



CRIHB COVID-19 Updates August 4, 2020

*Please sign-in in the Group
Chat with your name and
Tribe or Tribal Health
Program name*



California COVID-19 By The Numbers

August 3, 2020

Numbers as of August 2, 2020

CALIFORNIA COVID-19 SPREAD

514,901 (+5,739)

TOTAL CASES

Ages of Confirmed Cases

- 0-17: 47,286
- 18-49: 311,547
- 50-64: 98,574
- 65+: 56,786
- Unknown/Missing: 708

Gender of Confirmed Cases

- Female: 256,875
- Male: 252,050
- Unknown/Missing: 5,976

9,388 (+32)

Fatalities

Hospitalizations*

Confirmed COVID-19
6,383/1,909
Hospitalized/in ICU

Suspected COVID-19
1,246/160
Hospitalized/in ICU

For county-level
hospital data:
bit.ly/hospitalsca

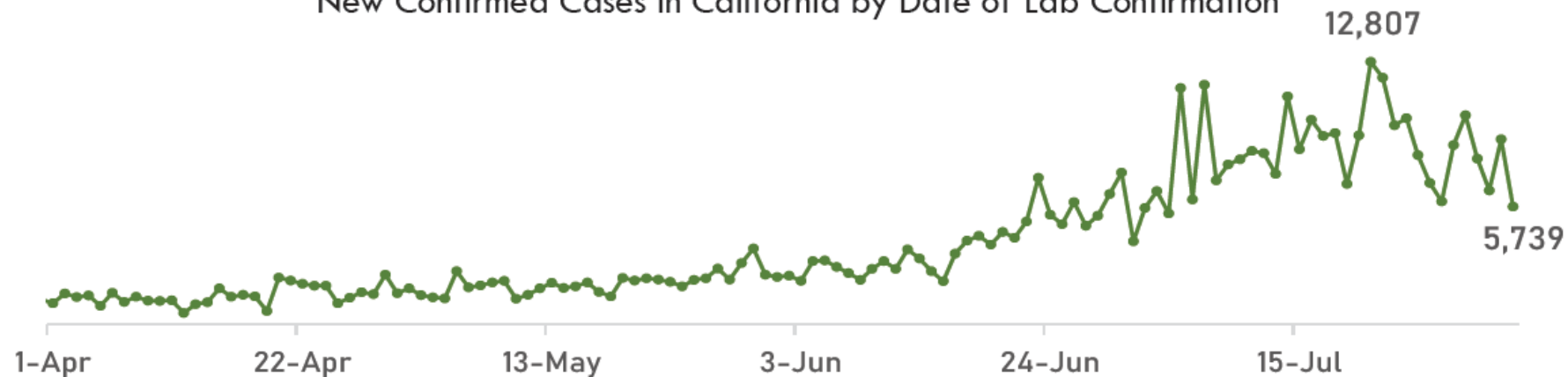
Your actions **save lives.**

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

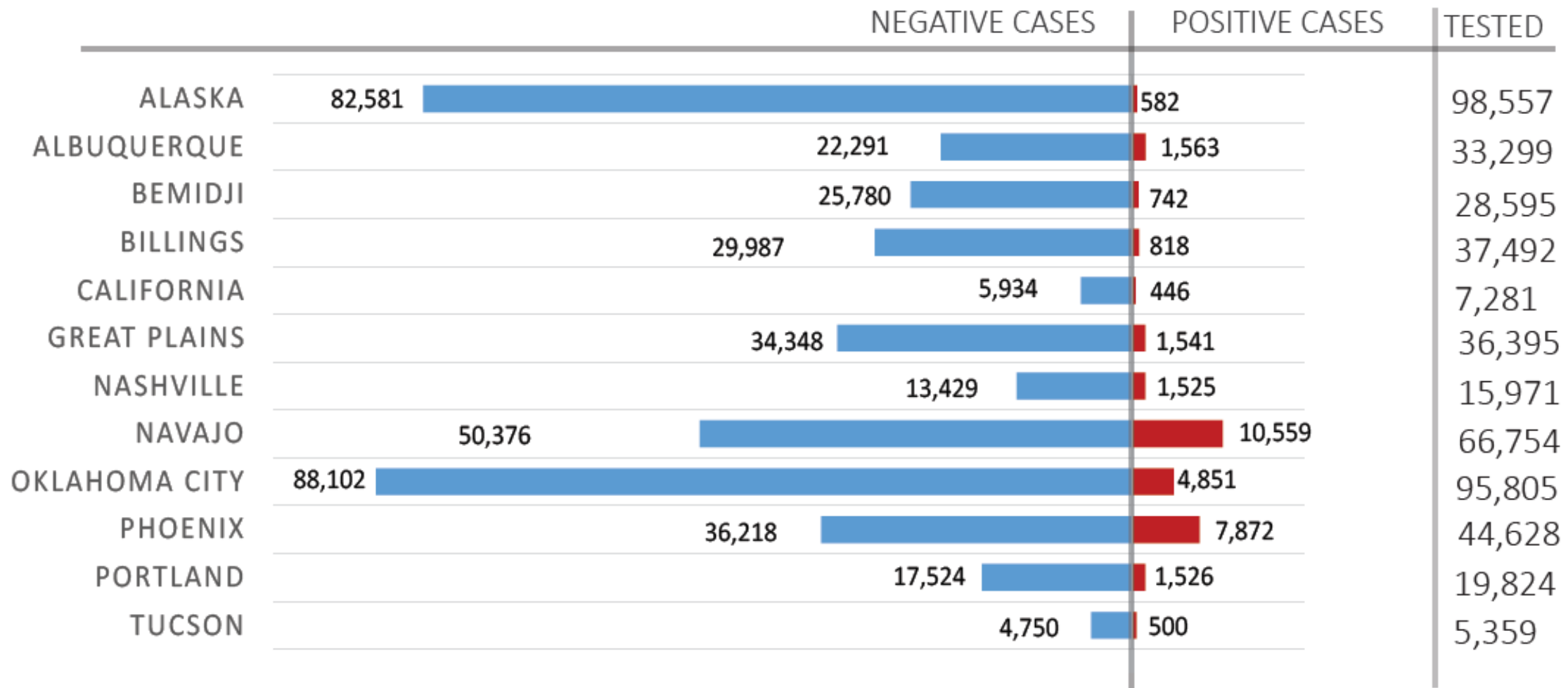
covid19.ca.gov



New Confirmed Cases in California by Date of Lab Confirmation



COVID-19 CASES BY IHS AREA AS OF August 1, 2020

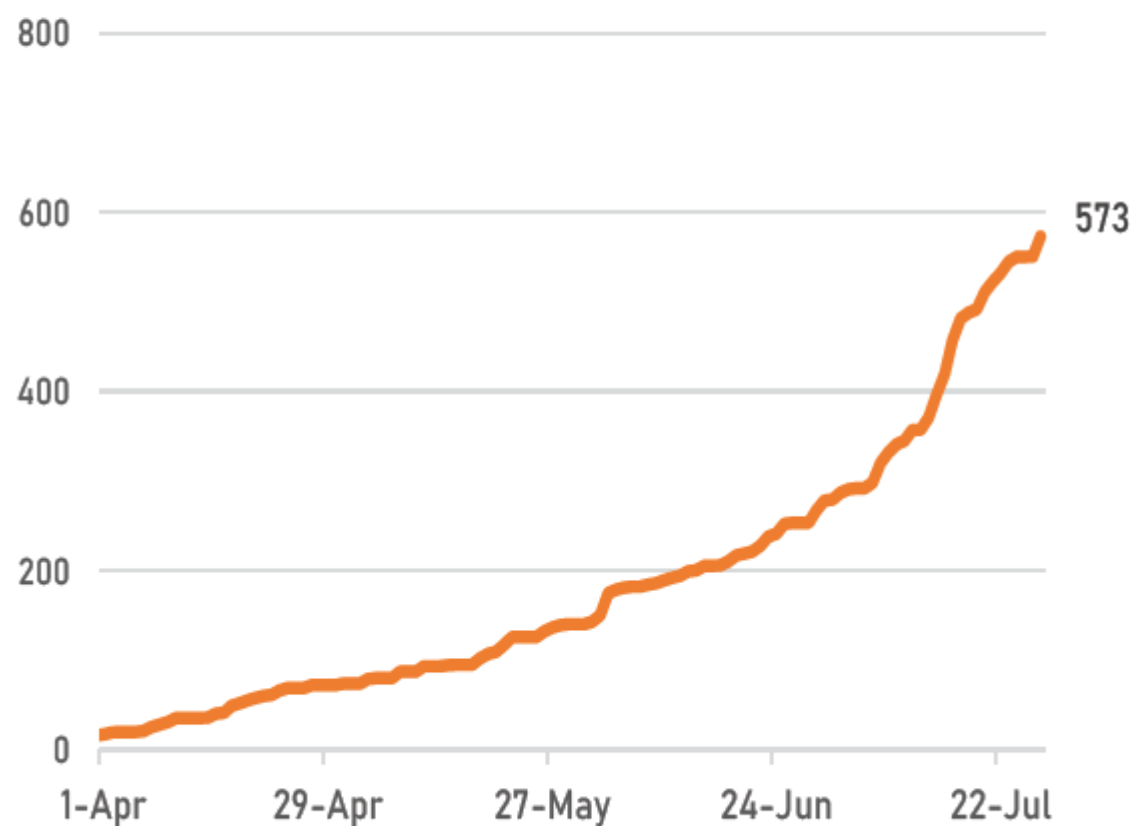


*as of 11:59PM EST August 1, 2020

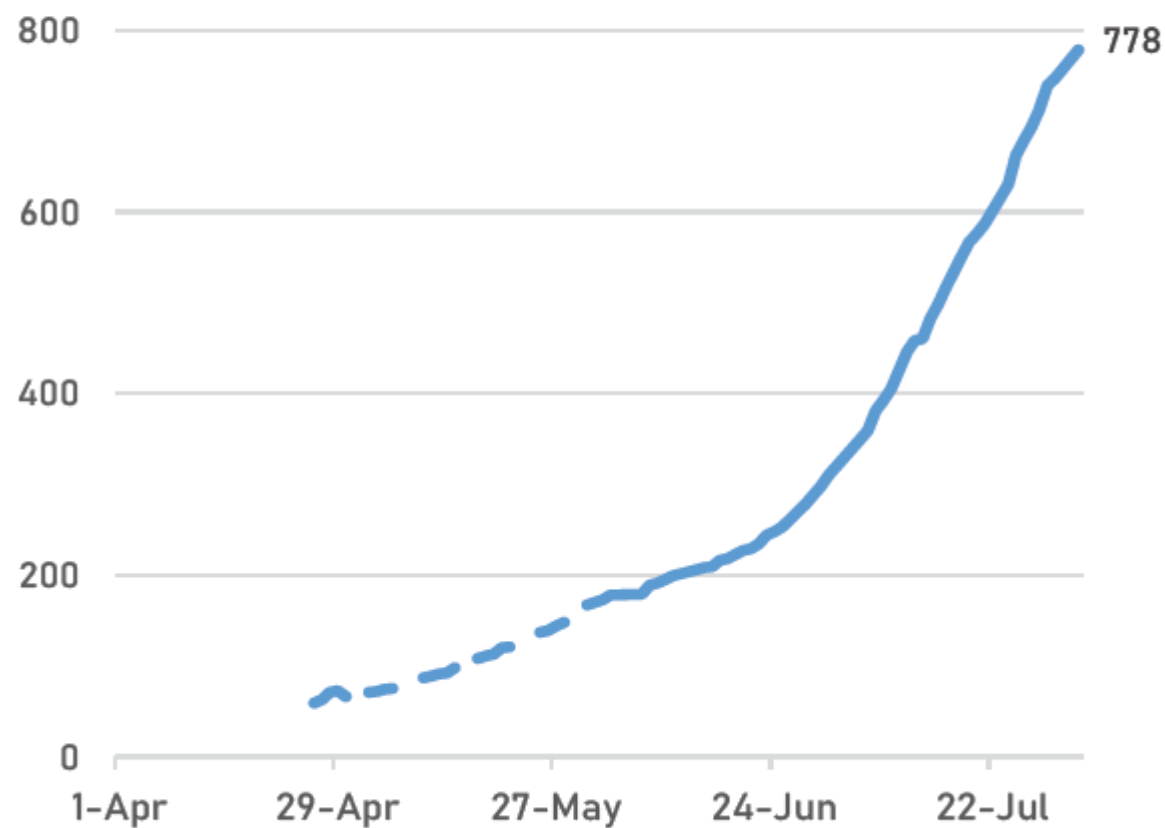
Based on self-reported data to IHS

Two sources for tracking American Indian and Alaska Native (AIAN) Cases reported in California

Data from the **Indian Health Service (IHS)** include positive cases reported by Tribal and Urban Indian Health Programs.



