CRIHB COVID-19
Updates
December 15, 2020

Please sign-in in the Group Chat with your name and Tribe or Indian Health Program name
California COVID-19 threat level: **Severe outbreak**

**Daily New Cases:** 80.2 per 100K
- Very dangerous number of new cases

**Infection Rate:** 1.24
- Active cases are rapidly increasing

**Positive Test Rate:** 9.8%
- Indicates adequate testing

As of 12/15/2020. Source: COVID Act Now
### COVID-19 CASES BY IHS AREA

<table>
<thead>
<tr>
<th>Area</th>
<th>Negative Cases</th>
<th>Positive Cases</th>
<th>Tested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>319,468</td>
<td>8,034</td>
<td>386,300</td>
</tr>
<tr>
<td>Albuquerque</td>
<td>52,629</td>
<td>6,920</td>
<td>74,879</td>
</tr>
<tr>
<td>Bemidji</td>
<td>91,061</td>
<td>7,560</td>
<td>104,770</td>
</tr>
<tr>
<td>Billings</td>
<td>70,283</td>
<td>6,452</td>
<td>80,806</td>
</tr>
<tr>
<td>California</td>
<td>36,525</td>
<td>3,091</td>
<td>43,039</td>
</tr>
<tr>
<td>Great Plains</td>
<td>100,242</td>
<td>11,733</td>
<td>114,086</td>
</tr>
<tr>
<td>Nashville</td>
<td>40,467</td>
<td>3,270</td>
<td>45,584</td>
</tr>
<tr>
<td>Navajo</td>
<td>116,863</td>
<td>21,129</td>
<td>171,512</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>266,901</td>
<td>31,999</td>
<td>302,599</td>
</tr>
<tr>
<td>Phoenix</td>
<td>100,105</td>
<td>15,481</td>
<td>117,503</td>
</tr>
<tr>
<td>Portland</td>
<td>49,145</td>
<td>4,682</td>
<td>55,451</td>
</tr>
<tr>
<td>Tucson</td>
<td>10,417</td>
<td>10,513</td>
<td>11,910</td>
</tr>
</tbody>
</table>

Based on self-reported data to IHS

*as of 11:59PM EST December 12, 2020*
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.

As of 12/1/2020. Source: IHS

As of 12/14/2020. Source: CDPH
CDC data show that AIAN in California are testing positive for COVID-19 at rates that are proportionate to their population in California but dying at rates that are higher. This includes a total of **5,335 cases** and **107 deaths**.
Number of positive cases identified by region

**NORTH COAST AND CASCADES**
- Positive: 1,077
- Negative: 13,386

**DELTA AND GOLD COUNTRY**
- Positive: 226
- Negative: 3,472

**SAN FRANCISCO BAY AREA**
- Positive: 103
- Negative: 632

**CALIFORNIA CONSORTIUM FOR URBAN INDIAN HEALTH**

**CENTRAL COAST**
- Positive: 419
- Negative: 5,102

**CENTRAL VALLEY**
- Positive: 326
- Negative: 3,652

**GREATER LOS ANGELES**
- Positive: 22
- Negative: 439

**INLAND DESERT**
- Positive: 675
- Negative: 8,414

As of 12/9/2020. Source: HHS
COVID-19 Research & Vaccines for AI/AN Communities
December 15 • 2 p.m. ET / 11 a.m. PT

featuring
Dr. Anthony Fauci
&
NIH Tribal Health Research Office
Director Dr. David Wilson

LIVE on NIH’s Facebook & Twitter

A Q&A on COVID-19 Research & Vaccines for American Indian & Alaska Native Communities

Link: https://www.facebook.com/nih.gov/videos/187155926446875
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
  • Mitchell Saraceno, msaraceno@cdcfoundation.org

• Tribal Nation Public Health Disease Investigator (2)
  • Annie Rivera, arivera@cdcfoundation.org
  • Mwihaki Gaciri, mgaciri@cdcfoundation.org
Indian Health Service
COVID-19 Vaccine Distribution List by IHS Area

The Indian Health Service COVID-19 Vaccine Distribution List includes the 337 IHS direct, tribal health programs, and urban Indian organizations that chose to receive a COVID-19 vaccine from the IHS when it becomes available. The information is current as of November 25, 2020. IHS will continue to update the list as needed based on final decisions of tribal health programs and urban Indian organizations.

