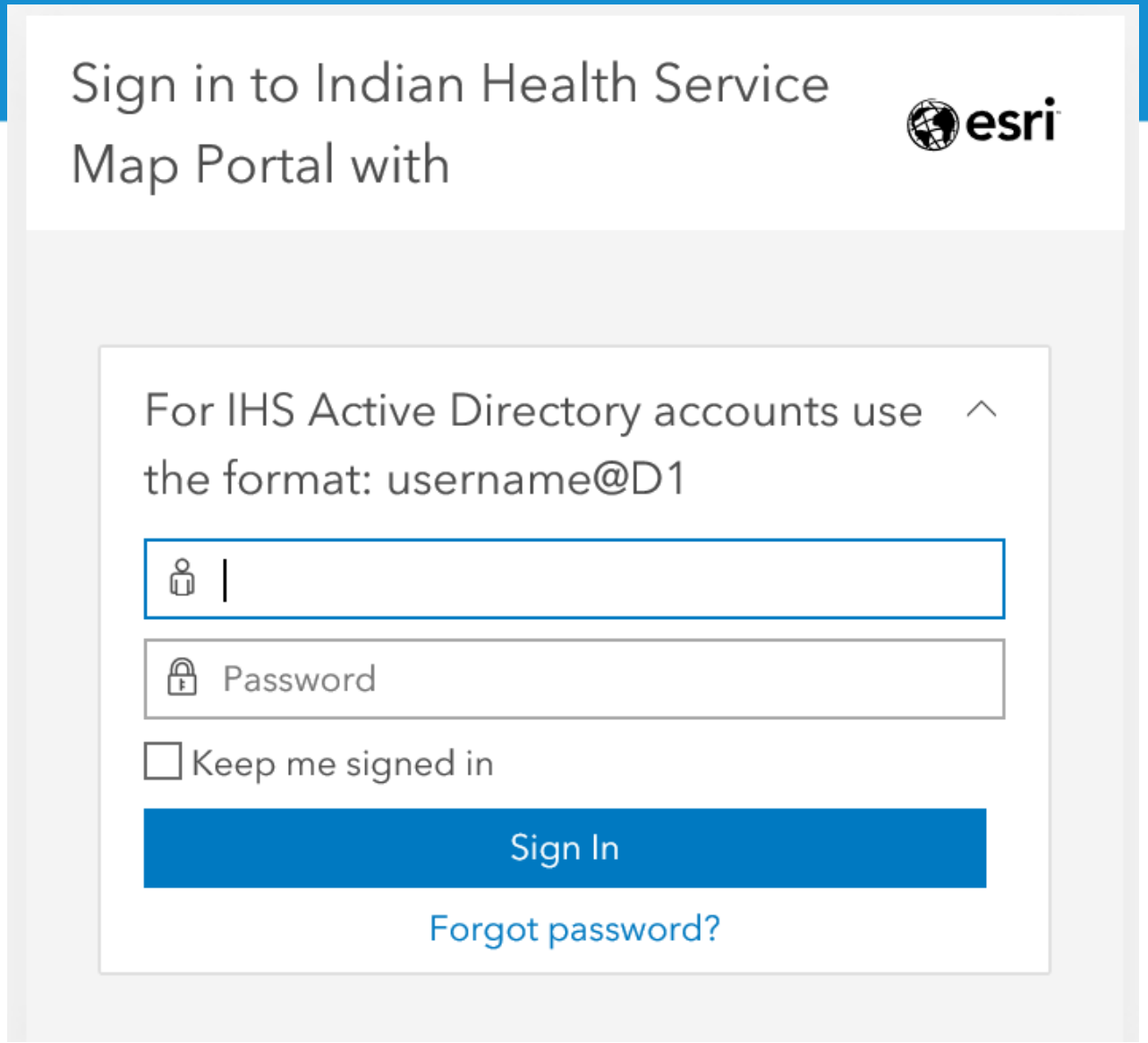
Federal Updates

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.