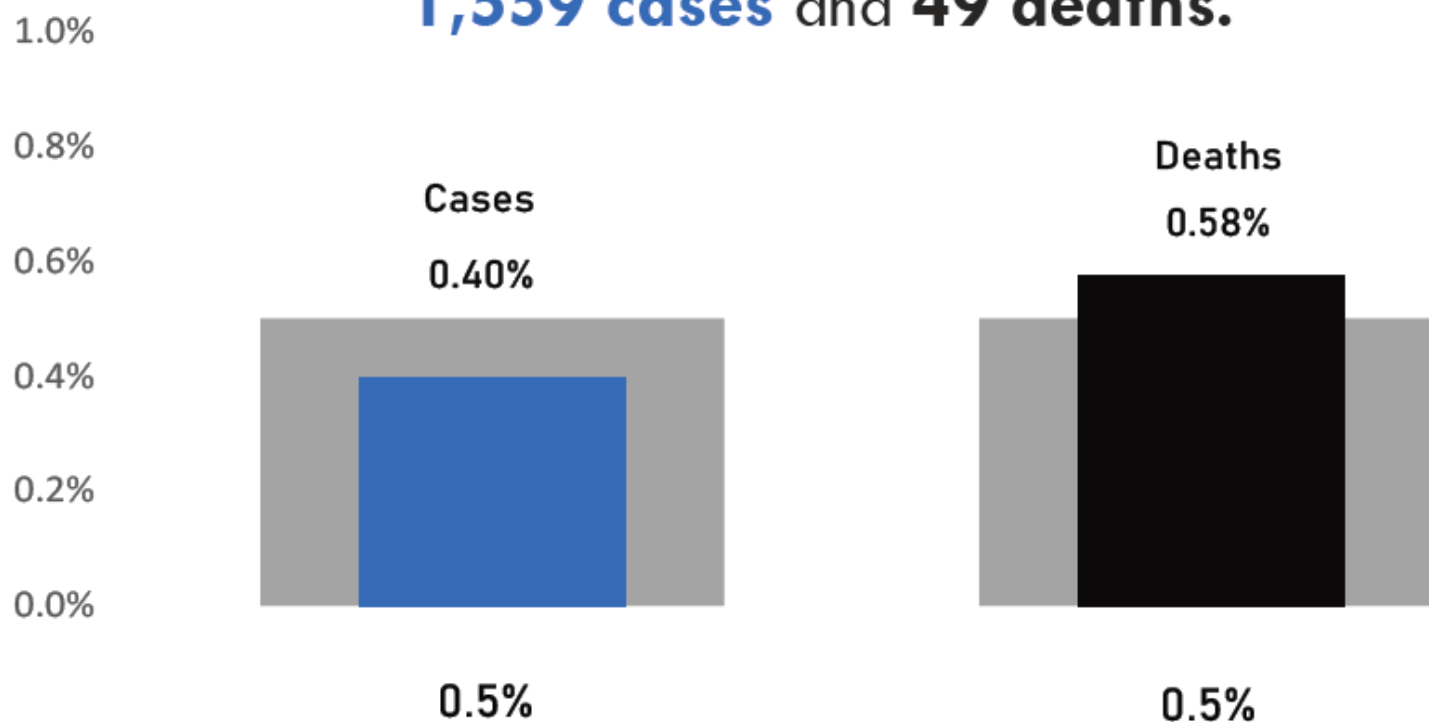
Data from **California Department of Public Health (CDPH)** include all positive cases of AIAN diagnosed in California.



Note: IHS data source is the IHS Data Portal, as of 7/26/2020. Gaps in CDPH reported AIAN cases are due to intermittent data availability.

CDC Data show that AIAN in California are testing positive for COVID-19 at rates that are nearly equal to their proportion of California's population, and dying at rates slightly higher than expected. This includes a total of:

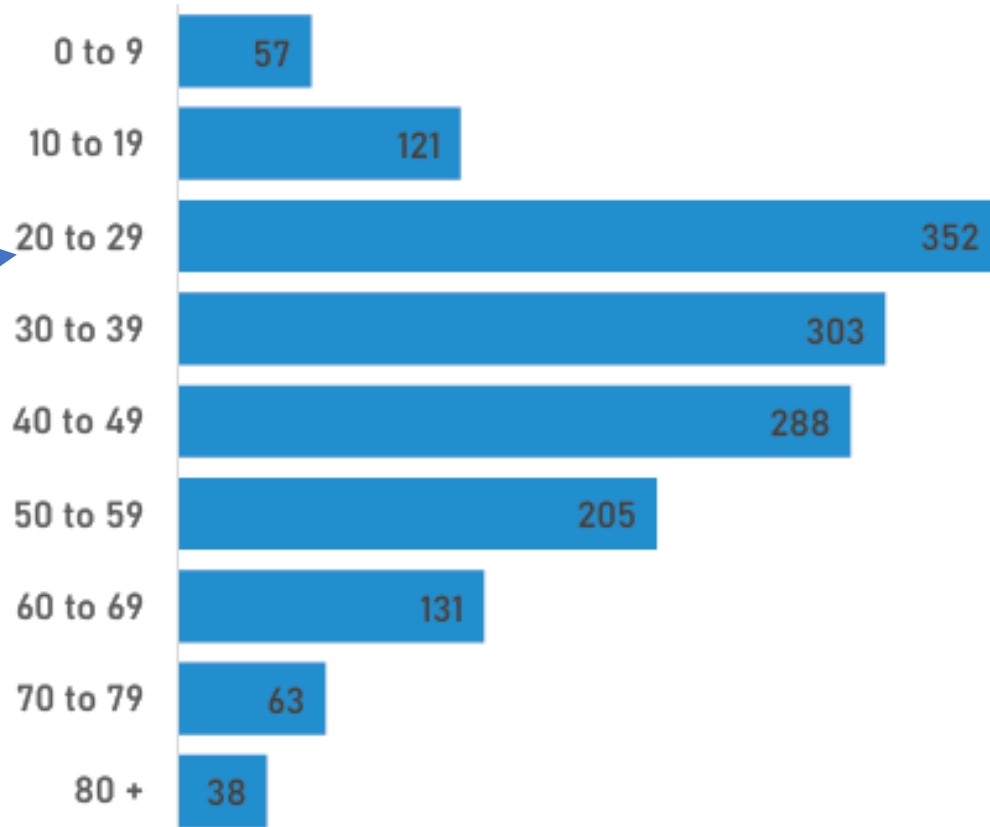
1,559 cases and **49 deaths.**



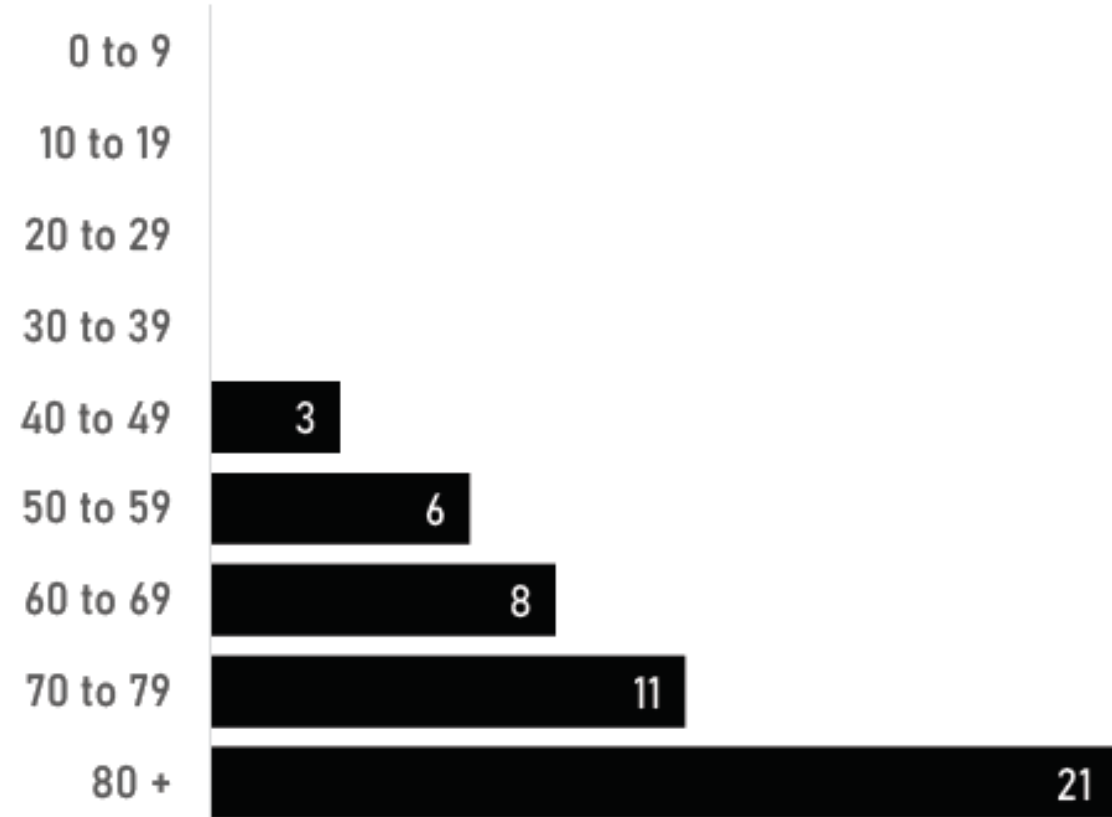
Source: CDC. Data current as of July 29, 2020.