<table>
<thead>
<tr>
<th>IHS COVID-19 Vaccine Distribution List – IHS, Tribal Health Programs, and Urban Indian Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Alaska Area</td>
</tr>
<tr>
<td>Albuquerque Area</td>
</tr>
<tr>
<td>Bemidji Area</td>
</tr>
<tr>
<td>Billings Area</td>
</tr>
<tr>
<td>California Area</td>
</tr>
<tr>
<td>Great Plains Area</td>
</tr>
<tr>
<td>Nashville Area</td>
</tr>
<tr>
<td>Navajo Area</td>
</tr>
<tr>
<td>Oklahoma City Area</td>
</tr>
<tr>
<td>Phoenix Area</td>
</tr>
<tr>
<td>Portland Area</td>
</tr>
<tr>
<td>Tucson Area</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
</tr>
</tbody>
</table>

Indian Health Service
COVID-19 Vaccine Allocation by IHS Area

The Indian Health Service is coordinating closely with Operation Warp Speed in preparation for the availability of a COVID-19 vaccine. The IHS anticipates that vaccines will be shipped to IHS within 24 hours of a vaccine receiving emergency use authorization from the FDA.

To enable equitable and expedient distribution of COVID vaccine, the IHS has worked with tribal communities to design distribution plans based on each local community and the unique populations and geographical characteristics of the community. This includes preparing for appropriate storage and handling of vaccines, once authorized or approved.

The Indian Health Service is expecting to receive an initial allocation of approximately 22,400 doses of the Pfizer vaccine and 46,000 doses of the Moderna vaccine. IHS supports CDC and the Advisory Committee on Immunization Practices recommendations for vaccine release, including prioritization of health care workers and residents of long-term-care facilities.

The expected doses in this initial allocation will allow IHS to provide the first vaccine dose to 100% of its health care work force and residents of long-term-care facilities not accounted for by the Centers for Medicare and Medicaid Services. Health facilities will receive the remainder of the Pfizer and Moderna doses to vaccinate the next priority populations based on ACIP guidelines.

Operation Warp Speed is reserving an equal number of doses in this initial allocation that will be delivered to IHS to provide the second dose for the individuals vaccinated with the first allocation. At this time, IHS does not have information on further allocations.

<table>
<thead>
<tr>
<th>Area</th>
<th>Anticipated Pfizer Doses</th>
<th>Anticipated Moderna Doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albuquerque</td>
<td>975</td>
<td>2600</td>
</tr>
<tr>
<td>Bemidji</td>
<td>1950</td>
<td>2900</td>
</tr>
<tr>
<td>Billings</td>
<td>975</td>
<td>1700</td>
</tr>
<tr>
<td>California</td>
<td>975</td>
<td>5100</td>
</tr>
<tr>
<td>Great Plains</td>
<td>1950</td>
<td>3000</td>
</tr>
<tr>
<td>Nashville</td>
<td>975</td>
<td>3400</td>
</tr>
<tr>
<td>Navajo</td>
<td>3900</td>
<td>7900</td>
</tr>
<tr>
<td>Oklahoma City</td>
<td>5850</td>
<td>8900</td>
</tr>
<tr>
<td>Phoenix</td>
<td>3900</td>
<td>7300</td>
</tr>
<tr>
<td>Portland</td>
<td>975</td>
<td>2300</td>
</tr>
<tr>
<td>Tucson</td>
<td>0</td>
<td>900</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>22425</strong></td>
<td><strong>46000</strong></td>
</tr>
</tbody>
</table>
CDPH Community Vaccine Advisory Committee

Link:
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx

Upcoming Meetings

Date: Wednesday, December 16, 2020
Time: 3:00 p.m. - 6:00 p.m.
Access Information:
- English Toll free: 844-721-7237
- English Access Code: 2243784
- Spanish Toll-Free: 844-721-7237
- Spanish Access Code: 8752493
- Live stream via YouTube
Get exposure notifications and help stop the spread. Sign up for #COVID19 exposure notifications on your phone with CA Notify. The privacy-protected tool lets you know if you were exposed to someone who tested positive for COVID-19.