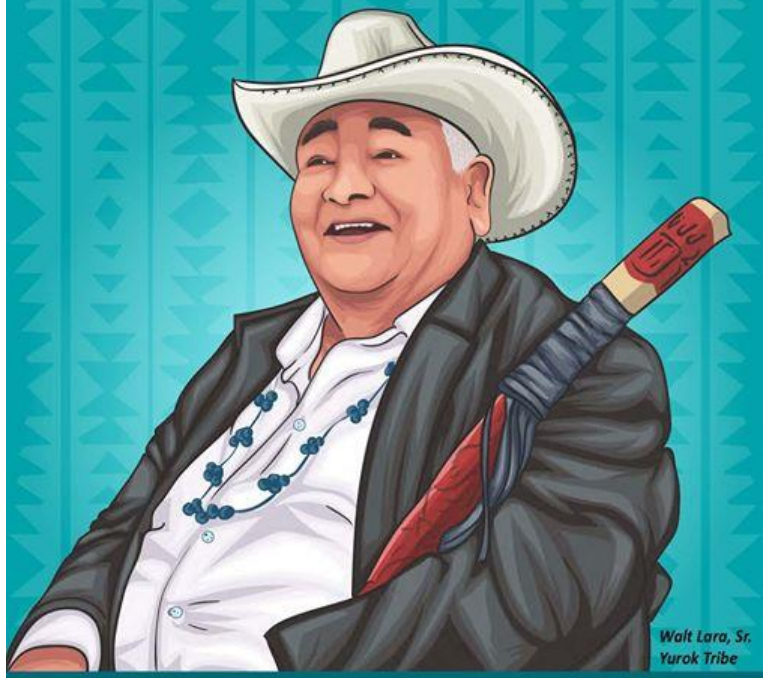


CRIHB Response

- 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=Im6MRZEjaK8&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!



Walt Lara, Sr.
Yurok Tribe

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

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Don't put your loved ones at risk.

Lewis George
Pit River Tribe

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.*

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect the Keepers of Our Traditions

Juana Majel-Dixon
Pauma Band of
Luiseño Indians

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

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

Protect our Elders.
Stay home. Save lives.

Beverly J. Hunter
Table Mountain Rancheria

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

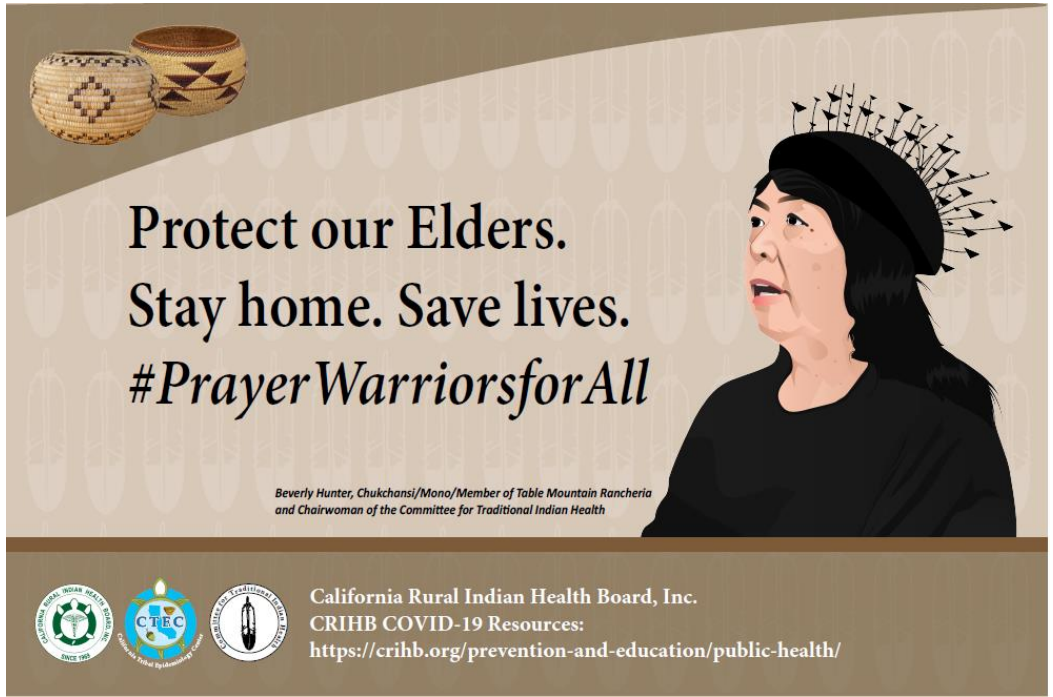
California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