American Indian Alaska Native (AIAN) data reported by California to the Centers for Disease Control and Prevention (CDC)

Positive COVID-19 cases among AIAN people in California by Age Group and Gender



COVID-19 deaths among AIAN people in California by Age Group and Gender





State Response

- CalOES Statewide Tribal Assistance Coordination Group (TAC-G) call:
 - Friday @ 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)
- COVID-19 Statewide Regional/Tribal Coordination call
 - M and Th @ 3:30PM, 1-888-455-0887; 3907094#
- Operational Area (OA)/Tribal Coordination call:
 - W @ 2:00PM, 1-844-291-5489; 6115888#

California Statistics

Total Population: 40,129,160

Note: HHS Significantly changed reporting requirements resulting in historical data from non-reporting facilities not being part of today's update. This data will be added back in as soon as it is available.

123,363

New Cases (Last 14 Days)

307.4 Per 100K

514,901 Total Cases

1,694

New Deaths (Last 14 Days)

4.2 Per 100K

9,388 Total Deaths

1,770,158

Tests Reported (Last 14 Days)

7.0% Test Positivity

3.2 Daily per 1,000 Residents

8,184,696 Total Tests Reported



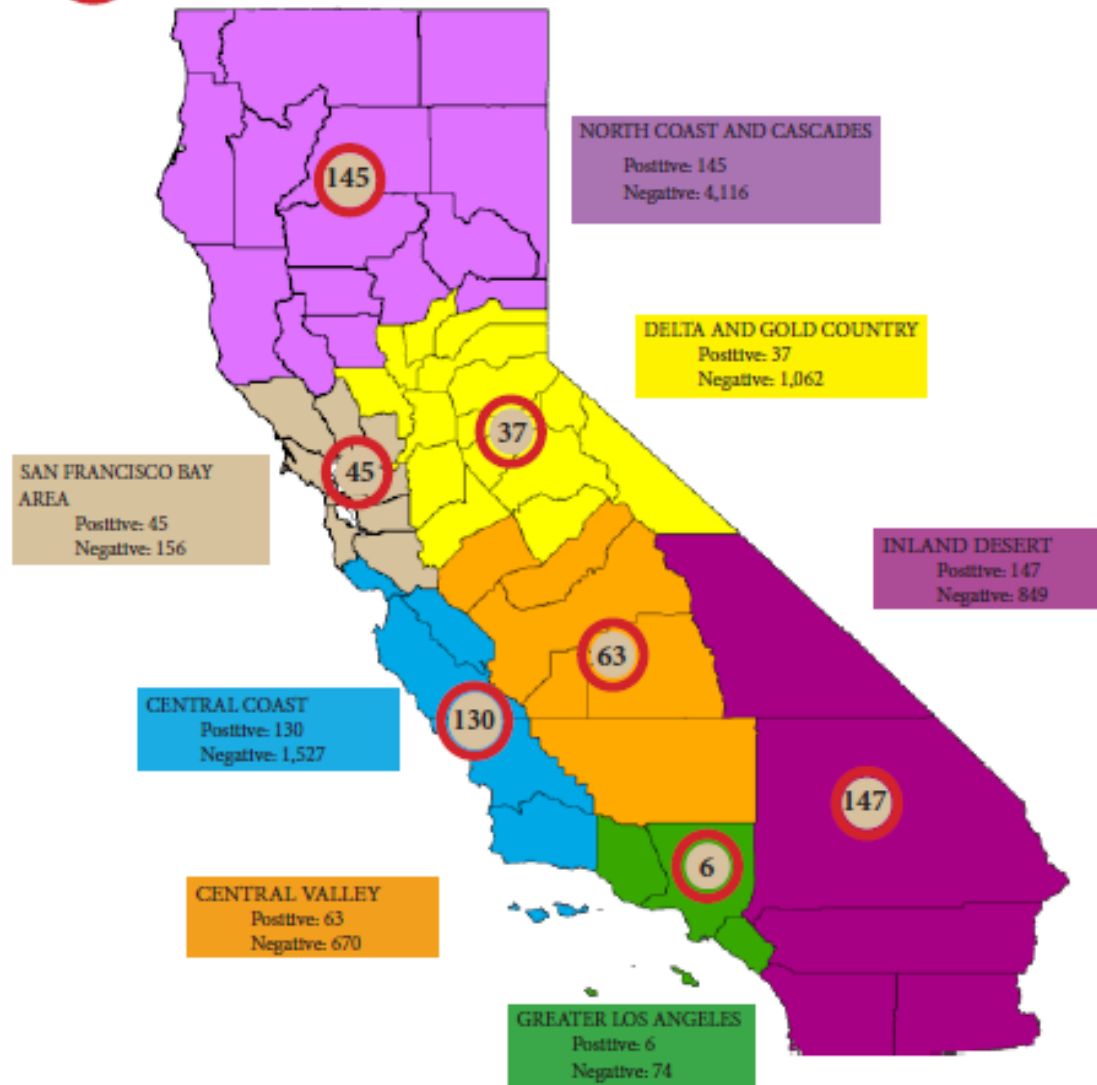
Source: <https://covid19.ca.gov/roadmap-counties/#top>

COVID-19 Testing Information from Patients Seen at a Tribal or Urban Indian Health Program in California.

Note: This map shows patients by the regional location of the clinic where they were tested and NOT by the residence of the patients.



Number of positive cases identified by region





Federal Updates

Public Health Emergency Declaration

- US Health and Human Services renewed the public health emergency declaration. This went into effect on July 25, 2020. Previous declarations were made January 31, 2020, and April 21, 2020.

Tribal Priorities for COVID-19 Relief Package

- NIHB joined the NCAI and other national and regional Native organizations in a letter to Congressional leadership outlining Indian Country's collective priorities in healthcare, public health, housing, education, public safety, and Tribal economies in lead up to the next COVID-19 pandemic relief package
- Link to letter: <https://www.nihb.org/covid-19/wp-content/uploads/2020/07/Tribal-Inter-Org-COVID-Relief-Letter-7.20.20-Final.pdf>



Federal Updates

Hospitalization Data

- White House directed hospitals to send data directly to HHS, and not CDC via a new reporting system, *HHS Protect and HHS Teletracking*. CDC was using *COVID-NET*. Some hospitals and states do not have access to the new system so this could impact reporting and access to the data. The White House then directed CDC to continue to post the hospitalization data. This creates two HHS sites reporting on data, but the CDC is no longer receiving up to date data.

