



CRIHB COVID-19 Updates September 1, 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 31, 2020

Numbers as of August 30, 2020

CALIFORNIA COVID-19 SPREAD

704,085 (+4,176)
CASES

Ages of Confirmed Cases

- 0-17: 71,224
- 18-49: 422,691
- 50-64: 133,533
- 65+: 75,729
- Unknown/Missing: 908

Gender of Confirmed Cases

- Female: 355,181
- Male: 342,297
- Unknown/Missing: 6,607

12,933 (+28)

Fatalities

Hospitalizations

Confirmed COVID-19
3,878/1,223
Hospitalized/in ICU

Suspected COVID-19
951/123
Hospitalized/in ICU

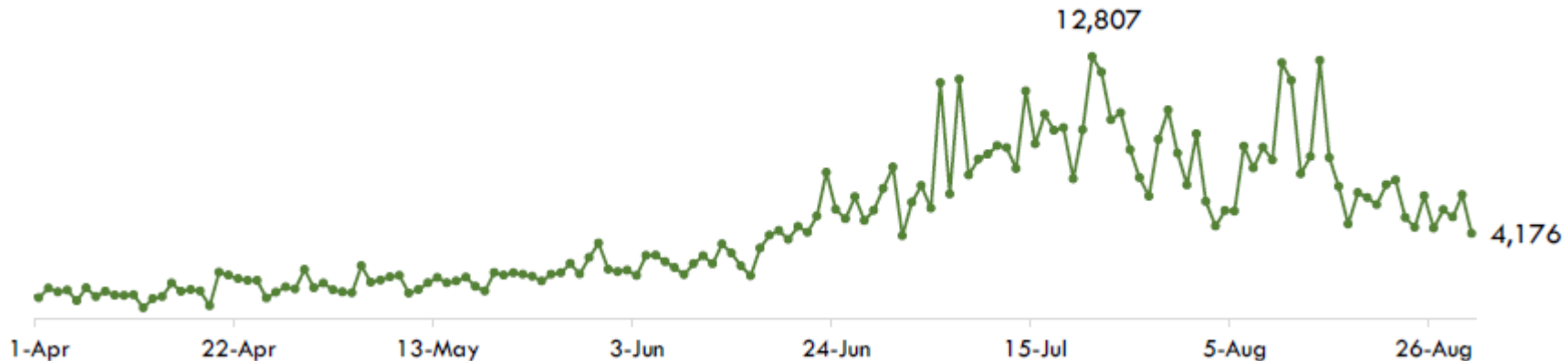
For county-level
hospital data:
bit.ly/hospitalsca