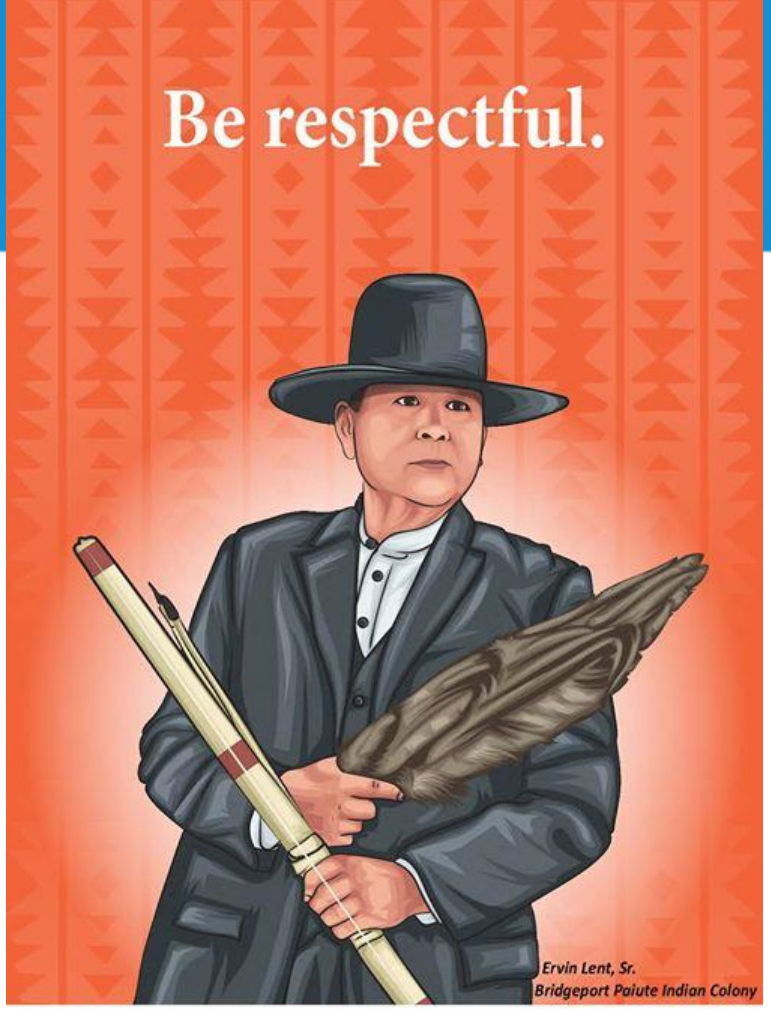
Stay home.
Limit physical interactions.
Save lives.

Danielle Brewster
Paiute/Tachi/Mono

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:
https://crihb.org/prevention-and-education/public-health/





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

California Rural Indian Health Board, Inc.
CRIHB COVID-19 Resources:
https://crihb.org/prevention-and-education/public-health/

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 CTEC TA online request:

https://crihb.org/technical-assistance-request-form/

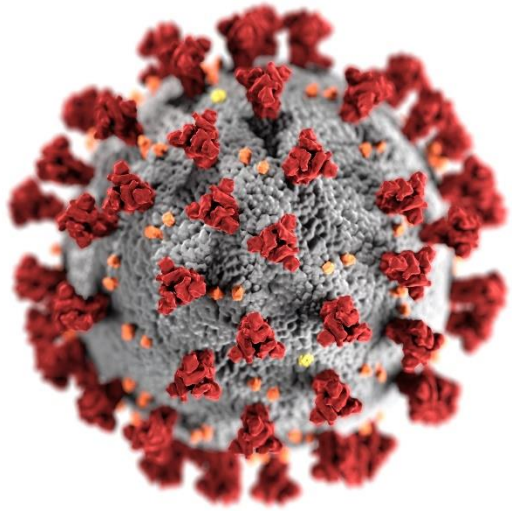
Current Covid-19 Antibody Test Uses and Limitations