New reporting site: <https://protect-public.hhs.gov/pages/covid19-module>

CTEC Surveillance

- The 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.
- Starting Tuesday, April 14, 2020, submit data via the new online data entry tool.
- Link:
<https://maps.ihs.gov/portal/home/>
and click Sign-In

Sign in to Indian Health Service
Map Portal with



For IHS Active Directory accounts use ^
the format: username@D1

☐ Keep me signed in

Sign In

[Forgot password?](#)

COVID-19 COMMUNITY POSTER ORDER FORM

Name (please print clearly)

Tribe/Tribal Health Program/Urban Indian Health Organization

Address

City State Zip/Postal Code

Phone

Email

12X16 POSTER	QUANTITY
#1: Ervin Lent	
#2: Walt Lara	
#3: Lewis George	
#4: Danielle Brewster	
#5: Cutcha Risling Baldy	
#6: Juana Majel-Dixon	
#7: Beverly J. Hunter	
#8: Silver Galletto	
#9: Beverly J. Hunter	
POSTER TOTAL:	

EMAIL THIS COMPLETED FORM TO:

Yeoun-Jee Rengnez, CTEC Outreach Coordinator
Email: yrengnez@crihb.org
Phone: 916.929.9761



To order additional posters, complete and email form to yrengnez@crihb.org

Link to form:

<https://crihb.org/wp-content/uploads/2020/06/COVID19PosterOrderFormFILLABLE.pdf>



CDC Foundation COVID-19 Corps Staff

- The CDC Foundation has hired following positions to serve California Tribal communities. These are 100% remote and will work directly with California Tribes and Tribal Health Programs.
- Tribal Nation Epidemiologist (1)
 - Inger Appanaitis
- Tribal Nation Emergency Preparedness Planner (2)
 - TBD
- Tribal Nation Public Health Disease Investigator (2)
 - Annie Rivera
 - TBD



Submit CTEC TA online request:

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

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, MPH

Director, Health Systems Development

rarreolapro@crihb.org

Community or grant-related assistance:

Vanesscia Cresci, MSW, MPA

Director, Research and Public Health

vcresci@crihb.org

Epidemiologic or data-related assistance:

Aurimar Ayala, MPH

Epidemiology Manager

aayala@crihb.org



Covid-19 Testing Update

THOMAS J. KIM, MD, MPH
HEALTH SYSTEMS DEVELOPMENT
CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER
AUGUST 3, 2020

Topics



- Saliva-based testing
- “Pooled” testing
- Antigen test
- Latest from the California Testing Task Force

Key Take-Aways

- Saliva-based testing is a cautiously promising way to test efficiently and widely, especially for screening
- Pooled testing is an established method of expanding testing capacity without increasing the number of available tests
- Antigen tests will expand point-of-care testing but come with limitations
- The State Covid-19 Testing Task Force is working on creative solutions for our current testing challenges



Saliva-Based Testing

May 7, 2020

Christian Bixby
Assistant Director, Research and Clinical Lab Services, RUCDR
Rutgers Clinical Genomics Laboratory-Rutgers University
604 Allison Road,
Piscataway, NJ 08854

Device:	Rutgers Clinical Genomics Laboratory TaqPath SARS-CoV-2 Assay
Company:	Rutgers Clinical Genomics Laboratory at RUCDR Infinite Biologics – Rutgers University (“Rutgers Clinical Genomics Laboratory”).
Indication:	<p>Qualitative detection of nucleic acid from Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in oropharyngeal (throat) swab, nasopharyngeal swab, anterior nasal swab, mid-turbinate nasal swab, and bronchoalveolar lavage (BAL) fluid from individuals suspected of COVID-19 by their healthcare provider.</p> <p>This test is also for use with saliva specimens that are self-collected at home or in a healthcare setting by individuals using the Spectrum Solutions LLC SDNA-1000 Saliva Collection Device</p>

Saliva-Based Testing

- How it works
- Directly detects virus - not PCR but similar (“RT-LAMP”); high-complexity test
- Advantages
 - Less skilled staff needed unlike NP swabbing
 - Unaffected by swab shortages
 - Self-collection potential (including home kits)
 - Conserve PPE and protects staff from exposure
 - Non-invasive and higher acceptance
 - Relatively inexpensive

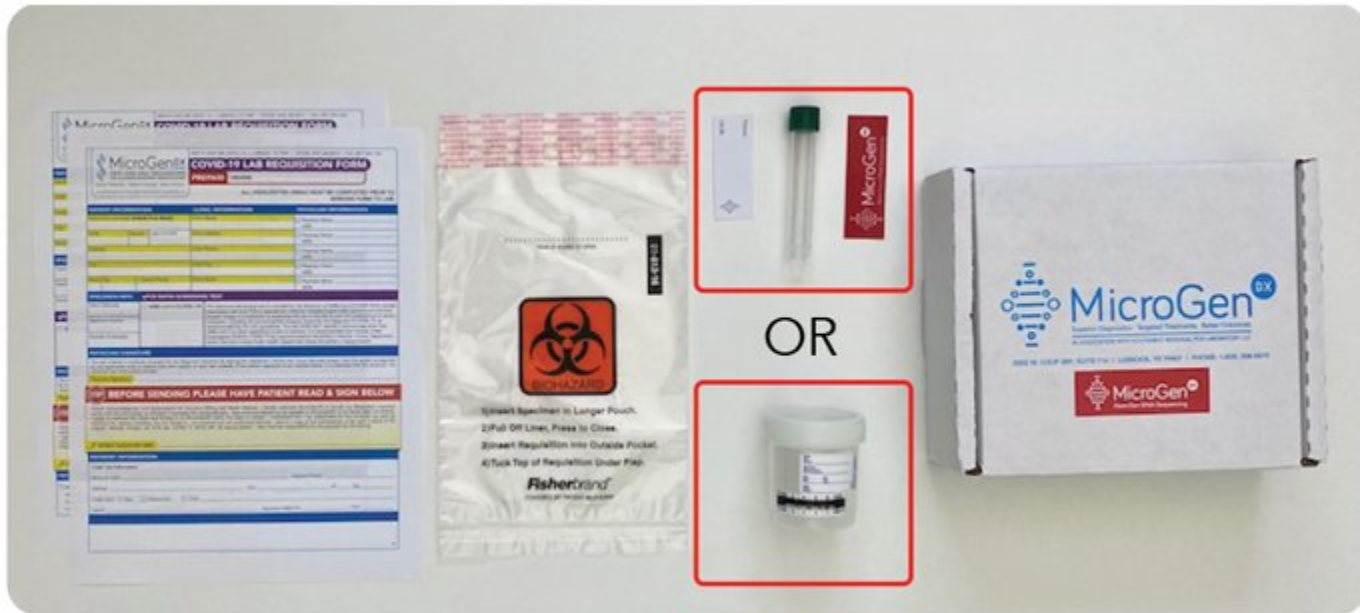
Saliva Test Performance

- Study #1 – Yale University¹
- Study #2 – Columbia University Medical Center²
- Real-life examples and potential limitations