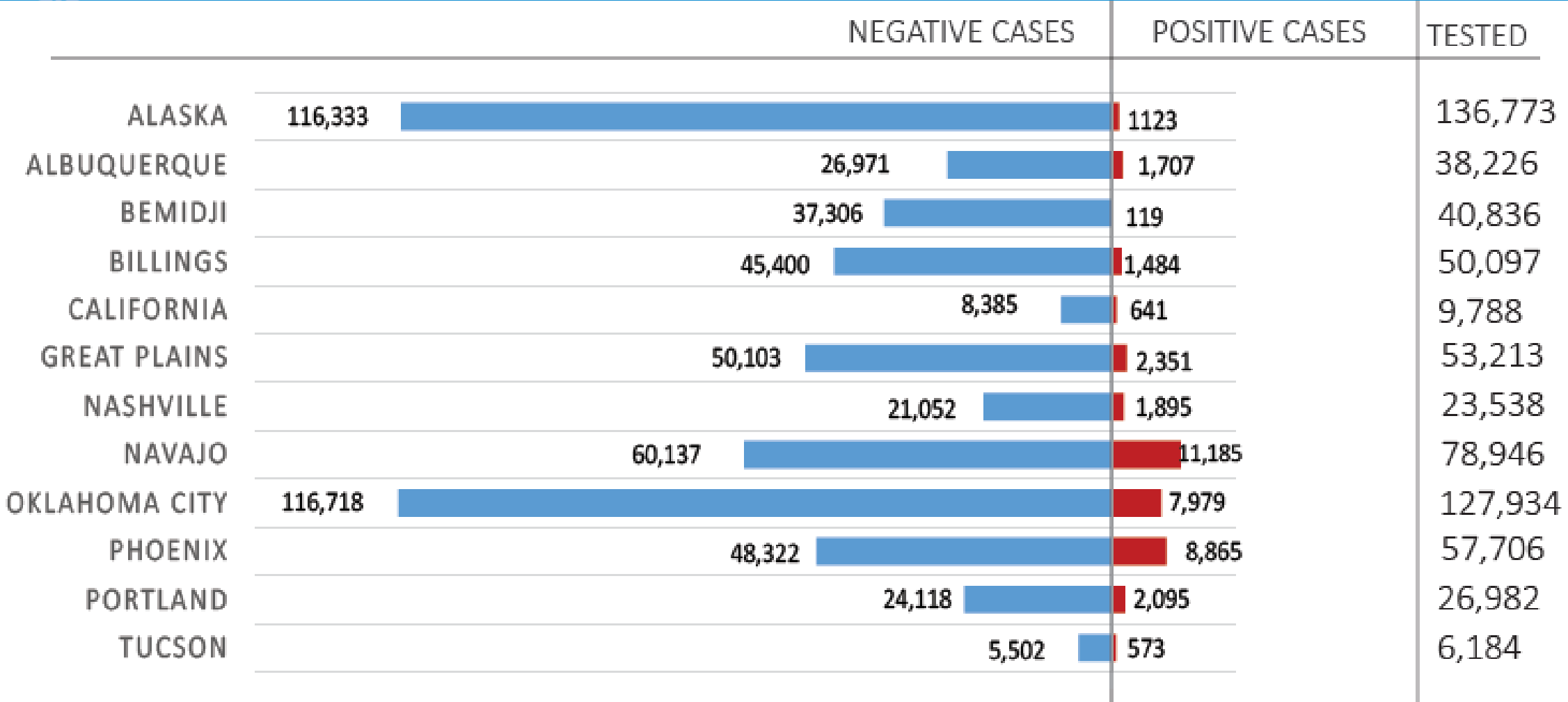
Your actions **save lives.**

For county-level data:
data.chhs.ca.gov
covid19.ca.gov



New Confirmed Cases in California by Date



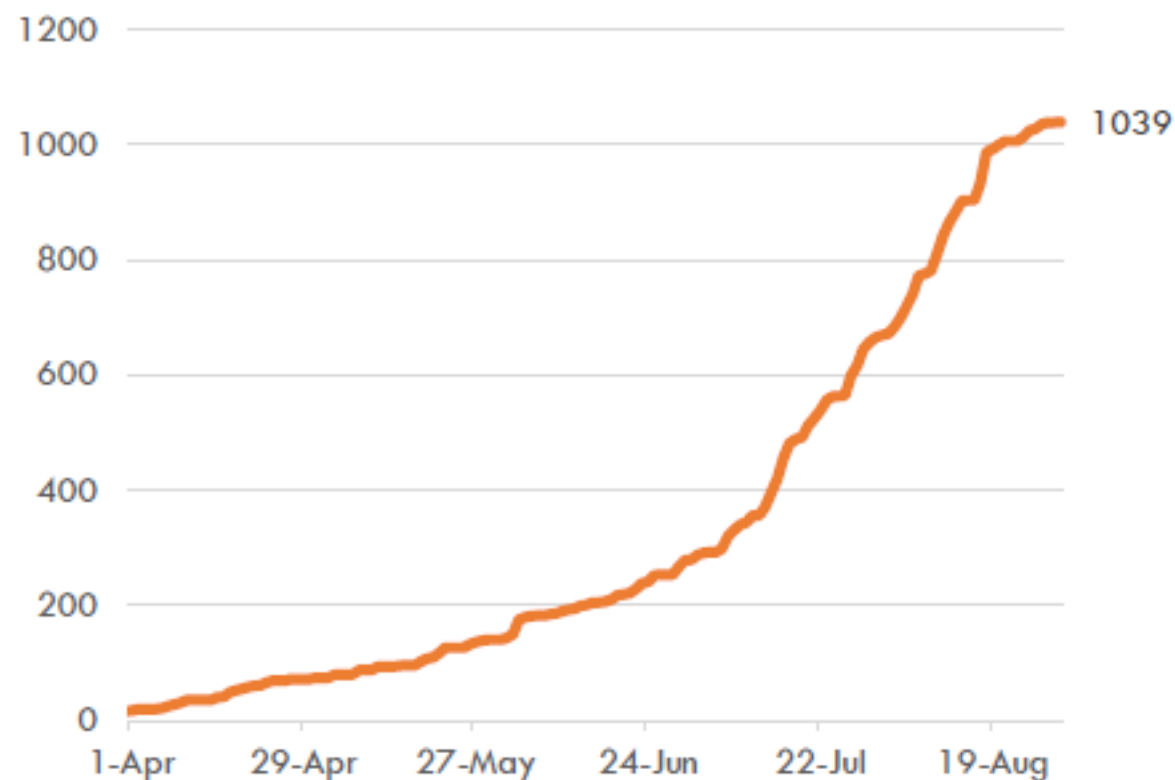


*as of 11:59PM EST August 29, 2020

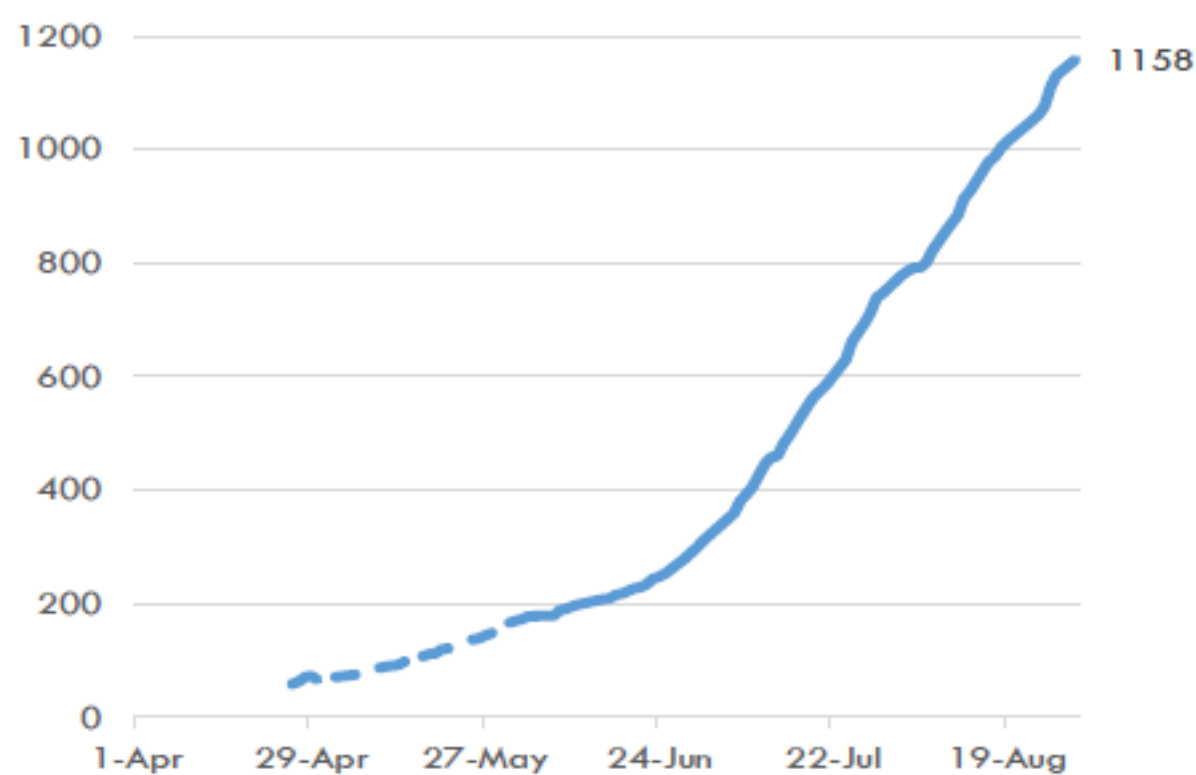
Based on self-reported data to IHS

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.