THOMAS J. KIM, MD, MPH
MEDICAL DIRECTOR/EPIDEMIOLOGIST
CRIHB/TRIBAL EPIDEMIOLOGY CENTER

JUNE 2, 2020

Topics

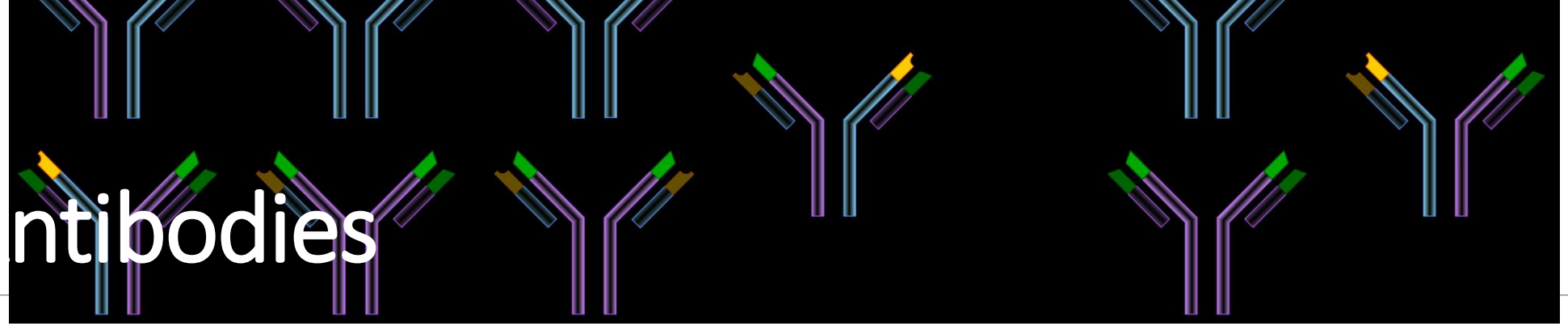
- Types of tests: PCR, antigen, serology
- Serology
  - About antibodies
  - Limitations in the test
  - Available FDA EUA tests
  - When to use serology tests
  - Interpretation of results
  - Future uses
- Recommendations for Tribes and THPs