¹Wyllie AL, Fournier J, Casanovas-Massana A, et al. Saliva is more sensitive for SARS-CoV-2 detection in COVID-19 patients than nasopharyngeal swabs. <https://www.medrxiv.org/content/10.1101/2020.04.16.20067835v1>

²Shan Wei et al., Field-Deployable, Rapid Diagnostic Testing of Saliva Samples for SARS-CoV-2. <https://www.medrxiv.org/content/10.1101/2020.06.13.20129841v1.full.pdf>

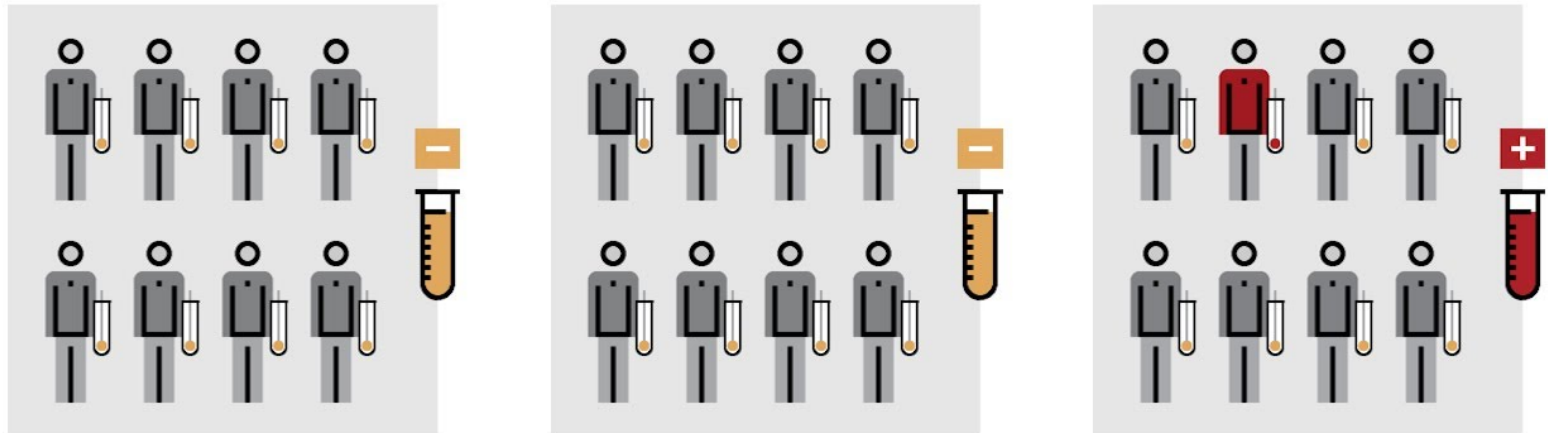


- Requisition form
- Biohazard bag
- Saliva collection vial
- Labels and security stickers
- Transport box

Potential Application for Tribes

- In the clinic
 - For patients – diagnosis (if performance and accuracy bear out)
 - Screening of staff
- Mass-screening testing strategy with potential focus on:
 - General surveillance
 - High risk individuals and household members
 - Tribal members with high risk occupations (clinic, SNF, prison, etc)
 - Tribal enterprise (e.g. casinos, hotels)
 - Essential Tribal Gov't workers

Pooled Testing – What is it?



11 tests used instead of 24 tests (54% fewer tests)

AACC

American Association of Clinical Chemistry

FDA NEWS RELEASE

Coronavirus (COVID-19) Update: FDA Issues First Emergency Authorization for Sample Pooling in Diagnostic Testing

Pooled Testing

For Immediate Release:

July 18, 2020

[Español \(/news-events/press-announcements/actualizacion-sobre-el-coronavirus-covid-19-la-fda-emite-una-autorizacion-de-uso-de-emergencia-para\)](#)

Today, the U.S. Food and Drug Administration reissued an emergency use authorization (EUA) to Quest Diagnostics to authorize its Quest SARS-CoV-2 rRT-PCR test (<https://www.fda.gov/media/136231/download>) for use with pooled samples containing up to four individual swab specimens collected under observation. The Quest test is the first COVID-19 diagnostic test to be authorized for use with pooled samples.

Sample pooling is an important public health tool because it allows for more people to be tested quickly using fewer testing resources. Sample pooling does this by allowing multiple people – in this case four individuals – to be tested at once. The samples collected from these four individuals are then tested in a pool or “batch” using one test, rather than running each individual sample on its own test. If the pool is positive, it means that one or more of the individuals tested in that pool may be infected, so each of the samples in that pool are tested again individually. Because the samples are pooled, it is expected that fewer tests are run overall, meaning fewer testing supplies are used and more tests can be run at the same time allowing patients to receive their results more quickly in most cases. This testing strategy is most efficient in areas with low prevalence, meaning most results are expected to be negative.

Limitations of Pooled Testing

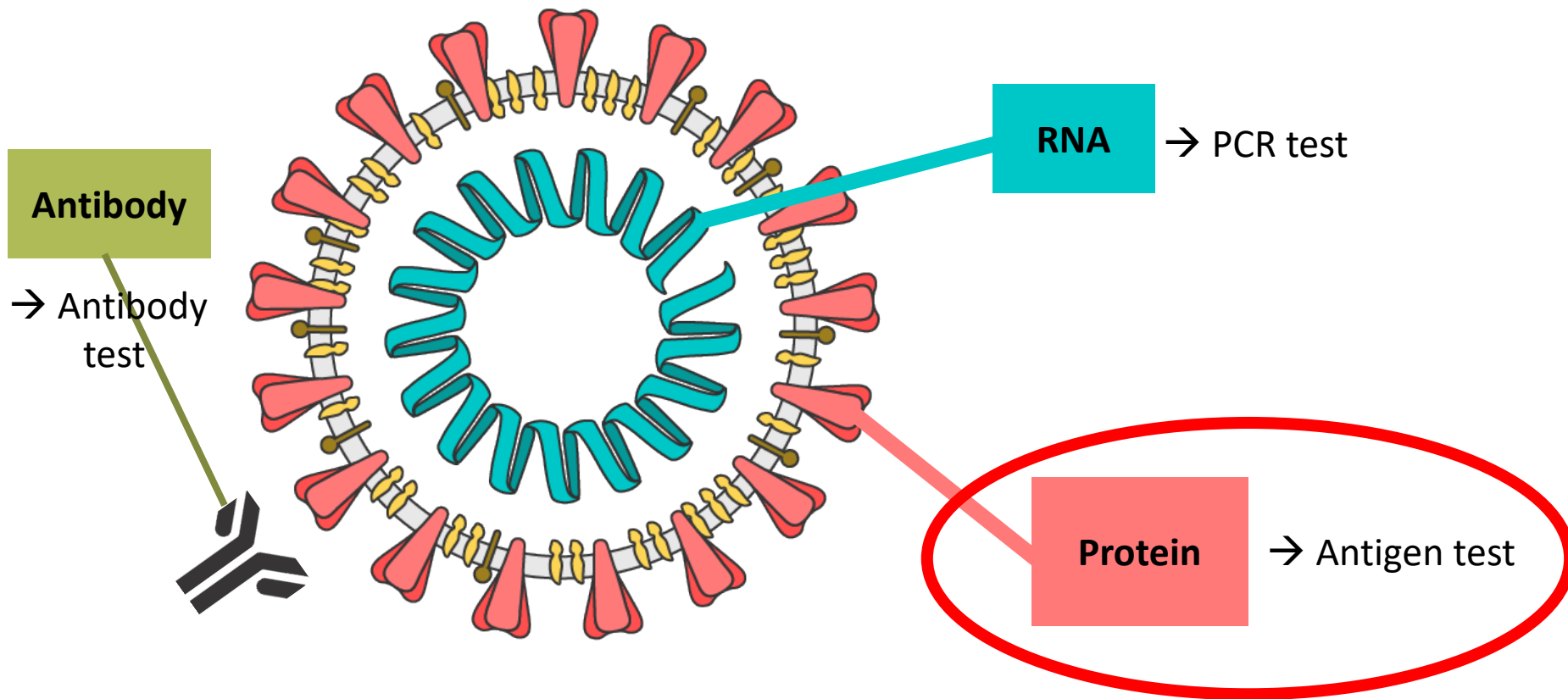
- Potential lower sensitivity (risk of false negatives) because dilution
- Requires a solid labeling, tracking system
- Contamination in lab has greater consequences
- Only benefits if prevalence of Covid-19 is BELOW 10%