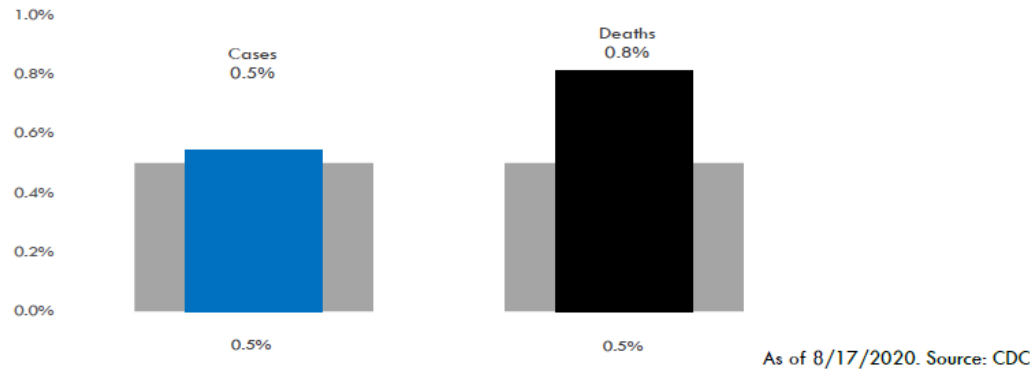


Data from **California Department of Public Health (CDPH)** include all positive cases of AIAN diagnosed in California.

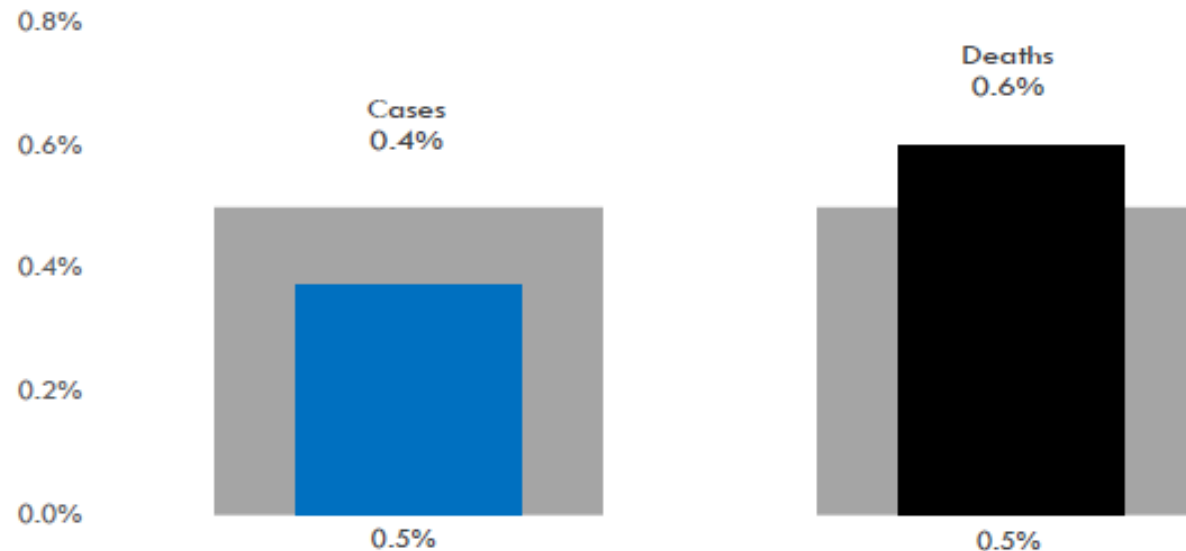


CDC Data show that AIAN in California are testing positive for COVID-19 at rates equal to their proportion of California's population and dying at slightly higher than expected rates.

This includes a total of **2,140 cases** and **69 deaths**.



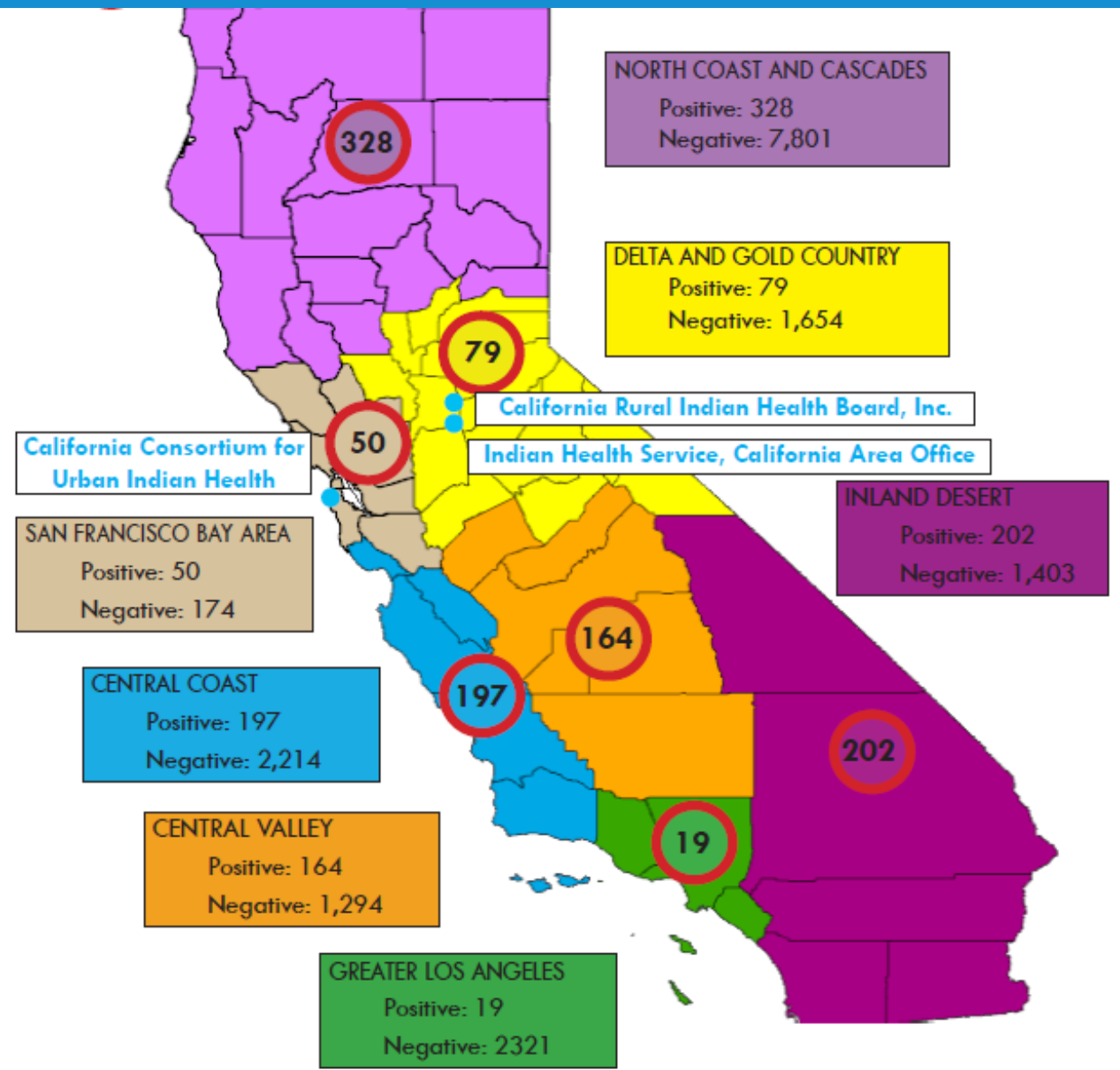
CDC data show that AIAN in California are testing positive for COVID-19 at rates lower than their proportion of California's population and dying at rates that are higher. This includes a total of **2,521 cases** and **72 deaths**.