#CANotify
CAnotify.ca.gov

Add Your Phone. Stop the Spread.
Help protect your community while maintaining your privacy.
canotify.ca.gov
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

Submit CTEC TA online request:
https://crihb.org/technical-assistance-request-form/
Public Service Announcements

• Southern California: American Indian Media Concepts
• Eastern California: Tazbah Chavez
• Far Northern California: Wingspan Media
• Central California (southern): Tazbah Chavez
• Central California (northern): Happy Valley Film Company (*In process*)
• Sonoma/Mendocino Area: California Indian Museum and Cultural Center (*In process*)

CRIHB YouTube channel:
https://www.youtube.com/channel/UCI4YV6tGvZupdqzHSx6WnA/
BNT162b2 (Pfizer/BioNTech) Covid-19 Vaccine Safety & Efficacy

KEY POINTS
December 15, 2020
CRIHB Tribal/THP Covid-19 Call
Pfizer-BioNTech Vaccine

• A vaccine is needed to control the pandemic
• “Pfizer” Vaccine
  • Start of vaccine development – January 10
  • FDA Emergency Use Authorization – December 11
  • Recommended by the CDC Advisory Committee on Immunization Practices – December 12
  • Shipments to California – December 14

• New type of vaccine: mRNA in a lipid nanoparticle
  • mRNA encodes a modified S Protein (spike) of SARS CoV-2
  • Ultra-cold storage (-80C to -60C)
  • IM injection
  • Dilution with NaCl injection diluent
Safety & Efficacy Phase 2/3 Trial

- Multinational
- Stacked phases
- Placebo-controlled
- Observer-blinded
- Randomized
- 2 months follow up
Participants

- 12 years and older (primarily 16 and older)
- Healthy or stable chronic medical conditions
- Randomized 1:1
  - Receive 2 doses of test vaccine = 18,556
  - Receive 2 doses of placebo (saline solution) = 18,530
  - Doses given 21 days apart
Demographic Characteristics of the Participants in the Main Safety Population.*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>BNT162b2 (N=18,860)</th>
<th>Placebo (N=18,846)</th>
<th>Total (N=37,706)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex — no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>9,639 (51.1)</td>
<td>9,436 (50.1)</td>
<td>19,075 (50.6)</td>
</tr>
<tr>
<td>Female</td>
<td>9,221 (48.9)</td>
<td>9,410 (49.9)</td>
<td>18,631 (49.4)</td>
</tr>
<tr>
<td><strong>Race or ethnic group — no. (%)†</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>15,636 (82.9)</td>
<td>15,630 (82.9)</td>
<td>31,266 (82.9)</td>
</tr>
<tr>
<td>Black or African American</td>
<td>1,729 (9.2)</td>
<td>1,763 (9.4)</td>
<td>3,492 (9.3)</td>
</tr>
<tr>
<td>Asian</td>
<td>801 (4.2)</td>
<td>807 (4.3)</td>
<td>1,608 (4.3)</td>
</tr>
<tr>
<td>Native American or Alaska Native</td>
<td>102 (0.5)</td>
<td>99 (0.5)</td>
<td>201 (0.5)</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>50 (0.3)</td>
<td>26 (0.1)</td>
<td>76 (0.2)</td>
</tr>
<tr>
<td>Multiracial</td>
<td>449 (2.4)</td>
<td>406 (2.2)</td>
<td>855 (2.3)</td>
</tr>
<tr>
<td>Not reported</td>
<td>93 (0.5)</td>
<td>115 (0.6)</td>
<td>208 (0.6)</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>5,266 (27.9)</td>
<td>5,277 (28.0)</td>
<td>10,543 (28.0)</td>
</tr>
<tr>
<td><strong>Country — no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>2,883 (15.3)</td>
<td>2,881 (15.3)</td>
<td>5,764 (15.3)</td>
</tr>
<tr>
<td>Brazil</td>
<td>1,145 (6.1)</td>
<td>1,139 (6.0)</td>
<td>2,284 (6.1)</td>
</tr>
<tr>
<td>South Africa</td>
<td>372 (2.0)</td>
<td>372 (2.0)</td>
<td>744 (2.0)</td>
</tr>
<tr>
<td>United States</td>
<td>14,460 (76.7)</td>
<td>14,454 (76.7)</td>
<td>28,914 (76.7)</td>
</tr>
<tr>
<td><strong>Age group — no. (%)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16–55 yr</td>
<td>10,880 (57.7)</td>
<td>10,896 (57.8)</td>
<td>21,775 (57.8)</td>
</tr>
<tr>
<td>&gt;55 yr</td>
<td>7,971 (42.3)</td>
<td>7,950 (42.2)</td>
<td>15,921 (42.2)</td>
</tr>
<tr>
<td><strong>Age at vaccination — yr</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median</td>
<td>52.0</td>
<td>52.0</td>
<td>52.0</td>
</tr>
<tr>
<td>Range</td>
<td>16–89</td>
<td>16–91</td>
<td>16–91</td>
</tr>
<tr>
<td><strong>Body-mass index‡</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥30.0: obese</td>
<td>6,556 (34.8)</td>
<td>6,662 (35.3)</td>
<td>13,218 (35.1)</td>
</tr>
</tbody>
</table>