Potential Application for Tribes



- Surveillance and mass testing strategies
- July 24 – FDA reissued LabCorps' PCR test EUA to include use for asymptomatic persons screening

Antigen Test – What does it test?



Individual EUAs for Antigen Diagnostic Tests for SARS-CoV-2

This table includes information about authorized SARS-CoV-2 antigen diagnostic tests that have been authorized individually. These EUAs have been issued for each individual test with certain conditions of authorization required of the manufacturer and authorized laboratories.

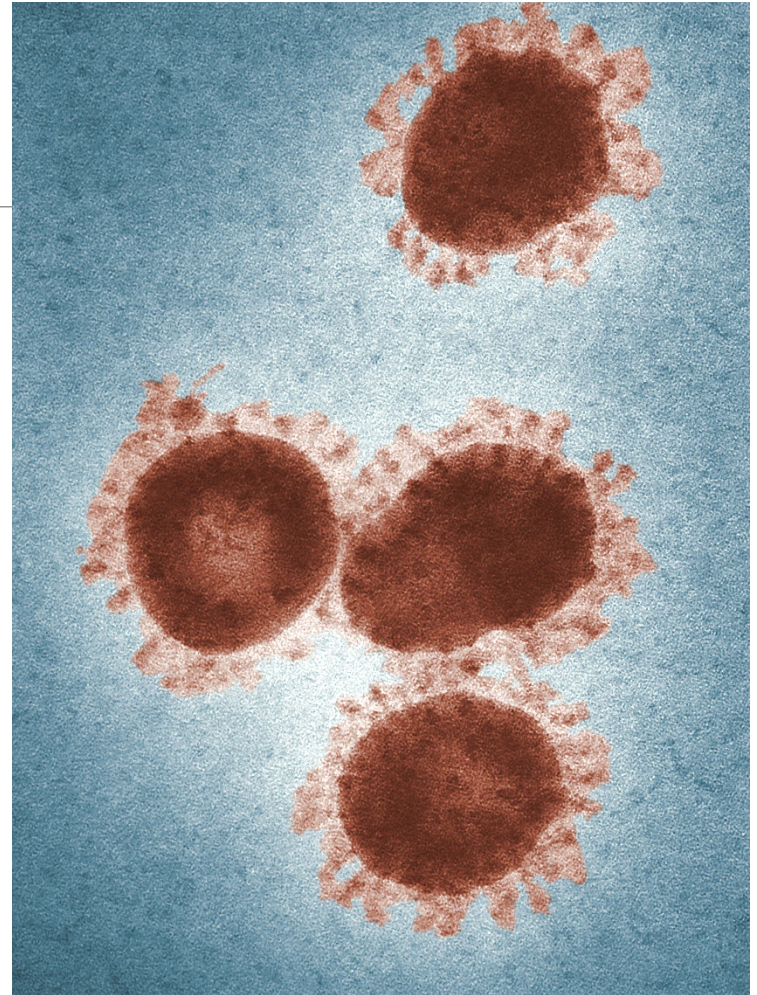
Search:

Show entries

Date EUA Issued	Manufacturer	Diagnostic (Letter of Authorization)	Technology	Authorized Setting(s) ¹	Authorization Documents ²
+ 07/02/2020	Becton, Dickinson and Company (BD)	BD Veritor System for Rapid Detection of SARS-CoV-2 (/media/139752/download)	Antigen	H, M, W	HCP (/media/139753/download), Patients (/media/139754/download), IFU (/media/139755/download)
+ 05/08/2020	Quidel Corporation	Sofia SARS Antigen FIA (/media/137886/download)	Antigen	H, M, W	HCP (/media/137884/download), Patients (/media/137887/download), IFU (/media/137885/download)

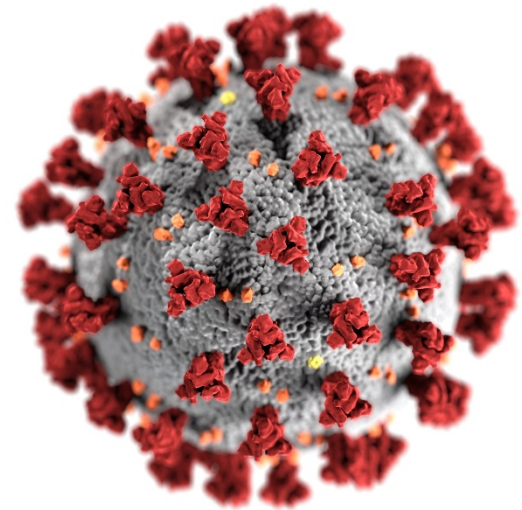
Antigen Test

- Advantages
- Disadvantages
- Real-world performance
- Application for THP and Tribes



California Covid-19 Testing Task Force (TTF)

- Recognize current situation
- TTF efforts
 - Direct to alternative laboratories
 - Increase major commercial laboratory capacity
 - CA to make own supplies (reagents, swab, pipettes, vials, media, etc.)
 - Exploring pooled testing