As of 8/27/2020. Source: CDC



UPDATED: July 31, 2020



As of 8/31/2020. Source: IHS



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#



Public Service Announcements

- Southern California: American Indian Media Concepts
- Eastern California: Tazbah Chavez
- Far Northern California: Wingspan Media
- Sonoma/Mendocino Area: California Indian Museum and Cultural Center
(*In process*)
- Central California: TBD

CRIHB YouTube channel:

<https://www.youtube.com/channel/UCI4YV6tGvzZupdqzHSx6WnA/>



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/Urban Indian Health Programs.
- Tribal Nation Epidemiologist (1)
 - Inger Appanaitis, iappanaitis@cdcfoundation.org
- Tribal Nation Emergency Preparedness Planner (2)
 - Isabella Kaser, ikaser@cdcfoundation.org
- Tribal Nation Public Health Disease Investigator (2)
 - Annie Rivera, arivera@cdcfoundation.org
 - Mwhaki Gaciri, mgaciri@cdcfoundation.org



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

Community or grant-related assistance:

Vanesscia Cresci, MSW, MPA

Director, Research and Public Health

vcresci@crihb.org

PPE-related questions:

Rosario Arreola Pro, MPH

Director, Health Systems Development

rarreolapro@crihb.org

Epidemiologic or data-related assistance:

Aurimar Ayala, MPH

Epidemiology Manager

aayala@crihb.org



Vaccine Allocation Framework

An ad hoc committee of the National Academies of Sciences, Engineering, and Medicine will be developing an overarching framework for vaccine allocation to assist policy makers for equitable allocation.

Public Listening Session

September 2 from 12-5 pm (EST)

<https://www.nationalacademies.org/event/09-02-2020/public-listening-session-discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine>

Written Comment Period

September 1 – 4

<https://www.nationalacademies.org/our-work/a-framework-for-equitable-allocation-of-vaccine-for-the-novel-coronavirus/announcement/public-comment-opportunities>

Framework comments

- Link: <https://www.surveymonkey.com/r/VaccineAllocation>

Complete by tomorrow COB

CRIHB will submit comments by Friday, September 4th.

California's COVID-19 Virtual Training Academy (VTA)

COURSE OFFERINGS

CONTACT TRACING

*Learn basic skills for
contact tracing*

PUB HLT 810 (CT Webinars) and
PUB HLT 812 (Skills Labs)

CASE INVESTIGATION

*Learn basic skills for case investigation
& contact tracing*

PUB HLT 811 (CI+CT Webinars) and **PUB**
HLT 813 (Skills Labs)

★ **New!** ★ **Abbreviated Case Investigation course.** [PUB HLT 811.1]
Available for alumni of the VTA Contact Tracing track only.

COURSE OVERVIEW

CONTACT TRACING

- Four live webinars
- Self-paced online learning
- Materials & job aids
- Interviewing skills practice
| session labs
- ● Skills Labs (PUB HLT 812)
Two 90-min sessions

CASE INVESTIGATION

- Four live webinars
- Self-paced online learning
- Materials & job aids
- Interviewing skills practice
| session labs
- ● Skills Labs (PUB HLT 813)
Four 90-min sessions

★ **New!** ★ **Abbreviated Case Investigation course.** Two webinars + two Skills Labs.



ENROLL NOW

Enrollment is ongoing. Register by Wednesday (5PM) the week prior to course start date (<https://www.uclaextension.edu/ca-vta>). Skills Labs registration details are provided via email after registration is completed for PUB HLT 810 or 811.



| Information current as of July 27, 2020 | Page 1 of 2

<https://portal.uclaextension.edu/corporate/landingPage.do?method=load&corporateGroupId=741838927>


Virtual Training Academy

Train the Trainers for California Tribal communities

Contact: Carolyn Pumares, Indian Health Service,
California Area Office

Carolyn.Pumares@ihs.gov





Tesla SGIP Equity Resiliency Offer

Ability to install a Powerpack battery system at your facility at no cost to you, with standard maintenance included for 10 years. You will fully own the system.

Offer: Thanks to a new incentive Tesla may be able to install a Powerpack battery system at your facility at no cost to you, with standard maintenance included for 10 years. You will fully own the system.