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*

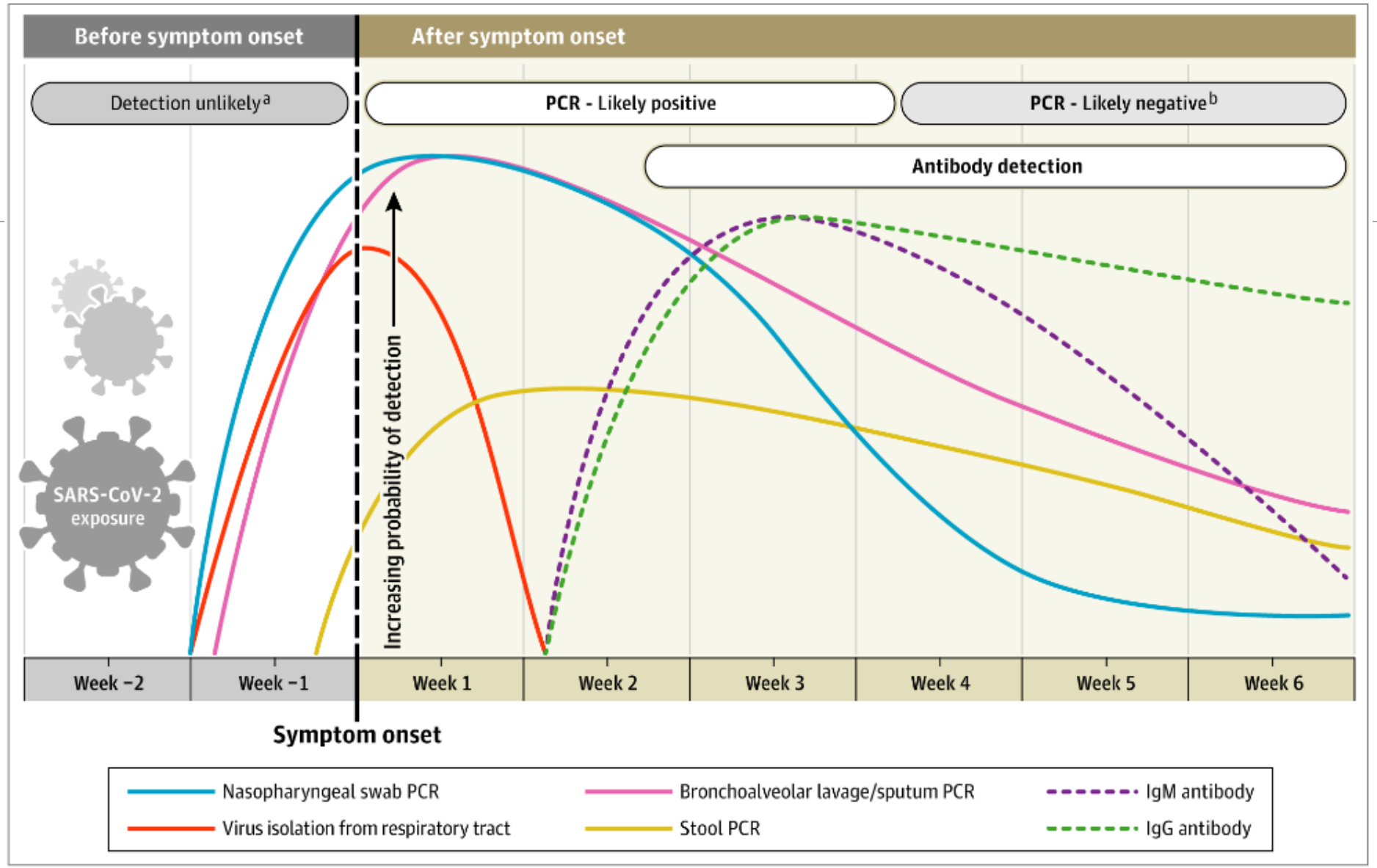


ntibodies

- 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 an 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 results may not mean a patient is immune (“waning immunity”)
4. Wide variability in sensitivity and specificity among the assays (tests)



Sethuraman N, Jeremiah SS, Ryo A. Interpreting Diagnostic Tests for SARS-CoV-2. *JAMA*. 2020;10.1001/jama.2020.8259. doi:10.1001/jama.2020.8259