Lab Name	Contact	Location	Type of specimen collected*	COVID testing service capabilities		
				Full service: Lab can provide onsite/offsite sample collection (including supplies like PPE and sample collection kits), facilitates logistics to collect and process specimens, and conduct diagnostic testing	Enhanced service: Lab can provide sample collection kits, manage inbound logistics (e.g. preprinted shipping labels), and conduct diagnostic testing	Testing only service: Lab can conduct diagnostic testing. Submitter must supply their own collection kits
UltimateDx	(800) 799-7248 https://ultimatedx.com/	Los Angeles, CA	NP swab OP swab	YES	YES	YES
Avellino Lab	(650) 396-3741 https://www.avellinoocoronatest.com/tom@avellino.com	Menlo Park, CA	NP swab OP swab	YES	YES	YES
IGeneX	(800) 832-3200 customerservice@igenex.com https://igenex.com/webinars/covid-19-tests/	Milpitas, CA	NP swab OP Swab Nasal swab MT swab Saliva Sputum	YES	YES	YES
Yosemite Pathology Medical Group	(209) 577-1200 https://www.ypmg.com/	Modesto, CA	N/A		YES	YES
Let's Get Checked – Priva Path Diagnostics	(626) 479-8460 info@lgclabs.com	Monrovia, CA	NP swab Nasal swab		YES	YES
Sunrise Diagnostic Laboratories, Inc	Maya Chakhlayan; 818-696-8575; sunriselab8@gmail.com	Montrose, CA	NP SWAB	YES		
El Camino Hospital	www.elcaminohealth.org/covid19testing	Mountain View, CA	N/A			YES
UC Irvine Medical Center	888-UCI-LABS (888-824-5227)	Orange, CA	NP Swab; OP Swab; Nasal Swab; MT Swab	YES		

https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/07/COVID-19-Testing-Task-Force-Lab-List-updated-07_16_20.pdf

What to do for now...

- Examine your contract
- Look at alternative Lab List from the TTF
- Consider alternative test types based upon purpose for testing
- Await improvements in CA testing support

Key Take-Aways

- Saliva-based testing is a cautiously promising way to test efficiently and widely, especially for screening
- Pooled testing is an established method of expanding testing capacity without increasing the number of available tests
- Antigen tests will expand point-of-care testing but come with limitations
- The State Covid-19 Testing Task Force is working on creative solutions for our current testing challenges

CRIHB COVID-19 Meeting Notes

<p><u>TRIBE, THP, and UIHP ATTENDEES:</u></p> <ol style="list-style-type: none">1. Riverside-San Bernardino County Indian Health2. Karuk Tribe3. Pit River Health Service4. Southern Indian Health Council5. Lake County Tribal Health Consortium6. Graton Rancheria7. Tule River Tribe8. Table Mountain Rancheria <p><u>CRIHB STAFF ATTENDEES:</u></p> <p>Vanesscia Cresci, Aurimar Ayala, Dr. Thomas Kim</p>	<p>DATE: Tuesday August 6, 2020 (3:30PM-4:30PM, PST) HOST: CRIHB</p> <p>Meeting Recording: https://us02web.zoom.us/rec/share/uPdJMeDh92JOfln2zn_Ce7F9LL3JX6a8hyAYrKdcy0zLSKBmo2aon59_9bf-MtFU?startTime=1596580474000</p> <p>Update</p> <ul style="list-style-type: none">• 514,901 Total cases as of 08/03/2020• 9,388 Fatalities as of 08/03/2020• California Tribal and Urban Health Programs have self-reported 446 positive cases as of 08/01/2020• CDC has reported 1,559 positive cases, majority in 20-29 age range and 49 deaths, majority in 80+ age range <p>State Response</p> <ul style="list-style-type: none">• CalOES Statewide Tribal Assistance Coordination Group (TAC-G) still conducting calls. Every other F @ 11AM (1-888-240-2560; 282056959#)• Governor’s Tribal Advisor Tribal Leaders call still occurring. W @ 5PM• Operational Area (OA)/Tribal Coordination call. W @ 2PM (1-844-291-5489; 6115888#)• Regional COVID-19 Briefing calls. M and TH @ 3:30PM (888-455-0887; 3907094#) <p>Federal Response Updates</p> <ul style="list-style-type: none">• Public Health Emergency (PHE) Declaration<ul style="list-style-type: none">◦ US HHS renewed. Went into effect on July 25,2020• Tribal Priorities for COVID-19 Relief Package<ul style="list-style-type: none">◦ NIHb and NCAI submitted a letter to congress outlining Indian Country’s priorities for next stimulus package◦ Link to letter: https://www.nihb.org/covid-19/wp-content/uploads/2020/07/Tribal-Inter-Org-COVID-Relief-Letter-7.20.20-Final.pdf• Hospitalization Data<ul style="list-style-type: none">◦ Hospitals now directed to send data to HHS, not CDC, via a new reporting system. (https://protect-public.hhs.gov/pages/covid19-module) <p>CTEC Surveillance</p> <ul style="list-style-type: none">• I/T/U facilities enter data directly into online data collection tool. Link: https://maps.ihs.gov/portal/home/ and click Sign-In <p>CRIHB Response Updates</p> <ul style="list-style-type: none">• CTEC developed posters available free of charge. To receive posters fill out order form (https://crihb.org/wp-content/uploads/2020/06/COVID19PosterOrderFormFILLABLE.pdf) and email to yrengnez@crihb.org <p>CDC Foundation COVID-19 Corps Staff</p> <ul style="list-style-type: none">• CDC Foundation hired staff to work directly with California Tribes and Tribal Health Programs<ul style="list-style-type: none">◦ Tribal Nation Epidemiologist (1): Inger Appanaitis◦ Tribal Nation Emergency Preparedness Planner (2): TBD◦ Tribal Nation Public Health Disease Investigator (2): Annie Rivera, TBD <p>Questions</p> <p>Q: Reporting system. Do we stay with IHS and report to the White House as opposed to CDC?</p> <p>A: The change in the reporting system is only for hospitals. In California there are no IHS hospitals. New reporting system does not currently apply to clinics</p> <p>Q: Significant lack of testing being reported from area offices, specifically California. There is concern tribes were not reporting through portal. Are most of CRIHB tribes reporting? How can we encourage tribes to report? Tribes in other areas have different access to testing supplies. Why is this?</p>
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CRIHB COVID-19 Meeting Notes

A: Underreporting isn't specific to California, applies to all areas. Less testing being done in California would lead to less reporting. CRIHB working toward a contract to offer testing to full members and discount testing to associate members. It's a question to IHS why other areas are getting more testing supplies.

Q: Does CRIHB have a timeframe on when testing will be available to tribes?

A: No projected date. Contract almost finished

COVID-19 Testing Update

- Saliva-Based Testing
 - Cautiously promising way to test efficiently and widely, especially for screening. Performance similar to PCR testing but non-invasive and does not need skilled staff like swabbing. There is the potential for self-collection via home kits.
- "Pooled" Testing
 - A method of expanding testing capacity without increasing the number of available tests. Combine up to 5 samples in to one vial for testing. If pooled is negative, all likely negative. If pool positive, at least one person is positive and all must be retested individually. Only benefits if prevalence of Covid-19 is BELOW 10%
- Antigen Test
 - Will expand point-of-care testing, but comes with limitations. Instruments can be on-site at clinic but test not as sensitive and must be followed up with other testing and must be used within 5 days of symptoms.
- Latest from the California Testing Task Force
 - Recognize current situation and working on solutions for testing challenges. They recommend subcontracting to other labs for testing if possible. List: https://testing.covid19.ca.gov/wp-content/uploads/sites/332/2020/07/COVID-19-Testing-Task-Force-Lab-List-updated-07_16_20.pdf

Questions

Q: Pool testing. Is one limitation, if someone has to come back a second time. Will it delay testing, contact tracing, and lead to further spread of disease?

A: Valid concern. Is one important limitation to pool testing strategy