The Powerpack system will save you money on your electric bill when your facility is on grid, and will provide backup power during an electricity outage.

This incentive is unlikely to last long - Be in touch today to discuss having your Powerpacks installed before fire season!

Contact us at CommercialSolar@Tesla.com

Details

Powerpack is Tesla's commercial scale energy storage (battery) system that utilizes technology similar to the batteries in Tesla vehicles. Powerpack produces no emissions and can charge from the grid or solar energy.

Powerpacks at your facility will shift energy consumption from high cost on-peak periods to lower cost off-peak periods and will also reduce your peak draw from the grid to reduce demand charges. Typical customers save 20-40% on their electric bills.

Learn more on our website at Tesla.com/Powerpack

The incentive: The California Public Utilities Commission (CPUC) recently created a category in their Self-Generation Incentive Program (SGIP) called Equity Resiliency that incentivizes batteries for a specific subset of customers that are 1) in a low-income or disadvantaged community, 2) are at risk of, or have experienced 2 or more public safety power shutoff (PSPS) events, and 3) are considered 'critical.' The CPUC order instituting this incentive is available [here](#).

We believe that your facility is eligible for the incentive and would like to help you take advantage of it.

Financial Details: Tesla will receive the incentive payments over 5 years, while you (the customer) will receive ownership of the Powerpack system upon installation. Further details are as set forth in Tesla's standard forms of agreement which your sales representative can share.

Solar: At the same time as Tesla installs Powerpacks at your facility Tesla can install subscription solar, offering a no-upfront cost, no long-term commitment option to go solar and save costs on your utility bills. Learn more at Tesla.com/bigsolar

Attachment 2: SGIP Equity Resiliency Eligibility Matrix – Non-Residential Customers

Criteria:	Pathways for eligibility:	Description:	Additional Guidance:
1.	a) In HFTD Tier 2 or 3; or,	Located in a High Fire Threat District (HFTD) Tier 2 or Tier 3. Process initiated in D.17-01-009 and modified by D.17-06-024. ¹²	Maps available here: https://www.cpuc.ca.gov/general.aspx?id=6442454972
	b) Have experienced ≥ 2 PSPS events;	Customers whose electricity was shut off during two or more discrete Public Safety Power Shutoff (PSPS) events prior to the date of application for SGIP incentives. ¹³	List of circuits with two or more PSPS events posted on SGIP portal. To be updated 30 days after new PSPS event. ¹⁴
AND:			
2.	Is a critical facility or critical infrastructure provider. ¹⁵	Police stations; fire stations; emergency response providers with the addition of tribal government providers; emergency operations centers; 911 call centers (also referred to as Public Safety Answering Points); medical facilities including hospitals, skilled nursing facilities, nursing homes, blood banks, health care facilities, dialysis centers and hospice facilities; public and private gas, electric, water, wastewater or flood control facilities; jails and prisons; locations designated by the IOUs to provide assistance during PSPS events; cooling centers designated by state, local or tribal governments; homeless shelters supported by federal, state, local, or tribal governments; grocery stores, corner stores, markets and supermarkets that have average annual gross receipts of \$15 million or less as calculated at the single location applying for SGIP incentives over the last three tax years; independent living centers; and food banks.	
AND:			
3.	a) Provides critical services or infrastructure to one or more communities in a Tier 3 or Tier 2 HFTD or a community with customers whose electricity was shut off during 2 or more discrete PSPS events, AND b) at least one of those communities is eligible for the equity budget.	Equity budget eligible community refers here to a disadvantaged community or low-income census tract as defined in D.17-10-004 or California Indian Country as defined in D.19-09-027.	



Selected Covid-19 Updates

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

Topics



- Covid-19 reinfection
- CDC guidance confusion
- Covid-19 and wildfire smoke
- PerkinElmer testing in CA

Key Take-Aways

- Reinfections point to the complexity of our immune system and how immunity in a population may be in degrees of effectiveness.
- CDC guidance walk-back on testing of asymptomatic close contacts is generally not recommended for Tribal communities, since they are a high-risk population.
- Keep in mind that exposure to wildfire smoke likely interacts with Covid-19 infection and possibly acquisition.
- California State is nearly doubling testing capacity by fully controlling its production and distribution.



First Documented Coronavirus Reinfection Reported in Hong Kong

The patient did mount an immune response to the new infection, however, and did not experience symptoms.

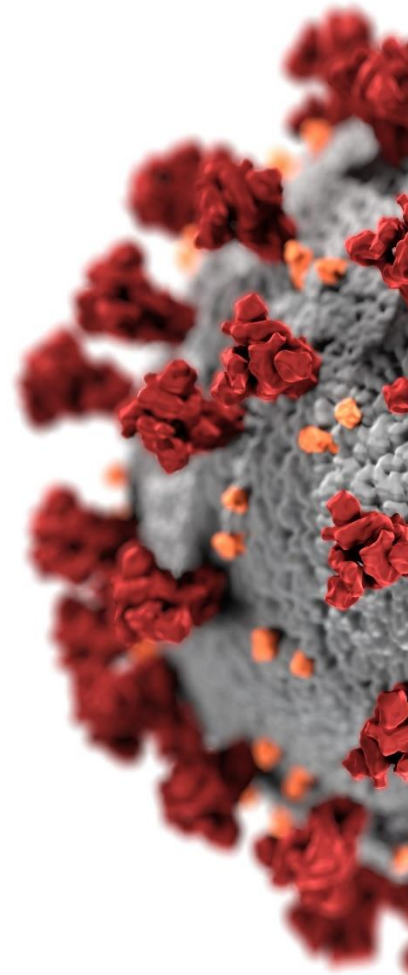


A pedestrian footbridge in Hong Kong last month. The reinfection case underscores the need for a vaccine that produces a powerful immune response, scientists said.