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

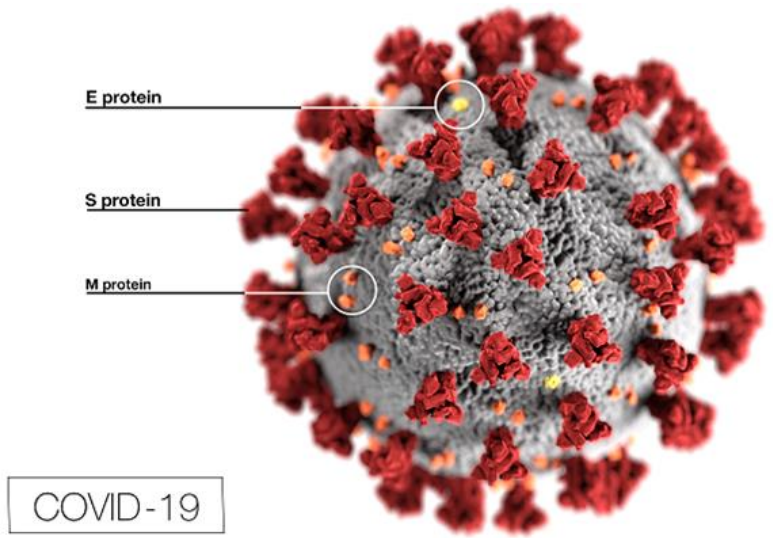


Photo by CDC on Pexels

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

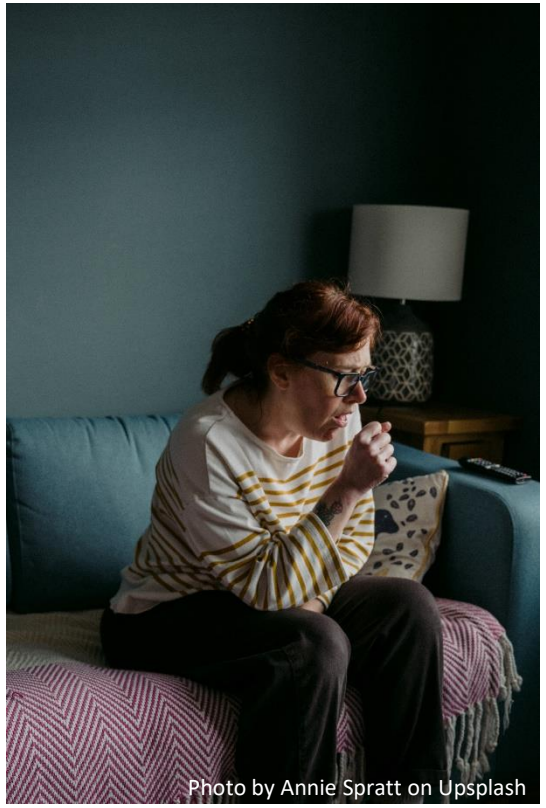


Photo by Annie Spratt on Upsplash

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