* Percentages may not total 100 because of rounding.
† Race or ethnic group was reported by the participants.
‡ The body-mass index is the weight in kilograms divided by the square of the height in meters.
Efficacy

• Defining endpoints
  • PCR confirmed Covid-19 infection with symptoms
  • 7 days after the second dose
  • In participants with no evidence of prior infection
    • Total = 36,523 participants

• Results
  • 50-60% efficacy goal
  • 8 cases in vaccine group
  • 162 cases in placebo group
  • Corresponds to “vaccine efficacy” of 95% (90.3-97.6%)
  • Early divergence in case separation by day 10-12
Efficacy of BNT162b2 against Covid-19 after the First Dose.

### Efficacy End-Point Subgroup

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>BNT162b2, 30 μg (N=21,669)</th>
<th>Placebo (N=21,686)</th>
<th>VE (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covid-19 occurrence</td>
<td>No. of participants</td>
<td>Surveillance time</td>
<td>No. of participants</td>
</tr>
<tr>
<td>After dose 1</td>
<td>50</td>
<td>4,015 (21,314)</td>
<td>275</td>
</tr>
<tr>
<td>After dose 1 to before dose 2</td>
<td>39</td>
<td>82</td>
<td>2</td>
</tr>
<tr>
<td>Dose 2 to 7 days after dose 2</td>
<td>2</td>
<td>21</td>
<td>94.8 (89.8–97.6)</td>
</tr>
<tr>
<td>≥7 Days after dose 2</td>
<td>9</td>
<td>172</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3. Vaccine Efficacy Overall and by Subgroup in Participants without Evidence of Infection before 7 Days after Dose 2.