Anthony Kwan/Getty Images

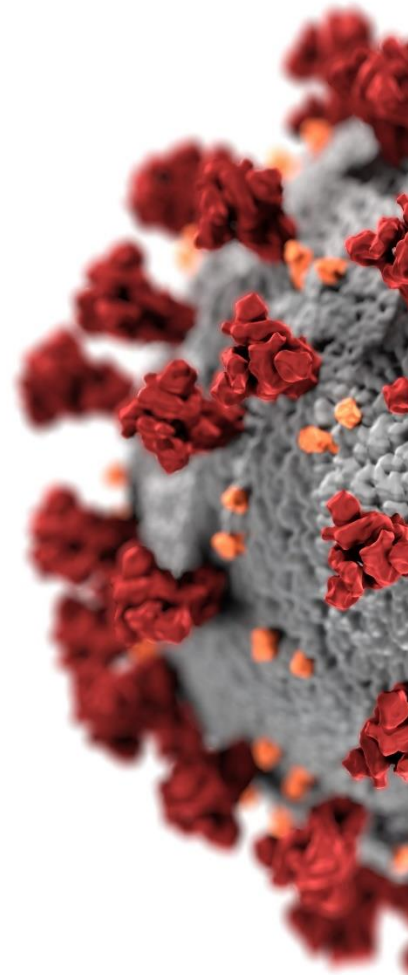
Potential Scenarios for Immunity after Infection

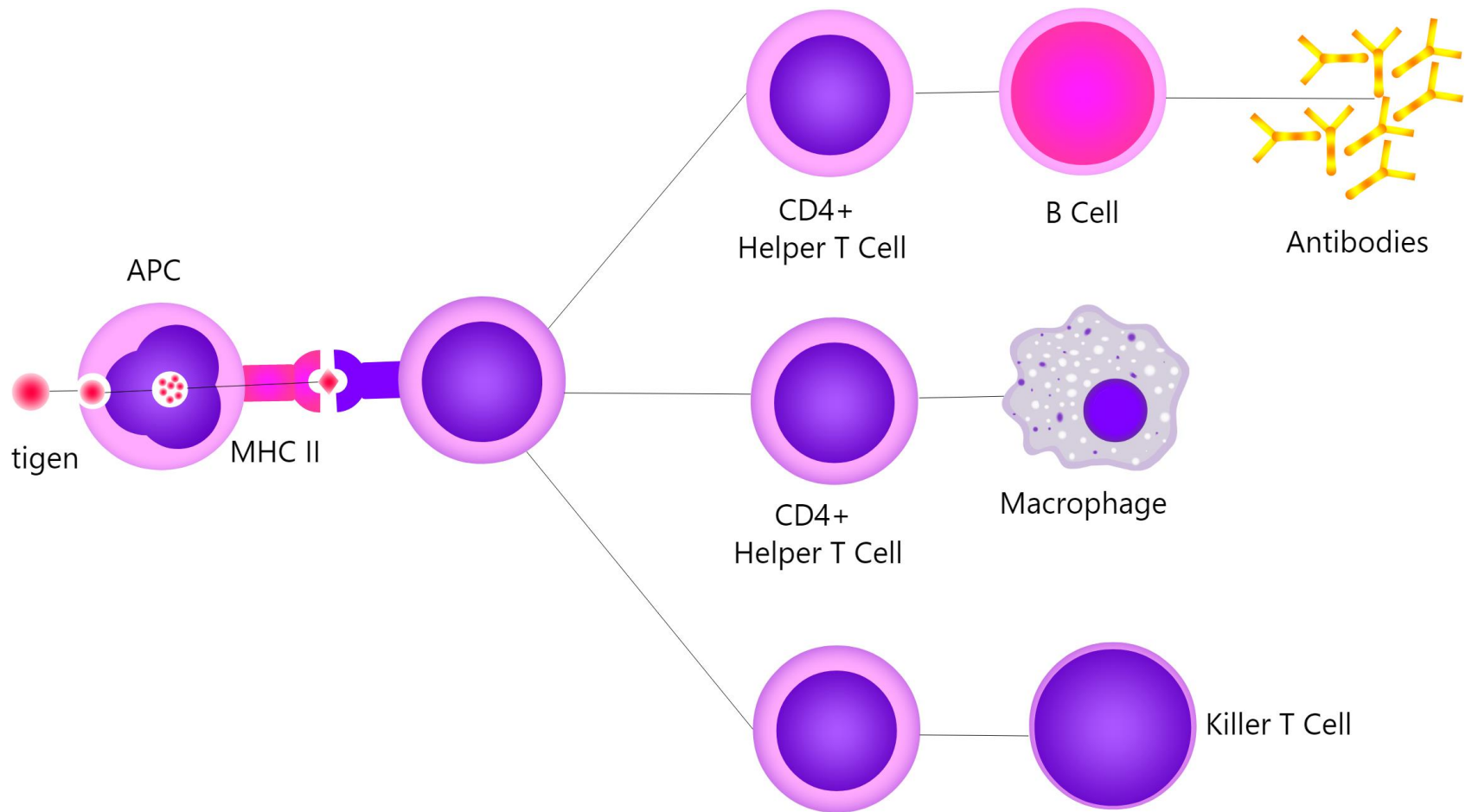
- Durable and complete immunity
 - Ongoing defense against infection “once and for all”
- Losing all immunity
 - All those infected would eventually lose all immunity. A second infection would be like having it for the first time.
- Partial immunity
 - Gaining partial immunity either through infection or vaccine so subsequent reinfections are mild or without symptoms. Risk of death also drops on reinfection.
 - If this is true, then the reinfection reports make sense



Potential Scenarios for our Immunity

- Durable and complete immunity
 - Ongoing defense against infection “once and for all”
- Losing all immunity
 - All those infected would eventually lose all immunity. A second infection would be like having it for the first time.
 - Likely a higher possibility with asymptomatic infections
- Partial immunity
 - Gaining partial immunity either through infection or vaccine so subsequent reinfections are mild or without symptoms. Risk of death also drops on reinfection.
 - If this is true, then the reinfection reports make sense





August 24, 2020

C.D.C.'s 'Clarification' on Coronavirus Testing Offers More Confusion

After saying that those exposed to the virus need not get tested, the agency's director clarified that "testing may be considered" for those people.