Photo by Martin Lopez on Pexels

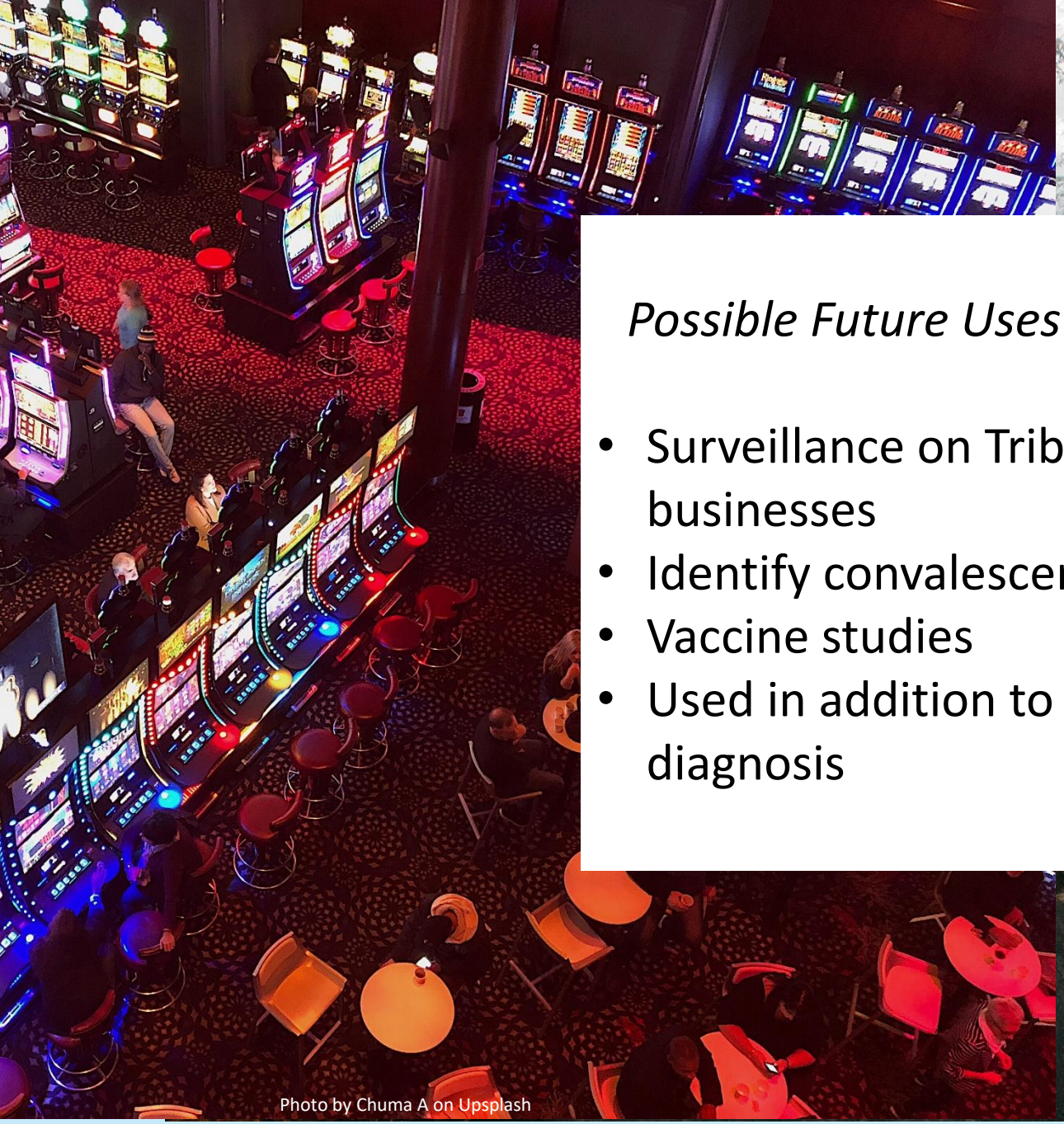


Photo by Chuma A on Upsplash

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

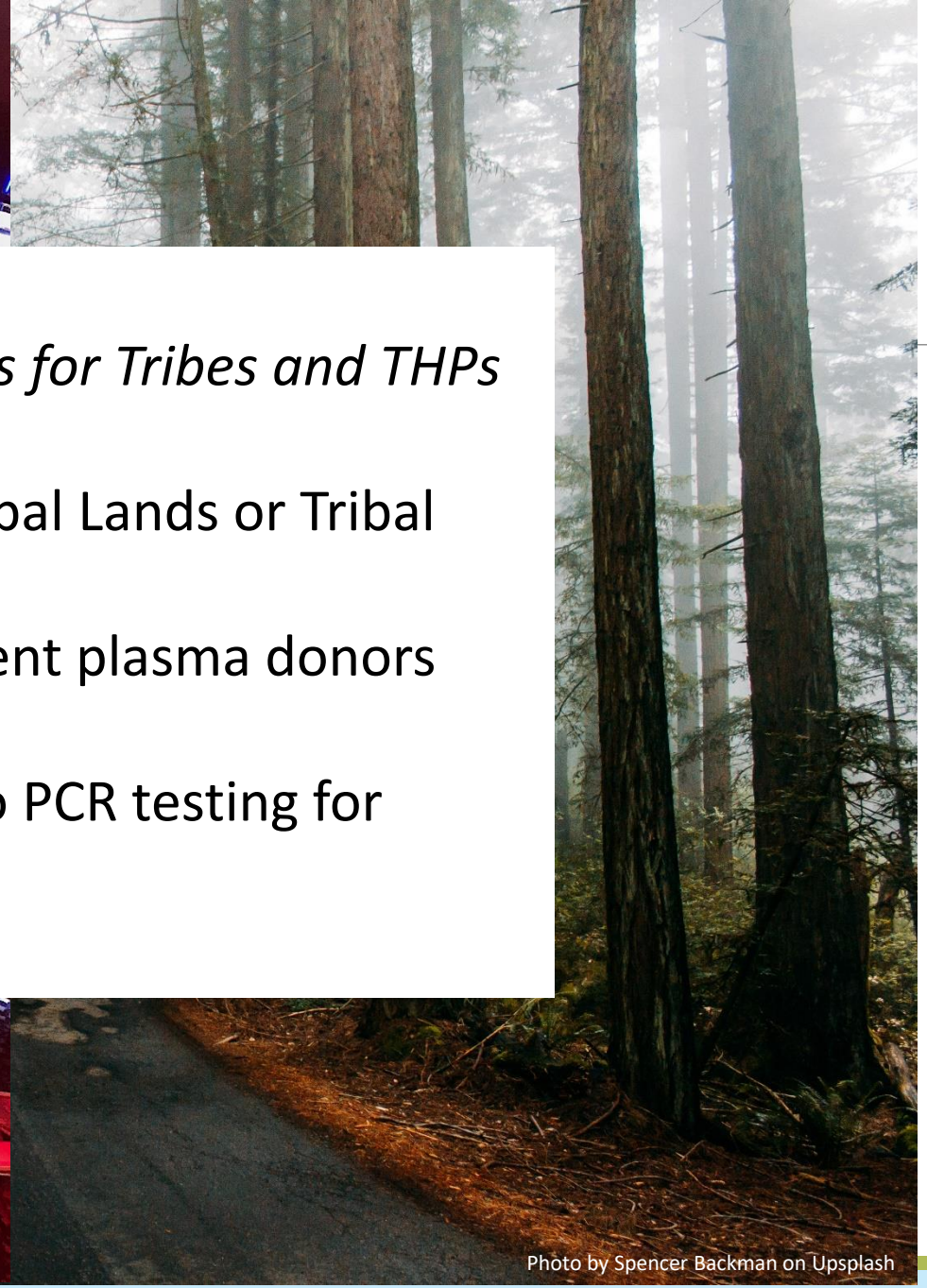


Photo by Spencer Backman on Upsplash

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*