<table>
<thead>
<tr>
<th>Efficacy End-Point Subgroup</th>
<th>BNT162b2 (N=18,198)</th>
<th>Placebo (N=18,325)</th>
<th>Vaccine Efficacy, % (95% CI)†</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Cases</td>
<td>Surveillance Time (No. at Risk)</td>
<td>No. of Cases</td>
</tr>
<tr>
<td>Overall</td>
<td>8</td>
<td>2.214 (17,411)</td>
<td>162</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 to 55 yr</td>
<td>5</td>
<td>1.234 (8,897)</td>
<td>114</td>
</tr>
<tr>
<td>&gt;55 yr</td>
<td>3</td>
<td>0.980 (7,500)</td>
<td>48</td>
</tr>
<tr>
<td>≥65 yr</td>
<td>1</td>
<td>0.508 (3,848)</td>
<td>19</td>
</tr>
<tr>
<td>≥75 yr</td>
<td>0</td>
<td>0.102 (774)</td>
<td>5</td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
<td>1.124 (8,875)</td>
<td>81</td>
</tr>
<tr>
<td>Female</td>
<td>5</td>
<td>1.090 (8,536)</td>
<td>81</td>
</tr>
<tr>
<td>Race or ethnic group‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>7</td>
<td>1.889 (14,504)</td>
<td>146</td>
</tr>
<tr>
<td>Black or African American</td>
<td>0</td>
<td>0.165 (1,502)</td>
<td>7</td>
</tr>
<tr>
<td>All others</td>
<td>1</td>
<td>0.160 (1,405)</td>
<td>9</td>
</tr>
<tr>
<td>Hispanic or Latinx</td>
<td>3</td>
<td>0.605 (4,764)</td>
<td>53</td>
</tr>
<tr>
<td>Non-Hispanic, non-Latinx</td>
<td>5</td>
<td>1.596 (12,548)</td>
<td>109</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>1</td>
<td>0.351 (2,545)</td>
<td>35</td>
</tr>
<tr>
<td>Brazil</td>
<td>1</td>
<td>0.119 (1,129)</td>
<td>8</td>
</tr>
<tr>
<td>United States</td>
<td>6</td>
<td>1.732 (13,359)</td>
<td>119</td>
</tr>
</tbody>
</table>

* Surveillance time is the total time in 1000 person-years for the given end point across all participants within each group at risk for the end point. The time period for Covid-19 case accrual is from 7 days after the second dose to the end of the surveillance period.

† The confidence interval (CI) for vaccine efficacy is derived according to the Clopper–Pearson method, adjusted for surveillance time.

‡ Race or ethnic group was reported by the participants. “All others” included the following categories: American Indian or Alaska Native, Asian, Native Hawaiian or other Pacific Islander, multiracial, and not reported.
Safety (vaccine vs. placebo)

• Safety endpoints
  • Local reactions or “reactogenicity”
  • Systemic reactions
  • Use of antipyretics or pain medication within 7 days of injection
• Findings in Age 15-55 after First Dose
  • Pain at injection site 83% vs 14%
  • Fatigue 47% vs 33%
  • Headache 42% vs 34%
• Findings in Age >55 after First Dose
  • Pain at injection site 71% vs 9%
  • Fatigue 34% vs 23%
  • Headache 25% vs 18%
• Overall, side effects were less common in older vaccine recipients
• Most side effects were mild to moderate in severity; worse after 2nd dose for systemic reactogenicity
• Serious side effects 0.6% vs 0.5%
Local and Systemic Reactions Reported within 7 Days after Injection of BNT162b2 or Placebo, According to Age Group.
Adverse Events Surveillance

- Vaccine Adverse Event Reporting System (VAERS)
- V-Safe active surveillance
- Mandatory reporting
  - Vaccine administration errors
  - Serious adverse events (irrespective to vaccine attribution)
    - Serious = life-threatening, hospitalization, death, incapacity, affect normal life function, or birth defect
  - Multi-system Inflammatory Syndrome
  - Cases of Covid-19 that result in hospitalization or death
- Continuing post-observational observational studies by Pfizer especially looking at subgroups: pregnant women, immunocompromised individuals, healthcare workers, etc.
This week, Pfizer will be hosting a series of training sessions to review information and answer questions about their COVID-19 vaccine. Please share these training opportunities with clinicians and COVID-19 vaccine providers. Please click on the link below to join the sessions at the designated times.

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Password</th>
</tr>
</thead>
<tbody>
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<td>December 15, 2020 4:30 PM ET</td>
<td>cXQqYzTM352</td>
</tr>
<tr>
<td>December 16, 2020 9:30 AM ET</td>
<td>yDxuqt6Pg52</td>
</tr>
<tr>
<td>December 16, 2020 4:30 PM ET</td>
<td>auKMUdmJ687</td>
</tr>
<tr>
<td>December 17, 2020 9:30 AM ET</td>
<td>TMr7GvMc2P2</td>
</tr>
<tr>
<td>December 17, 2020 4:30 PM ET</td>
<td>PPxyyuGP249</td>
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<tr>
<td>December 18, 2020 9:30 AM ET</td>
<td>GawpMXB2X95</td>
</tr>
<tr>
<td>December 18, 2020 4:30 PM ET</td>
<td>w3kBrP9ReU3</td>
</tr>
</tbody>
</table>
Summary