Robert R. Redfield, the director of the Centers for Disease Control and Prevention, sought to clarify the agency's recommendations regarding testing. Stefani Reynolds for The New York Times

August 27, 2020

People Without Covid-19 Do Not Need Testing

Confusion and alarm from experts, who say it is dangerous."



"If people are getting exposed, and they're not getting tested, and they're not isolating, that's a huge problem," one doctor said. Adriana Zehbrauskas for The New York Times

Overview of Testing for SARS-CoV-2 (COVID-19)

Testing Overview

Updated Aug. 24, 2020

[Print](#)

- If you have been in close contact (within 6 feet) of a person with a COVID-19 infection for at least 15 minutes but do not have symptoms:
 - **You do not necessarily need a test** unless you are a vulnerable individual or your health care provider or State or local public health officials recommend you take one.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>



COVID-19 CASES, HOSPITALIZATION, AND DEATH BY RACE/ETHNICITY

FACTORS THAT INCREASE COMMUNITY SPREAD AND INDIVIDUAL RISK



CROWDED SITUATIONS



CLOSE / PHYSICAL CONTACT



ENCLOSED SPACE



DURATION OF EXPOSURE

Rate ratios compared to White, Non-Hispanic Persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
CASES ¹	2.8x higher	1.1x higher	2.6x higher	2.8x higher
HOSPITALIZATION ²	5.3x higher	1.3x higher	4.7x higher	4.6x higher
DEATH ³	1.4x higher	No Increase	2.1x higher	1.1x higher

Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).

ACTIONS TO REDUCE RISK OF COVID-19



WEARING A MASK



SOCIAL DISTANCING (6 FT GOAL)



HAND HYGIENE



CLEANING AND DISINFECTION



¹ Data source: COVID-19 case-level data reported by state and territorial jurisdictions. Case-level data include about 80% of total reported cases. Numbers are unadjusted rate ratios.

² Data source: COVID-NET (<https://www.cdc.gov/coronavirus/2019-ncov/covid-data/covidview/index.html>, accessed 08/06/20). Numbers are ratios of age-adjusted rates.

³ Data source: NCHS Provisional Death Counts (<https://www.cdc.gov/nchs/nvss/vsrr/COVID19/index.htm>, accessed 08/06/20). Numbers are unadjusted rate ratios.

cdc.gov/coronavirus

CS319360-A 08/08/2020

Wildfire smoke and Covid-19



https://commons.wikimedia.org/wiki/File:Pyrocumulus_cloud_in_the_Angeles_National_Forest_California.JPG

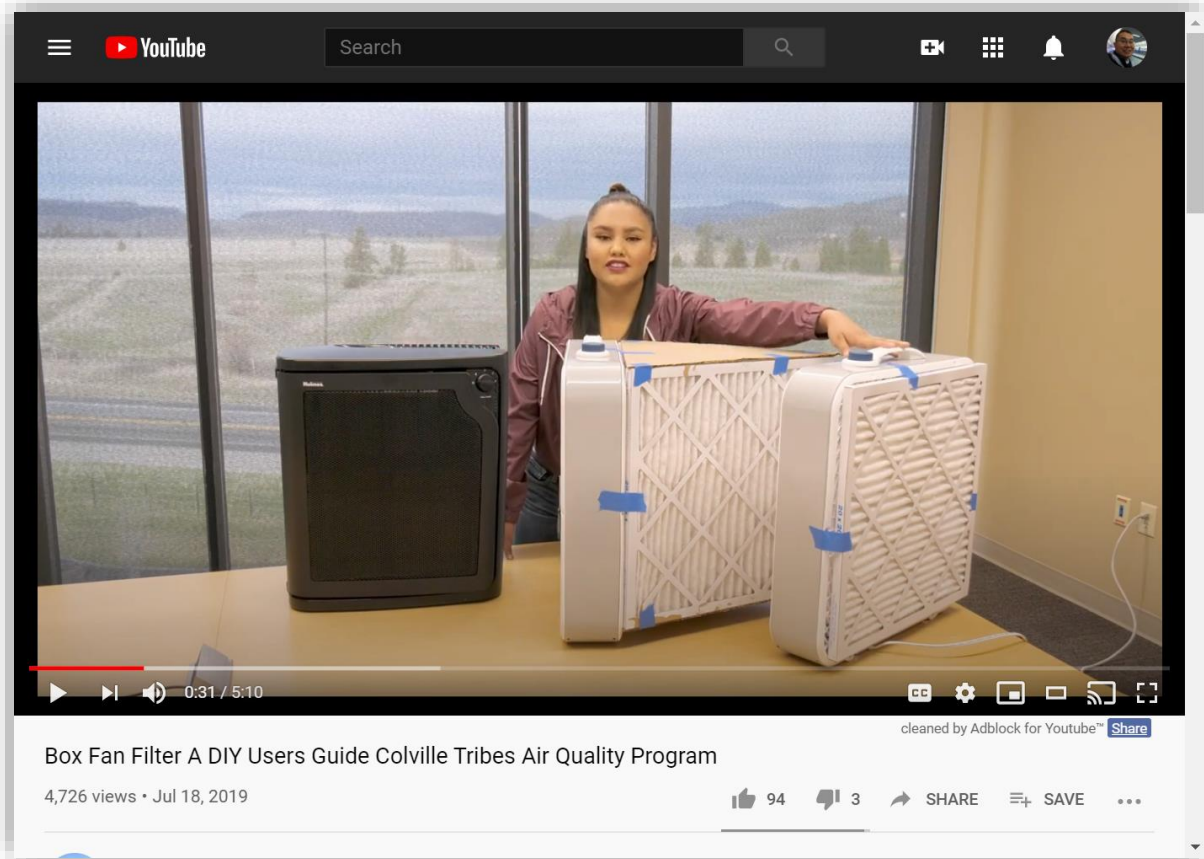
Wildfire smoke and Covid-19

- Some suggestive findings
 - Correlation between wildland smoke exposure levels and influenza deaths (Montana and Colorado, US) with a delayed effect¹
 - Areas of increased air pollution are associated with Covid-19 related deaths compared to areas of less air pollution (China, European and US studies)
 - These study designs identify correlation not for causation
- Reasonable concerns for compounded effect for susceptibility and course of disease.

¹[https://www.sciencedirect.com/science/article/pii/S0160412019326935#:~:text=Wildfire%20season%20for%20Montana%20\(and,cases%20typically%20occurring%20in%20January.](https://www.sciencedirect.com/science/article/pii/S0160412019326935#:~:text=Wildfire%20season%20for%20Montana%20(and,cases%20typically%20occurring%20in%20January.)

²<https://projects.iq.harvard.edu/covid-pm>

Wildfire Smoke and Covid-19



<https://www.youtube.com/watch?v=ukyF2xm8cws&feature=youtu.be>

News: Saliva Based Testing

The NEW ENGLAND JOURNAL *of* MEDICINE

CORRESPONDENCE

Saliva or Nasopharyngeal Swab Specimens for Detection of SARS-CoV-2

TO THE EDITOR: Rapid and accurate diagnostic tests are essential for controlling the ongoing Covid-19 pandemic. Although the current standard involves testing of nasopharyngeal swab specimens by quantitative reverse-transcriptase polymerase chain reaction (RT-qPCR) to detect

Because the results of testing of nasopharyngeal swab specimens to detect SARS-CoV-2 may vary with repeated sampling in individual patients,⁵ we evaluated viral detection in matched samples over time. The level of SARS-CoV-2 RNA decreased after symptom onset in both saliva

<https://www.nejm.org/doi/pdf/10.1056/NEJMc2016359?articleTools=true>

News: State's New Testing Plan

- Production of ALL components
- 150,000 more PCR tests/day
- Advantages
 - Doubling testing capacity and expanded use: e.g. use by schools, business, etc.
 - Shorter turnaround times
 - Lower costs
 - Centrally coordinated distribution
 - Less apt to be hindered by component shortages
- Key unknown – access and distribution plan



<https://calmatters.org/newsletters/whatmatters/2020/07/california-byd-masks-gavin-newsom/>

Key Take-Aways

- Reinfections point to the complexity of our immune system and how immunity in a population may be in degrees of effectiveness.
- CDC guidance walk-back on testing of asymptomatic close contacts is generally not recommended for Tribal communities, since they are a high-risk population.
- Keep in mind that exposure to wildfire smoke likely interacts with Covid-19 infection and possibly acquisition.
- California State is nearly doubling testing capacity by fully controlling its production and distribution.

CRIHB COVID-19 Meeting Notes

TRIBE, THP, and UIHP ATTENDEES:

1. Karuk Tribe
2. Toiyabe Indian Health Project
3. Pit River Health Service
4. Southern Indian Health Council

CRIHB STAFF ATTENDEES:

Vanesscia Cresci,
Rosario Arreola Pro,
Aurimar Ayala, Dr.
Thomas Kim

DATE: Tuesday September 1, 2020 (3:30PM-4:30PM, PST)
HOST: CRIHB

Meeting Recording:

<https://us02web.zoom.us/rec/share/ECIFY4alEVjwJzkMiqqY2hj2RyTJwt7Pe4VYIFpF4mzZ6OA0G6H-JLXSkHWyIpY.PtdrFrdhMmOf-CLF> Access Passcode: *#48+j6N

Update

- 704,085 Total cases as of 08/31/2020
- 12,933 Fatalities as of 08/31/2020
- California Tribal and Urban Health Programs have self-reported 641 positive cases to IHS as of 08/29/2020
- CDC has reported 2,521 positive cases for AIAN

State Response

- 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#)

CRIHB Response Updates

- Public service announcements are available on CRIHB YouTube channel

CDC Foundation COVID-19 Corps Staff

- CDC Foundation hired staff to work directly with California Tribes and Tribal Health Programs
 - Tribal Nation Epidemiologist (1): Inger Appanaitis
 - Tribal Nation Emergency Preparedness Planner (2): Isabella Kaser
 - Tribal Nation Public Health Disease Investigator (2): Annie Rivera, Mwhaki Gaciri

Vaccine Allocation Framework

- ad hoc committee to develop a framework to assist policy makers for equitable vaccine allocation. Public listening session (sept 2nd): <https://www.nationalacademies.org/event/09-02-2020/public-listening-session-discussion-draft-of-the-preliminary-framework-for-equitable-allocation-of-covid-19-vaccine>
- Framework comments: <https://www.surveymonkey.com/r/VaccineAllocation> CRIHB will submit comments by Friday, September 4th

California's COVID-19 Virtual Training Academy (VTA)

- Online courses available for contact tracing and case investigation. Enrollment ongoing: <https://portal.uclaextension.edu/corporate/landingPage.do?method=load&corporateGroupId=741838927>
- Training the Trainers for California Tribal communities. Contact Carolyn Pumares, IHS CA area office, Carolyn.Pumares@ihs.gov if you are interested

Tesla SGIP Equity Resiliency Offer

- THP and Tribal communities can have access to a Tesla backup Powerpack at low/no cost. Maintenance for 10 years is included

COVID-19 Updates

- Covid-19 reinfection
 - Should not be alarmed by reinfection but still a lot of questions on what this means for individual and population immunity
- CDC guidance confusion
 - CTEC recommends following the original CDC guidance to offer asymptomatic individuals tests
- Covid-19 and wildfire smoke
 - Keep in mind that exposure to wildfire smoke likely interacts with Covid-19 infection and possibly acquisition

CRIHB COVID-19 Meeting Notes

- PerkinElmer testing in CA
 - California State is nearly doubling testing capacity by fully controlling its production and distribution
- Upcoming topics
 - Abbot BinaxNOW antigen test
 - New color-coded reopening tier system

Questions

Q: Comparison of convalescent plasma treatment and vaccine

A: Convalescent plasma is based on the assumption that we do create immunity after infection. This method takes out blood cells, leaving the plasma to infuse into someone else. convalescent plasma has FDA approval as a treatment. Vaccine is different. Instead of giving someone antibodies; a vaccine causes someone to create their own antibodies.