• Vaccine Efficacy calculated to be 95%
• Safety profile consists of mostly mild to moderate pain at the injection site, fatigue and headache with an adverse event rate similar to other vaccines
• Reports do not address children, adolescents, pregnant women due to insufficient statistical power
• Ongoing monitoring and surveillance for adverse events
• Critical for the global control of pandemic
• Challenges in communicating and informing our Tribal Communities
CRIHB COVID-19 Meeting Notes

TRIBE, THP, and UIHP

ATTENDEES:
1. Tuolumne Band of Me-Wuk
2. Graton Rancheria
3. Jed Rud, UIHS
4. Darla Clark, Chapa-De Indian Health
5. Frank Kearns, Pit River Health
6. Rachel Harvey, CAIHS
7. Carolyn Punores, CA Area Office
8. Inger Appalachian, CDC Foundation
9. Ethan Dexter
10. Laura Caswell
11. Clara Stairs
12. Loren Ellery
13. Shirley Loos
14. Kerry Patterson
15. Ernesto Padilla
16. Frank Isele
17. Willie Carrillo
18. Will Micklin
19. Michael Garcia

CRIHB STAFF

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

DATE: Tuesday December 15, 2020 (3:30PM-4:30PM, PST)
HOST: CRIHB


COVID-19 Update
• 33,278 new confirmed cases in California as of 12/14/20, this is double the amount seen in July
• 3,091 cases self-reported to IHS as of 12/12/20
• Recording of COVID-19 Research & Vaccines for AI/AN Communities with Dr. Fauci and NIH Tribal Health Research Office Director: https://www.facebook.com/nih.gov/videos/187155926446875
• IHS COVID-19 vaccine allocation
  ◦ California anticipated to receive 975 Pfizer doses and 5100 Moderna doses

CDPH Community Vaccine Advisory Committee
• Link for committee information: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Community-Vaccine-Advisory-Committee.aspx
  ◦ Upcoming meeting: Wednesday, December 16, 2020 3 pm – 6 pm
  ◦ Dr. Thomas Kim represents CRIHB, meetings are public
• CDPH announced CA Notify. Sign up to get exposure notifications on your phone, canotify.ca.gov/

CRIHB Response
• Public Service Announcements available on CRIHB's YouTube channel: https://www.youtube.com/channel/UCI4YV6tGvzZupdqzHSx6WnA/

Pfizer/BioNTech COVID-19 Vaccine Safety & Efficacy
• Vaccines are necessary to control the pandemic
• Vaccine evaluated in large multinational trials. 201 AIANs were included in the Pfizer vaccine study. 102 (.5 % of study participants) given the vaccine and 99 given the placebo
• In over 36,000 participants, 8 cases of Covid-19 developed in the vaccine group and 162 cases in the placebo group. Corresponding to a “vaccine efficacy” of 95%. The influenza (flu) vaccine has a typical vaccine efficacy of 40-60% depending on year
• Most side effects were mild to moderate in severity. Rate of serious side effects no different to other vaccines in use
• December 15–18, 2020 Pfizer is hosting COVID-19 Vaccine Training & Education series for clinicians and vaccine providers

CA IHS Area Office Update Vaccine Distribution
• Pfizer vaccine arrived at Pit River and will be distributed to 7 spoke sites within the week
• Both vaccines require 2 doses and Operation Warp Speed is holding back doses so people can complete the series
• All CA tribal and urban health programs that chose to receive vaccine through IHS have orders placed to receive Moderna vaccine once approved
• CA area vaccine office hours are weekly Mondays at 11am, contact Rachel Harvey for call information

Questions
Q: When will phase 2 of Pfizer or Moderna vaccine be shipped?
A: Second dose of vaccine is coming. No word of second phase yet

Q: If this first shipment is 100 doses, is that for 50 people?
A: No, the first shipment of 100 doses is for 100 patients and the second dose for those patients will arrive within the 21-day window